the institute of mental health
Nottingham

Trent Study Day 2025

Programme and Abstract Booklet

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Trent Study Day: Trauma in Secure Care

Friday 21st November 2025

Institute of Mental Health, University of Nottingham

Programme

09.00	**Registration & refreshments** (A-floor corridor)
09.30	**Welcome** Dr Simon Gibbon
09.35	**Opening comments** Ifti Majid, Chief Executive Nottinghamshire Healthcare NHS Trust
09.40	**Trauma-Informed Forensic Care: Opportunities and Challenges** Lawrence Jones and Dr Phil Willmot
10.20	**Well at Work Forensic Staff Study – Exploring facilitators and barriers to seeking mental wellbeing support at work in forensic NHS staff** Dr Elena Nixon, Dr Shireen Patel and Priya Patel
10.50	**Questions and discussion**
11.00	**Refreshments** (A-floor corridor)
11.20	**Can Secure Services be Trauma Informed? Guidance for the Development of Trauma Informed Care** Dr Matthew Penn
11.50	**Trauma-informed Physical Healthcare for Women in Secure Inpatient Services** Dr Róisín Galway, Dr Rachel Beryl and Dr James White
12.20	**Questions and discussion**
12.30	**Lunch and poster viewing** (A-floor corridor)
13.30	**"The Way of The Warrior": Recovering Self-Image in Trauma-Informed Forensic Art Psychotherapy** Emma Allen and Kate Lawrence
14.00	**Breaking the Cycle: Trauma-Informed Support for People Facing Multiple Disadvantage and Homelessness** Sam Chu
14.30	**Women at War: From Barracks to Battlefields and Beyond** Dr Rebecca Bennett and Gemma Saunders
15.00	**Questions and discussion**
15.20	**Poster prize announcement**
15.25	**Closing comments** Paul Devlin, Chair Nottinghamshire Healthcare NHS Trust
15.30	**Close**

Introduction

The Trent Study Day is an annual conference hosted by the Forensic Services Care Group of Nottinghamshire Healthcare NHS Foundation Trust and the Institute of Mental Health (a partnership between the Trust and the University of Nottingham).

Forensic mental health services play a vital role in supporting some of the most vulnerable people in our communities. Understanding the impact of trauma is essential to providing safe, compassionate, and effective care. This year's TSD offers an opportunity to explore the challenges and opportunities of trauma-informed practice in secure settings, share innovative approaches, and build stronger networks of support across disciplines. Presentation topics include: trauma-informed forensic practice, staff trauma, veterans and trauma, trauma informed physical healthcare, homelessness, the role of art psychotherapy and developing best practice guidelines.

Our thanks go to the conference speakers, delegates and organisers: Dr Simon Gibbon (lead organiser), Lou Rudkin (Head Research & Operations, Institute of Mental Health), Fiona Carr (Communications Specialist, Institute of Mental Health) and the Institute of Mental Health admin and events team.

Event Organiser and Welcome

Dr Simon Gibbon

Dr Simon Gibbon is a Consultant Forensic Psychiatrist at Rampton Hospital, with interests in research and teaching.

Simon is the lead organiser of the Trent Study Day and would be grateful for your comments and suggestions on the day and how we can make improvements for future events.

Housekeeping

Refreshments and lunch
Refreshments and individual lunch bags will be provided throughout the day in our ground floor corridor. If you have notified us of any specific dietary requirements, then your lunch will be named with that specific requirement (e.g. Vegan, vegetarian, gluten free etc).

Toilets
Please use the toilet facilities located in the ground floor reception area. Please speak to a member of our admin support team if you have any additional needs that we can help with.

Connect on social media!
We'll be posting from the Institute's Twitter and LinkedIn accounts throughout the day – follow us **@institutemh** or **/institutemh** and share your posts, tag us, and use the **#TSD25** hashtag.

Photography
We'll be taking photos throughout the day to share on social media and in future communications. If you'd prefer not to appear in any photos, then please let our Communications team know or mention it to anyone you see with a camera.

Feedback survey and certificates of attendance
All delegates who have attended will receive a link to complete an online feedback survey shortly after the event has finished.
Certificates of attendance can be requested during completion of the survey.

Exhibition Stands

Library and Knowledge Service, Nottinghamshire Healthcare NHS Foundation Trust

Nottinghamshire Healthcare's Library and Knowledge Service provides a comprehensive library and information service to Trust and Institute of Mental Health staff. Our services underpin healthcare practice, organisational management, research, quality improvement, lifelong learning and continuing professional development in the Trust. The Trust has a 'digital first' approach to library services to increase accessibility of resources and services to all.

