

EU-COST Long Stay in Forensic Psychiatric Services Training School

2nd – 4th September 2015

Where is the event happening?

University of Warwick
Coventry
CV4 7AL
United Kingdom

The conference will be based at the Arden Centre (<http://www.warwickconferences.com/our-venues/arden>) based within the University of Warwick.

Please contact the Arden Conference Centre reception if you have any queries regarding the location.

When is the event happening?

2 – 4 September 2015

This is the time when the weather in Warwick is pleasant (although it is the British weather we are talking about).



What is the programme like?

The programme involves lectures, videos, discussions, debates and field visits in small groups. The speakers are international experts in the field of forensic psychiatry and mental health and bring with them a wealth of experience. The training school will cover best practice in long stay forensic psychiatric care as well as EU issues in forensic psychiatry.

Participants will have the opportunity to visit all three levels of security in forensic psychiatric care in the United Kingdom – high, medium and low and availability of such visits is very rare. It is an excellent opportunity to gain insight into what is happening on the ground. You will need to bring along two pieces of ID with you during each of these visits.

Please find attached a time-table for the 3 day programme.

English will be the official language of the training school although some of the speakers speak other European languages.

Social events:

The 3 day programme will be held at the Arden Centre at the University of Warwick. Within a 20 mile radius of the University are numerous sites for tourists including Kenilworth Castle, Warwick castle, Cadbury World, Sea Life Centre and many other areas of outstanding national beauty. It also has the world famous Balti Triangle which serves authentic mouth-watering Indian food.

Number of Hours:

The training school runs for at least 8 hours every day. However it is expected that each participant also undertakes a minimum of 2 hours of independent self-directed study each day.

Reflection:

Participants are encouraged to think about practice of long stay facilities within their own countries. If interested supported and supervision will be provided for a few participants to write up their experiences of the training school.

Who can apply?

Professionals, students, scholars and practitioners who are interested in the topic are invited to join the training school. There are 20 places available on a first come first serve basis. Eight of the 20 participants will be reimbursed by the EU-COST programme (travelling costs, accommodation expenses, and meal expenses).

How to apply?

If you are interested please “express interest” by emailing v.furtado@warwick.ac.uk with your name and current details within the next 7 days. Further details will then be requested for if necessary. If you are applying for an EU funded place then you would need to complete a motivation letter along with the “expression of interest”.

Basic rules for application:

We have 20 spaces for the training school. Of these 8 will be fully funded by the EU-COST programme.

COST is an intergovernmental framework for European Cooperation in Science and Technology, allowing the coordination of nationally-funded research on a European level. In this light the COST Action IS1302 will allow for the reimbursement of 8 participants. **In order to apply for reimbursement of the COST Action IS1302, your application form needs to include a motivation letter. The letter must include your past and current role and what you expect to gain from the training school including how this would benefit your career.** An independent commission will decide upon the 8 participants who will receive reimbursement.

COST reimbursement includes:

- Travelling costs
- Accommodation expenses

- Meal expenses

Upon selection of the reimbursed participants, we will send an e-mail with detailed information on COST reimbursement procedures. Please contact v.furtado@warwick.ac.uk or el.vorstenbosch@gmail.com for further information.

All participants will have access to:

- Scientific programme
- Refreshments during coffee breaks
- 3 course lunch at the Arden Centre
- Visit to Broadmoor high secure hospital in Berkshire as well as the Tamarind Centre medium secure hospital in Birmingham and Hillis Lodge low secure service in Birmingham
- Social events

Please be aware that the size of the training school is intentionally kept small, to create a friendly environment where participants can truly interact with the experts and learn from them.

Fees:

There are two levels of fees:

1. The cost for each training school place including fees, travel to the 3 secure hospitals, accommodation for 3 nights (nights of 1-3 September) and breakfast, lunch on 2-4 September and dinner on 2-3 September is **£650.00** (GBP Six hundred and fifty). Please note only 8 of these will be reimbursed by EU-COST.
2. The cost of each training school place and travel to the 3 secure hospitals without accommodation is **£250.00** (GBP Two hundred and fifty pounds). Lunch will be provided.
3. **Please let me know ASAP via v.furtado@warwick.ac.uk the following:**
 - a. Whether you prefer option 1 (with accommodation) or 2 (without accommodation)
 - b. Whether you will attend only if you are funded by the EU or whether you will attend nonetheless (*This will have no bearing on your application and this information will not be passed to the independent commission. It is for planning purposes only*).
4. An invoice will be provided once your place has been confirmed.

Accommodation options:

Accommodation is available at a discounted rate at the Arden Conference Centre. They are fully equipped rooms and provide breakfast, lunch and dinner. We have allocated rooms so please email v.furtado@warwick.ac.uk for special rates.

Brochure for the centre can be found here - <http://www.warwickconferences.com/our-venues/arden#tab-1>

However, if you would prefer to make alternative arrangements details of local hotels and bed and breakfast can be found here

<http://www2.warwick.ac.uk/services/accommodation/studentaccommodation/usefulinfo/hotels/>

How do I arrive at the University of Warwick?

Further details can be found here – <http://www2.warwick.ac.uk/about/visiting/>

If you are arriving by train - <http://www2.warwick.ac.uk/about/visiting/directions/train/>

The closest airport to the University of Warwick is Birmingham International Airport (<https://birminghamairport.co.uk/>) and trains are frequent between the airport and Coventry (closest city to the university campus).