Our services include:

- An evidence search service.
- Training sessions on using e-resources.
- A large collection of books, ebooks and ejournals.
- Access to online databases and clinical decision-making tools.
- A range of current awareness resources.
- Journal club facilitation.
- Management of the East Midlands Evidence Repository (EMER).
- A document supply service to help you access full text of journal articles.
- Learning space at our libraries at Duncan Macmillan House, Mike Harris Centre at Rampton and Wathwood.

Please email us or call 0115 9529486 if you have any queries. For information about joining the library or to see more about the services we provide, please visit our Connect (Intranet) pages or our website pages.

The Research and Evidence Department, Nottinghamshire Healthcare NHS Foundation Trust

The Research and Evidence Department is committed to improving the mental and physical health of our service users through high quality research and service evaluation at Nottinghamshire Healthcare NHS Foundation Trust.

Our services include:

- Sponsorship of research.
- Research Clinics which provide advice and guidance with developing research and service evaluation studies.
- Research and evaluation training.
- Supporting staff to develop as clinical academics.
- Management of our Clinical Record Interactive Search system, CRIS.
- Guidance about publishing research and evaluations.

Nottinghamshire Healthcare NHS Foundation Trust is home to some of the country's leading clinical research institutions and is dedicated to improving the understanding and treatment of mental and physical health.

For any further information, please email us at Research@nottshc.nhs.uk call us on 0115 671 4606 (Monday to Friday, 9am – 4pm) or visit our website or Connect page.

Recruitment and Resourcing Department, Nottinghamshire Healthcare NHS Foundation Trust

Nottinghamshire Healthcare NHS Foundation Trust is committed to professional recruitment and selection practice. The Recruitment and Resourcing team supports a best practice recruitment process and offers practical, easy to use advice and guidelines for successful recruitment and selection.

We can provide you with the information about what you need to do as part of the recruitment and selection process to help you get the best person for the job. We also provide an overview of the whole recruitment life cycle from planning your role to selection.

Our services includes:

- The recruitment process
- Principles and best practice
- Banding and job evaluation
- Assistance with navigating and using Trac
- Recruitment and selection training
- Bank recruitment
- International recruitment
- The EU settlement scheme and immigration system

Poster Numbers and Titles

1. Suicide and Self-Harm Risk Assessment Tools for Assessing Prisoners – *by Alice Moslin*
2. Exploring the impact of stabilisation and therapy on impulsivity in self-harm: A randomised controlled trial – *by Chloe Webster-Harris*
3. The Lasting Impact of COVID-19 on Forensic Mental Health: A Review of Shifts in Patient Profiles, Service Delivery, and Legal Considerations – *by Titus Oloruntoba Ebo*
4. Clinical Supervision in Forensic Practice: Embedding a trauma informed approach in a medium secure setting – *by Lesley Johnson*
5. A service evaluation of the initial phase of the National Women's Outreach Service (NWOS) – *by Harlene Deol*
6. Reclaiming Self: Navigating CPTSD and Rebuilding Identity in a Secure Setting – *by Lizzie Kay*
7. Reducing the risk of trauma on staff working in high secure services – *by Mick Beevers*
8. How do individuals narrate a sexual assault scenario? A mixed method exploration into public perceptions of a sexual assault scenario – *by Amy Morel*

Full poster abstracts and details of co-authors can be found further down this booklet

Presentation Abstracts and Speaker Biographies

Session One 09.30 – 11.00

Opening Comments

Ifti Majid – Chief Executive for Nottinghamshire Healthcare NHS Foundation Trust

Ifti qualified as a Registered Mental Health Nurse in 1988, training at St George's Hospital in London. He has held a range of clinical posts in adult mental health services, both in acute inpatient and community settings, and continues to hold an active mental health nursing registration. Having completed post-graduate management studies at Sheffield Hallam University, with a particular interest in business process redesign, Ifti moved into Director Roles in 2008. He became the Chief Executive of Derbyshire Healthcare NHS Foundation Trust in 2017 and joined Nottinghamshire Healthcare NHS Foundation Trust as Chief Executive in 2022.

Ifti is passionate about inclusion and driven to make a personal impact on diversity in a healthcare setting. He is the Co-Chair of the NHS Confederation BME leader's network.

Trauma-Informed Forensic Care: Opportunities and Challenges

Presented by: Lawrence Jones and Dr Phil Wilmot

Abstract:
Many of the people we work with in forensic services have extensive trauma histories. Moreover, traumatic events, in the form of exposure to violence and self-harm, are a regular feature of many forensic services. However, while trauma-informed principles and practices are now widespread in many health, education and social care settings, their uptake has been relatively slow and patchy in criminal justice and forensic mental health settings. This introduction to the day will discuss what is meant by trauma and trauma-informed care, and explores some of the challenges to our thinking and practice that trauma-informed forensic care poses.

Presenter biographies:

Lawrence Jones is Head of Clinical and Forensic psychology services at Rampton Hospital. He is a consultant clinical and forensic psychologist and has worked in community, prison, and hospital settings. He teaches on the Nottingham Forensic doctorate and the Sheffield and Leicester Clinical doctorates.

Dr Phil Willmot is a Consultant Forensic & Clinical Psychologist and joint lead psychologist for the Men's Personality Disorder Service, Rampton Hospital. He is also Senior Lecturer in Forensic Psychology at the University of Lincoln.

"Well at Work Forensic Staff Study" – Exploring facilitators and barriers to seeking mental wellbeing support at work in forensic NHS staff

Presented by: Dr Elena Nixon, Dr Shireen Patel, & Priya Patel

Abstract:

Background:

Healthcare and other public care staff are considered to be at risk of developing poor mental health due to the challenging nature of their job. High levels of stress and other mental health problems in these groups have been linked with poor outcomes for the person themselves and the wider organisation they work in, as well as the quality of care provided. Forensic mental health settings, in particular, have been characterised by unique contextual challenges and clinical demands, and these remain underexplored.

Aims:

Therefore, the present study aims to explore the factors that hinder or facilitate mental wellbeing and work performance as well as wellbeing support-seeking in forensic professionals working in inpatient forensic, community forensic or prison mental health services.

Methods:

We have been recruiting forensic staff who work in Nottinghamshire Healthcare NHS Foundation Trust to complete a survey about their demographics, mental health and wellbeing, and occupation-related characteristics. We have also been interviewing staff about their perceived psychological wellbeing needs and what might be hindering, facilitating or could improve their uptake of wellbeing support offered through work so that they can best be supported. In addition to interviews, 3 small focus group discussions will offer further insight into how the identified interview themes could help better tailor the provision of wellbeing support services for this population.

Progress so far and implications:

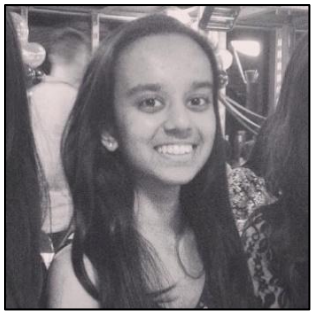
To date, over 100 individuals have completed the survey, and more than 20 have participated in interviews. Recruitment has spanned low, medium, and high-security settings, with the majority of participants from Arnold Lodge and Rampton Hospital. In collaboration with stakeholders, we have implemented targeted strategies to maximise recruitment, and we will be sharing some of the approaches that proved most effective. Additionally, we will present early insights from interviews with forensic staff, highlighting challenges in accessing or engaging with wellbeing support, along with recommendations for strengthening wellbeing provision.

Presenter biographies:

Dr Elena Nixon is an Assistant Professor in Applied Neuropsychology, based in the Institute of Mental Health and the Academic Unit of Mental Health and Neurosciences in the School of Medicine, University of Nottingham (UK) since 2013. She was awarded her PhD in Psychiatry in 2008 and has since been involved in research and teaching in neuroscience and mental health. Her expertise lies in the area of mood disorders, with a special interest in the role of emotional wellbeing in cognitive function and performance. More recently, she is leading research focused on exploring factors associated with wellbeing and mental health and the impact of behavioural/psychological interventions, such as Mindfulness-Based Cognitive Therapy, on the mental health and/or wellbeing of various clinical and non-clinical populations, including young people and adults with mental health problems, healthcare students and healthcare professionals.

Dr Shireen Patel is a Research Fellow at the University of Nottingham working within the Mental Health and Wellbeing theme at NIHR ARC East Midlands. She was awarded her PhD in Psychiatry in 2024 and has been actively engaged in mental health and wellbeing research since 2011.
Before joining the University of Nottingham, Shireen worked as Health Care Support Worker at Arnold Lodge medium secure unit. Her expertise lies in mental health, with a particular focus on addressing inequalities by improving access to mental health and wellbeing services for marginalised communities and promoting co-produced research.
Shireen has a proven track record in successfully delivering large NIHR-funded studies on time and to target. She is currently co-leading the research management of several NIHR ARC East Midlands and NIHR RfPB-funded projects, exploring areas such as digital mental health, staff wellbeing, and the involvement of ethnic minority groups in research.

Priya Patel is a Research Assistant based within the Mental Health and Wellbeing Theme at NIHR ARC East Midlands. For the past couple of years, Priya has been involved in an RCT (Mindful Life-Well at Work study) comparing MBCT-L (Mindfulness-Based Cognitive Therapy for Life) to SRP (Stress Reduction Psychoeducation) for healthcare and other public care staff. Priya is now working as Lead Researcher on the Well at Work Forensic Staff study, in which they aim to gather information about experiences of forensic staff wellbeing through surveys, interviews and focus groups with staff working in forensic mental health and offender health settings.