However, for some you may find it more convenient to fly into London Heathrow and then travel via the underground and then train to arrive at Coventry.

If you need more information please email me below.

Contact:

In case you have any queries please contact Dr Vivek Furtado (v.furtado@warwick.ac.uk) via email.

Organiser:

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Funding:

EU-COST IS1302

http://www.cost.eu/COST_Actions/isch/Actions/IS1302

<http://lfpc-cost.eu/>

BACKGROUND TO THE ACTION:

Forensic psychiatric care is aimed at improving mental health care and reduction of risk of recidivism of mentally disordered offenders. The number of forensic beds has increased rapidly in several countries during the last two decades. The duration of treatment is also increasing. Strong societal demands for coercive measures against “dangerous” mentally disordered persons and an increasing focus on reducing risk, as well as reduced funding for aftercare are likely contributory factors for these changes. A significant proportion of mentally disordered offenders may require long-term, potentially life-long, forensic psychiatric care (Reed, 1997; Shaw, Davies & Morey, 2001; Harty et al., 2004; Melzer et al., 2004) although, depending of service provision in the different EU countries, some of them may reside in prison rather than in forensic psychiatric institutions.

A systematic literature review on characteristics of long-term forensic psychiatric patients identified a very limited number of studies. One early study in a high secure hospital in the UK identified severity of index offence as most important factor for personality disordered patients, while for those with a major mental illness psychopathology was a more relevant predictor of duration of stay (Dell, Robertson & Parker, 1987). Factors associated with the pro-longed stay in forensic psychiatric care are treatment history, seriousness of index offence, ‘restriction orders’, and lack of facilities with lower levels of care and security (Brown & Fahy, 2009; Knapp et al., 2007). Besides, clinical practice suggests that poor progress of these patients is caused by complex psychopathology, non-compliance in therapy and/ or learning disabilities.

In the few articles where long-term forensic patients are specifically mentioned, concerns have been expressed about the conceptual void regarding what services should be developed for this particular patient-population and the long-term effects of continuing involuntary treatment (Mason, 1999; Salize, 2005). Long-term inadequate placement of patients within excessively restrictive settings is harmful to these individuals, e.g. through becoming hospitalized. Nevertheless, not all these offenders need these restrictions as studies in the 1990’s and early 2000nds highlighted that between one third and two thirds of forensic patients resident in high secure settings in the UK did not require that level of security (Maden et al., 1993; Reed, 1997; Pierzchniak et al., 1999; Shaw, Davies & Morey, 2001; Harty et al., 2004). In addition, a recent study showed that being a forensic psychiatric patient in itself as well as aggressive behaviours act as obstacles in being redirected toward community-based treatment (Dumont et al., 2012). The authors underline the need to further assess interventions targeting aggressive behaviours to allow a greater number of patients to access community-based care.

‘Need’ in long-term forensic psychiatry has to address a variety of mental and general health problems, as well as aging and psychosocial functioning. Findings from a study in long-term patients in a general psychiatric setting suggest that needs are strongly related to diagnosis and cognitive functioning and that unmet needs are strongly negatively correlated to quality of life (Wiersma & Van Busschbach, 2001). Mentally disordered offenders with an above average length of stay may well require a different type of services. For instance, a study about forensic patients over 55 years of age or residing for longer than 10 years, showed high rates of physical illness, mobility impairment, sensory impairment and poly-pharmacy (Lightbody et al., 2010).

The concept of quality of life has only recently received attention within (long-term) forensic psychiatric care. Some authors stress that in a high secure context, with long-term involuntary liberty deprivation, aspects like autonomy, lack of freedom, sense of control, restriction of movement and constraint of sexual relations will diverge and influence the well-being of patients (Coid, 1993; Mercier & King, 1994). Empirical research in this area has, however, so far been single-centered, decreasing the generalizability of the findings (Swinton, Carlisle, & Oliver, 2001; Van Nieuwenhuizen, Schene, & Koeter, 2002; Saloppé & Pham, 2006). Besides, the instruments used in these studies to assess quality of life are either based on general society or psychiatric patients, ignoring the restrictive context of (long-term) forensic psychiatric care and its’ influence on quality of life (Van Nieuwenhuizen & Nijman, 2009; Swinton, Oliver, & Carlisle, 1999; Walker & Gudjohnson, 2000). Therefore, the conceptualization of quality of life, based on perceptions of patients in long-term forensic psychiatric care, differs from that required for use in (forensic) psychiatric studies (Vorstenbosch et al., 2010).

Systematic comparative research on long-term forensic psychiatric care has been sparse. Apart from the studies already mentioned and some EU research projects on marginally related subjects, few international studies have been conducted in this area. There is a substantial lack of knowledge and international cooperation is needed to deepen the understanding of ‘best practice’ in long-term forensic psychiatry and to address the current lack of indicators to describe and standardize the most basic data in the field e.g. service provision, outcomes and/or prevalence in Europe (Dressing & Salize, 2004; Marušič & Kamin, 2005; Becker & Kilian, 2006; Gordon & Lindqvist, 2007; Salize & Dressing, 2007; WHO, 2008).

Although some research has been conducted to identify factors associated with a long duration of stay, a detailed analysis of the current long-term forensic psychiatric patient population (including comparison with the characteristics of other forensic patients and offenders), determining long-term forensic psychiatric care, treatment pathways and specific long-term needs, is lacking. This Action aims to fill this gap, increase the knowledge on important aspects of long-term forensic psychiatric care and, support the innovation of the services currently provided.