Session Two 11.00 – 12.30

Can Secure Services be Trauma Informed? Guidance for the Development of Trauma Informed Care

Presented by: Dr Matthew Penn

Abstract:
Can secure care really be trauma informed? This presentation will consider the experience of developing trauma informed care in the low secure Women's Service at the Wells Road Centre.
Progress will be considered in light of guidance which was assembled with the aim of developing trauma informed care in women's services in the East Midlands region. Contributors were drawn from NHS and private healthcare providers, experts by experience and current service users, under the umbrella of the IMPACT Provider Collaborative. The guidance addresses 5 domains:

- Guiding principles: drawn from the six key principles of trauma-informed practice outlined by the NHS – safety, trustworthiness, choice, collaboration, empowerment and cultural consideration.
- Environment: physical environment, activities, restrictive practice, service user empowerment, culture specific provision
- Training: defining trauma, effects of trauma, working with traumatised women and staff wellbeing and self-care
- Staff Support: reflective practice, clinical supervision, post-incident support, staff counselling, psychological interventions, staff space
- Transitions: admission, transfer within or between hospitals and discharge

The presentation will consider the achievements and challenges encountered at the Women's Service and will reflect on the factors that promote and hinder trauma informed care in a secure setting.

Presenter biography:
Dr Matthew Penn is a Consultant Forensic Psychiatrist at Nottinghamshire Healthcare NHS Foundation Trust and is the Consultant for the Women's Service at the Wells Road Centre in Nottingham. Dr Penn manages women with needs ranging from personality disorder and complex PTSD to mental illness and autistic spectrum disorder and has an interest in the management of psychological trauma.

Trauma-informed Physical Healthcare for Women in Secure Inpatient Services

Presented by: Dr Roisin Galway, Dr Rachel Beryl, Dr James White

Abstract:
There is increasing recognition of the need for trauma-informed care to be incorporated into physical healthcare provision, both within general community and specialist forensic settings. Physical healthcare examinations and procedures can be experienced as traumatising or retraumatising, which can create barriers to people feeling able to safely access and engage with services, particularly when involving parts of the body, positions, or language that may be associated with past traumatic experiences. This presentation highlights the need for trauma-informed physical healthcare universally and especially within forensic settings; discusses specific forensic challenges and dilemmas around physical healthcare; reviews further considerations for women and gender non-conforming people; and outlines general principles for trauma-informed physical healthcare. The presenters describe a case illustration of developing trauma-informed provision around cervical screening within a high secure forensic inpatient service for women and propose a process model of trauma-informed physical health interventions, which can be applied within other services and settings.

Presenter biographies:
Dr Róisín Galway obtained a doctorate in Clinical Psychology from Bangor University. She received a bachelor's degree in psychology from Manchester Metropolitan University and a post-graduate certificate in Advanced Practice Interventions in Primary Care Mental Health from the University of Manchester. She has an interest in working with women in forensic inpatient settings and women involved in the criminal justice system. She holds a post as a Clinical Psychologist in the National High Secure Healthcare Service for Women in Rampton Hospital, UK and has previously worked at all levels of the secure care pathway and in the Women's Offender Personality Disorder pathway in prisons. She has publications in the Journal of Forensic Psychiatry and Psychology and Women and Criminal Justice. She is interested in contributing to the evidence base surrounding women in forensic inpatient settings and supporting the needs of staff working with them, with a particular focus on trauma-informed ways of working.

Dr Rachel Beryl holds a Doctorate in Forensic Psychology (DForenPsy) from the University of Nottingham, where she also obtained a Bachelor of Science degree in Psychology (Hons). Rachel is a Consultant Forensic Psychologist and Joint Lead of the National High Secure Healthcare Service for Women. She has special interests in therapeutic interventions for self-injury and trauma recovery, and the organisation of trauma-informed and gender-sensitive services, and has published journal articles and a book chapter in these areas.

Dr James P. White qualified from the University of Sheffield School of Medicine with MBChB and BMedSci (hons). Dr White is a Member of the Royal College of Psychiatrists and holds a Certificate for Completion of Specialist Training in Forensic Psychiatry. Having worked in all levels of secure care, he currently holds post as Clinical Director and Consultant Forensic Psychiatrist at the National High Secure Healthcare Service for Women at Rampton Hospital where he is Responsible Clinician for patients in the Intensive Care Unit and High Dependency Unit. Dr White has an interest in Trauma Informed physical health care in secure settings and working towards building the evidence base in women's secure care; he has contributed to work around Trauma Informed physical health interventions, inequalities in women's physical health care and establishment of forensic style Balint Groups for Higher Specialist Trainees in Forensic Psychiatry.

Session Three 13.30 – 15.30

“The Way of The Warrior”: Recovering Self-Image in Trauma-Informed Forensic Art Psychotherapy

Presented by: Emma Allen and Kate Lawrence

Abstract:
Forensic art psychotherapy (F-AP) establishes a 'quadrangular' relationship among the client, therapist, image, and security, providing a trauma-informed framework aimed at stabilising self-identity in individuals diagnosed with personality ‘disorders’ and PTSD. This case study illustrates both ‘disembodied’ and ‘embodied’ bilateral expressions, and self-portraiture that facilitate emotional processing and integration, within a creatively-attuned therapeutic relationship. F-AP's approach to post-traumatic self-imagery enables visual processing, externalisation, detoxification, and differentiation of an ‘inner world of trauma’ that recovers self-concepts. By promoting gradual, safe, non-verbal engagement with trauma, F-AP facilitates the processing and integration of traumatic memories, encouraging a holistic self-perception and emotional regulation where an “inner saboteur” archetype transitions into an “inner healer” (e.g. a Samurai warrior). Self-images serve as a mirror; providing opportunities for introspection and insight, which may lead to a decrease in psychological defences as individuals explore complex aspects of identity that could be obscured or fragmented due to trauma. Images can safely encompass unhealthy projections, enabling the repair of relational disruptions through creative expression. F-AP is posited to help individuals rediscover their resilient spirit and authentic selves, nurturing compassion through self-dialogue, therapeutic interactions, and reflections on personality, trauma, and offending behaviour, ultimately reducing risks and fostering self-acceptance in the aftermath of trauma. This presentation has been approved by Information Governance to present to colleagues, where the case material used is for educational, and not publishing purposes only.

Presenter biographies:
Emma Allen is the Professional Lead in Arts Psychotherapies at Rampton Hospital where she clinically leads and manages a small team of arts psychotherapists. She is also a Senior Art Psychotherapist within secondary care of the Southwest Yorkshire NHS Foundation Trust and has previously worked in several prisons and secure settings, charities and universities, e.g. managing a prevention project for the Safer Living Foundation, Nottingham Trent University and HMP Whatton. Emma was also a Senior Lecturer at the University of South Wales, guest lectures, is a clinical supervisor, published author, co-editor and an active researcher.

Kate Lawrence started her working career in the fashion industry, before retraining as an art psychotherapist and then further developed her career by becoming an Eye Movement Desensitisation and Reprocessing (EMDR) practitioner and clinical supervisor. She now works in high secure settings within the mental health directorate as well as with adults with brain injuries, the homeless, and children and adults who have experienced mental, physical and emotional trauma.

Breaking the Cycle: Trauma-Informed Support for People Facing Multiple Disadvantage and Homelessness

Presented by: Sam Chu

Abstract:
This presentation examines the role of trauma-informed and psychologically-informed practice in homeless services supporting individuals experiencing multiple disadvantage. Drawing on practice-based reflections and case examples, it illustrates how psychologically informed training, consultancy, and direct therapeutic interventions—particularly schema therapy and schema-informed approaches—can enhance engagement and improve outcomes for people often labelled as 'difficult to reach'. The systemic barriers that can perpetuate trauma and exclusion are examined, together with best-practice strategies to reduce the risk of re-traumatisation within services. The session concludes by showcasing local initiatives that drive system-level change, demonstrating how more responsive, compassionate, and effective environments can be created to address the complex needs of this population.

Presenter biography:
Sam Chu is a HCPC-registered and BPS Chartered Forensic Psychologist, an ISST Accredited Schema Therapist, and the Director of Paradigm Psychological Services. Since qualifying as a psychologist in 2003, she worked with individuals with complex emotional and social needs, offering compassionate, evidence-based support across a variety of settings. Currently based in Sheffield, Sam collaborates with a range of services that support women and men experiencing multiple disadvantage. She provides consultancy and training in the development and implementation of psychologically and trauma-informed practice, as well as delivering direct therapy to those who access these services.

Women at War: From Barracks to Battlefields and Beyond

Presented by: Dr Rebecca Bennett and Gemma Saunders

Abstract:
Although Military Sexual Trauma is not formally recognised in the UK, reports of sexual violence within the Armed Forces are rising. This presentation considers the implications of this lack of recognition and explores the broader challenges faced by women during service and in their transition to civilian life.

Presenter biographies:
Dr Bex Bennett is an ST5 in Forensic Psychiatry currently working at Rampton Hospital. Prior to starting her medical degree she had a successful career in the military, operating in demanding environments both at home and abroad, as an Officer in the Royal Electrical and Mechanical Engineers. With a strong interest in the psychological wellbeing of the Armed Forces community, she has driven local policy change within the NHS and co-founded Sisters in Service, a national award-nominated network for female veterans in healthcare. In 2025 in recognition of her contributions to the armed forces community, she received an honorary master's degree from the University of Derby.

Gemma Saunders is the Clinical Lead for the new NHS Armed Forces healthcare training and education programme and serves as the Regional Trainer for the Midlands. An accredited psychotherapist specialising in trauma and a registered occupational therapist, Gemma has spent the past eight years working with the Armed Forces community across Defence, the private sector, and the NHS. In her previous NHS role, she established a thriving Armed Forces staff network across two Trusts, earning multiple nominations and recognition for her leadership and dedication. She has continued this work by co-founding Sisters in Service recognising the need for safe spaces for veteran women.

Closing Comments

Paul Devlin – Chair for Nottinghamshire Healthcare NHS Foundation Trust

Paul Devlin took up office on 1 January 2020, and is near to completing his second three-year term as Chair.

He has an extensive track record in NHS leadership, following a long career in the charity sector as well as in significant NHS Board level roles. In his roles at Age Concern England, Headway, and Action for Children he led strategic engagement with healthcare commissioners and providers, developing successful partnerships and new models of care delivery. This complemented his six years as a Non-Executive Director at Derbyshire County Primary Care Trust where he was part of the team successfully transferring the commissioning of health to new Clinical Commissioning Groups. He was also Chair of Lincolnshire Partnership NHS Foundation Trust for six years.

Paul regularly works with NHS Providers, supporting their Board Development programme including induction for new Executive and Non-Executive Directors.

Poster Abstracts

Poster: 1

Presented by: Alice Moslin

Job title & affiliation: Trainee Forensic Psychologist, Nottinghamshire Healthcare NHS Foundation Trust / University of Nottingham

Co-authors: Dr Daniel Whiting

Poster title: Suicide and Self-Harm Risk Assessment Tools for Assessing Prisoners

Abstract:

Background

Prisoners face a substantially higher risk of suicide and self-harm (SASH) compared to the general population. Between 2022 and 2023, men in prison in England and Wales were 11 times more likely to die by suicide than men in the community. While various tools have been developed to assess SASH risk in adults, previous reviews have highlighted concerns regarding their predictive accuracy, with some reporting limited reliability in identifying individuals at risk.

Objective

This systematic review aimed to evaluate the predictive accuracy of tools specifically designed to assess suicide and/or self-harm risk among adult prisoners.

Methods

Five databases (PsycInfo, Medline, Embase, CINAHL, Scopus) were searched using terms related to suicide, self-harm, imprisonment, and screening. Studies were included if they involved adult prisoners, used a SASH-specific risk assessment tool, and reported predictive accuracy metrics (e.g. sensitivity, specificity, PPV, NPV). Screening and data extraction were completed according to PRISMA guidelines, with 20% of studies independently reviewed at each stage. A narrative synthesis was conducted to collate results.

Results & Conclusions

The review identifies and synthesises available evidence on the predictive accuracy of SASH tools in prison settings. It provides insight into the strengths, limitations, and methodological quality of current tools, and informs future research and clinical decision-making. Tools alone do not reduce risk but are essential in guiding resource allocation to support those at highest risk.

Poster: 2

Presented by: Chloe Webster-Harris

Job title & affiliation: Research Project Coordinator, Harmless CIC

Co-authors: Caroline Harroe

Poster title: Exploring the impact of stabilisation and therapy on impulsivity in self-harm: A randomised controlled trial

Abstract:
Self-harm is a serious health challenge in the UK, with hospital admissions for 10-14-year-olds increasing steadily over the past few years. A multitude of studies have established the link between impulsivity and self-harm and may contribute to self-harm severity. A randomised controlled trial was employed to determine whether therapeutic interventions employed by the third-sector service Harmless would reduce impulsivity or self-harm severity. Participants were randomly assigned to an intervention group (Stabilisation or Integrative Therapy) or a waitlist control group. Data was analysed using 3x2 Mixed ANOVAs. Data was also analysed with linear regression to explore a possible correlation between impulsivity and self-harm severity, frequency, and age. There were no main effects in terms of impulsivity ($F(2,53) = .480$, $p = .621$) or severity ($F(2,53) = .75$, $p = .479$) for either intervention. However, there were significant effects for time in terms of impulsivity ($F(1,53) = 9.58$, $p = .003$) and severity ($F(1,53) = 16.75$, $p < .001$). Regression revealed a statistically significant model ($F(3,52) = 3.67$, $p = .018$); however, only severity ($t = 2.37$, $p = .02$) was an influential predictor for impulsivity. Impulsivity and severity decreased over time (6 weeks) regardless of intervention. These results and clinical implications are discussed.

Poster: 3

Presented by: Titus Oloruntoba Ebo

Job title & affiliation: Researcher, and Healthcare Support Worker, Nottinghamshire Healthcare NHS Foundation Trust

Co-authors: David Bamidele Olawade , Dolapo Mary Adegoke , Eghosasere Egbon , Folashayo I. Ayoola , Folasayo I. Ayoola

Poster title: The Lasting Impact of COVID-19 on Forensic Mental Health: A Review of Shifts in Patient Profiles, Service Delivery, and Legal Considerations

Abstract:
The COVID-19 pandemic has had a profound and lasting impact on forensic mental health, reshaping patient profiles, disrupting service delivery, and introducing new legal and ethical challenges. This narrative review examines the long-term implications of the pandemic on forensic psychiatric populations, mental health service provision, and the justice system. Evidence suggests that rates of severe mental illness, including psychosis, depression, and anxiety, have increased among forensic patients, exacerbated by isolation, stress, and reduced access to care. Additionally, substance use disorders, and co-occurring psychiatric conditions have become more prevalent, complicating treatment and rehabilitation efforts. The pandemic also accelerated the adoption of telepsychiatry in forensic settings, improving accessibility but raising concerns about the reliability of remote assessments for competency evaluations and risk assessments. Inpatient and prison-based forensic psychiatric services experienced staff shortages, increased patient aggression, and limited access to therapeutic programs, further straining the system. Court closures and legal case backlogs delayed forensic evaluations, raising human rights concerns for detained individuals. Ethical dilemmas emerged regarding involuntary hospitalization, treatment prioritization, and resource allocation. As the forensic mental health field transitions into a post-pandemic landscape, key lessons include the need for hybrid forensic assessment models, strengthened forensic infrastructure, and better integration of legal and clinical perspectives. Future research should focus on developing resilient forensic mental health policies and ensuring equitable access to care while maintaining legal and ethical standards.

Poster: 4

Presented by: Lesley Johnson

Job title & affiliation: Substance Misuse Lead, Nottinghamshire Healthcare NHS Foundation Trust

Co-authors: N/A

Poster title: Clinical Supervision in Forensic Practice: Embedding a trauma informed approach in a medium secure setting

Abstract:

Background

Forensic mental health professionals are exposed to potentially traumatic events which impact psychological and physical well-being (Meadows et al. 2011). Locally collected data suggests that many clinical supervisors have little or no training in clinical supervision; have limited awareness of trauma informed principles or how to offer trauma informed supervision.

Aims

The aim was to provide robust, compassionate, trauma informed training to all clinical supervisors in a medium secure hospital. The project aimed to increase supervisor sense of confidence, competence and knowledge to provide effective and supportive clinical supervision.

Methods

A semi-structured interview and burnout psychometric was used with a cross section of clinical supervisors to ascertain a baseline of training, knowledge, experience, and confidence.

The project lead then designed and delivered a training package aimed at meeting the needs of staff working in a forensic environment. Supervision for supervisors was introduced as well as provisions for bank staff supervision.

Following the training, attendees completed feedback commenting on their knowledge, skill and confidence as supervisors.

Results

All clinical supervisors have accessed standardised evidenced based training. Feedback on the training was overwhelmingly positive, staff reported increased knowledge of trauma informed principles and how they relate to supervision, understanding of how to use supervision models to increase confidence and clarity in the supervisor role. Measures of burnout are ongoing.

Conclusions

The impact of this project resulted in a service-wide raised profile of supervision which is now prioritised. It is hoped this will continue to decrease burnout, increase confidence and improve patient care.

Meadows, M. P., Shreffler, K. M. & Mullins-Sweatt, S. N. (2011). Occupational Stressors and Resilience in Critical occupations: The Role of Personality. Emerald Group Publishing Limited.

Storey, L. & Minto, C. (2000). The use of clinical supervision in secure environments, British Journal of Nursing, 9 (21), pp. 2226-2231

Poster: 5

Presented by: Harlene Deol

Job title & affiliation: ST4, Nottinghamshire Healthcare NHS Foundation Trust

Co-authors: Dr James White, Ms Yasmin Siddall, Dr Trevor Gedeon, Dr Mary Di Lustro, Dr Saifullah Afghan, Dr Alina Voinea, Ms Billie Gaynor

Poster title: A service evaluation of the initial phase of the National Women's Outreach Service (NWOS)

Abstract:

Aims and Background

This evaluation examined the demographic profile, referral patterns, and outcomes of patients referred to the National Women's Outreach Service (NWOS) between November 2018 and April 2023. NWOS was established to support high-risk female patients in their existing settings and reduce pressure on the National High Secure Healthcare Service for Women (NHSHSW), the UK's only high-secure unit for women, which has a limited capacity of 50 beds.

Methods

A retrospective analysis was conducted using pseudonymised data from referral logs, clinical notes, and feedback forms. Of 85 total referrals, 61 were eligible, representing 45 unique patients after exclusions.

Results

Most referrals (n=53, 86.9%) were for "Advice Only." The cohort was primarily White British females, median age 29. Diagnoses included emotionally unstable personality disorder (68.9%) and psychotic illness (46.7%), with 37.8% having three or more comorbidities. Referrals came mainly from NHS (29.5%) and non-NHS (23%) medium-secure units. Cases averaged 3.17 contacts, with input durations ranging from 61–368 days. Eight patients (17.8%) were admitted to NHSHSW; one was discharged after 3.5 years. Evaluation forms showed high satisfaction (mean score 14/15). Thirteen cases were excluded due to incomplete data.

Conclusions

NWOS plays a vital role in supporting high-risk women, reducing reliance on NHSHSW. High satisfaction and successful case management highlight its value. Standardised documentation and improved data collection are needed to strengthen future evaluations and secure sustainable resources.

Poster: 6

Presented by: Lizzie Kay

Job title & affiliation: Qualified Integrative Counsellor, Nottinghamshire Healthcare NHS Foundation Trust

Co-authors: N/A

Poster title: Reclaiming Self: Navigating CPTSD and Rebuilding Identity in a Secure Setting

Abstract:
The Psychological Therapies Service within the Offender Health Directorate delivers psychological assessment, intervention, supervision, and training across multiple prison sites. It works collaboratively with Integrated Mental Health Teams, Substance Misuse Teams, and Physical Healthcare to provide holistic care.

Trauma is highly prevalent in prison populations, with research showing that nearly one in four sentenced male prisoners in the UK meet criteria for a trauma-related disorder—7.7% for PTSD and 16.7% for Complex PTSD (ICD-11). This highlights the urgent need for trauma-informed approaches, as untreated trauma can lead to chronic distress, self-harm, and hinder rehabilitation. Addressing trauma effectively improves individual wellbeing, enhances safety within prison environments, and supports successful reintegration into society.

This counselling case study illustrates trauma therapy in practice, demonstrating how assessment, formulation, and treatment planning can lead to meaningful change. The therapeutic approach aligns with Herman's Tri-Phasic Model of Recovery and was adapted to the client's needs, allowing flexible movement between phases based on readiness and emotional state.

The case also explores challenges specific to secure settings, offering lessons learned and recommendations for practice. It underscores the importance of therapeutic alliance, collaborative engagement, and promoting client autonomy as essential components for achieving positive outcomes.

Poster: 7

Presented by: Mick Beevers

Job title & affiliation: Rampton staff wellbeing lead, Nottinghamshire Healthcare NHS Foundation Trust

Co-authors: N/A

Poster title: Reducing the risk of trauma on staff working in high secure services

Abstract:
Information on the volume and type of incidents that staff working in high secure face each day. What we have in place to help staff deal with the traumatic events that they can face. The effects on sickness and retention of staff.

Poster: 8

Presented by: Amy Morel

Job title & affiliation: Trainee Forensic Psychologist / DForenPsych student, University of Nottingham

Co-authors: N/A

Poster title: How do individuals narrate a sexual assault scenario? A mixed method exploration into public perceptions of a sexual assault scenario

Abstract:
Deaf individuals are disproportionately overrepresented in the Criminal Justice System, however, there has been little research into perceptions of Deaf sexual offenders. Research has shown that social bias and stigma towards those with disabilities influences perceptions and subsequent sentencing, and it could therefore be proposed that the same may apply to Deaf individuals. This study explores how members of the public perceive sexual assault comparing between Deaf and hearing victims and perpetrators. It aims to explore whether the hearing ability influences participant's perceptions on rape myths, victim blaming, culpability, treatment and sentencing. This study utilised story completion alongside a standardised scale to explore rape myth acceptance; The Illinois Rape Myth Acceptance Scale – Short Form (Payne et al., 1999). Participants are presented with a story stem depicting a hypothetical 3rd person rape scenario and are asked to complete the story, allowing the researcher to explore whether rape myths and victim-blaming tendencies emerge in their responses. Participants (aged 18+) are recruited through online convenience sampling. Results from the story completion are analysed using Content Analysis to generate quantitative data. The goal is to better understand public perceptions of Deaf and hearing individuals, potentially exploring any biases towards Deaf individuals which may be impacting the support or sentencing of Deaf individuals. The findings may contribute to a deeper understanding of how rape is socially constructed and may inform interventions aimed at challenging harmful narratives, improving survivor support, and developing public awareness.