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Abstracts of the XXXVII International Congress on Law and Mental Health

Résumés du XXXVIIᵉ congrès international de droit et de santé mentale

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1. Pre-Conference (1)

Opening Death's Door: Psilocybin and Therapeutic Meaning Response in Palliative Care

Duff Waring, *York University* (dwaring@yorku.ca)

A signal challenge of 21st century psychiatry is the effective treatment of existential/spiritual suffering in palliative care. This chapter will concentrate on research to assess the therapeutic potential of psilocybin to assuage that suffering. If a "psychedelic experience" can facilitate an acceptance of impending death, and reduce the existential suffering of those who endure it, it could prove to be a valuable intervention where one is sorely needed. The therapeutic use of psilocybin with dying patients (hereinafter patients) raises numerous questions about research trial design, the model of psychiatry that might accommodate it, and the kind of experience it induces. Are these the sorts of experience that psychiatric treatment should effect on troubled patients? Is spiritual care within the ambit of psychiatry? There are epistemological questions as to the veridicality of the psychedelic experience. How much credence should we give it? It will argue in cautious support of ongoing research to evaluate the therapeutic use of psilocybin in palliative care. This argument can be extended to research on its therapeutic use in psychotherapy. The chapter will focus on four questions: 1) what is the ethical justification for this research on patients? 2) What types of research trial design are best used to assess the purported benefits of a psychedelic drug experience? 3) What is the epistemic warrant of the "mystical" and "noetic" facets of this experience? 4) What models of a) psychiatry and b) drug action could accommodate the therapeutic use of psilocybin in palliative care?

Persons and Groups: Protection of Research Participants with Vulnerabilities as a Process

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Conceptualisations of vulnerability of research participants in the international standards of ethics of research involving humans underwent a shift from a group-membership (categorical) to an individual-oriented (analytic) approach to vulnerability. However, the categorical view has not been jettisoned completely, and so its role needs to be examined or explained. It is argued in this chapter that a restricted use of the categorical approach can be justified if protection of vulnerable research participants is seen against the background of the dynamics of study design, review and implementation, and if recognition and protection of participants with vulnerabilities is construed as a process in which researchers and ethics review bodies are involved rather than as a labelling device. From this perspective, the suitability of approach to conceptualisation of vulnerability depends on the kind and scope of the available information on participants. The process of study design, ethics review, and implementation involves different users of the ethics standards at different stages in the lifetime of a project: researchers and members of ethics review bodies. The

concepts of individual vulnerability (in the analytic approach) and that of group-membership vulnerability (in the categorical approach) can play their protective roles complementarily in the process of identification of vulnerabilities of participants and protection of participants with vulnerabilities.

PTSD and Biomedical Research: Ethical Conundrums

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This chapter describes why the biomedical model is inadequate and even unethical while proposing different models of research for PTSD and trauma including biopsychosocial and epidemiological models, the latter from an eco-social lens emphasizing public health approaches. These research models permit the inclusion of intersecting social factors into the medical diagnoses as an integral part of the traumatic impact. They underscore the bidirectionality of the event and its impact on humans in their natural environment. It calls for new training of health care workers to be integrated with biological, psychological and social factors that may underlie treatment of victims and those who cause violence, although much of the latter research still needs to be done. Acceptance of sophisticated correlational statistics will need to be considered as acceptable methodology along with carefully analyzed qualitative studies while moving away from the standard RCT models measuring effect-sizes that are ill-suited to clarify the intersectional conditions. This does not mean all our knowledge gathered to understand cause and effect in trauma treatment should be discarded. Rather, the approach to understanding trauma will need both a broadened approach in some areas and narrowly defined targeted subgroups in other areas based on our data. The arguments presented here demonstrated the need for this new research approach by illustrating how the intersectionalities were missed using a biomedical model in discussing the impact from two traumatic events that involve PTSD; child abuse and terrorism. Without effective treatment, child abuse can and often does give rise to other intrafamily trauma and community disruption through terrorism.

2. Pre-Conference (2)

Ethical Issues in the Use of Risk Assessment

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The rise in terrorist acts around the world has called for greater attention for health care professionals to predict and report those who may commit such violence. This focus raises significant ethical questions regarding the certainty with which such predictions can be made and concurrently, problems regarding breaches of confidentiality. In some jurisdictions, we see the increasing attention paid to mandatory disclosure when there is a reasonable suspicion of harm to self or others, even before an act of terror has occurred. The questions that need to be explored are 1) whether it is possible to make an accurate prediction of future use of violence; 2) if so,

what are the potential outcomes of such disclosures; and 3) what are the ethical concerns for the health care profession in general as well as the individual professional? The European Union has passed laws under the collective heading of "Prevent "to identify those who have the potential to become part of a terrorist cell. Does such mandatory reporting actually stop and prevent terrorist acts from occurring, or, in a broader sense, does mandatory reporting actually reduce the potential for violence. To answer these questions, we will examine the ability to predict who will commit future violence using scientific research on risk assessment. Prediction of future violence using clinical interview methods alone has been found to be inaccurate more often than accurate, prompting the development of structured interviews and 'actuarials' using data from researching violent offenders (Shapiro & Noe, 2018). Ethical considerations of whether the science of risk assessment yields sufficiently high enough accuracy to warrant violation of the patient's privacy are explored. Does the violation of human rights especially in those where the predictions are inaccurate create an ethical crisis in health care?

Genetic Testing for Suicide Research

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Contemporary research studies on suicide and suicide prevention are limited by specific ethical constraints, generally based upon implicit assumptions, that limit the nature of research activities that are permitted. A case in point is the systematic exclusion of potentially suicidal individuals from participating in randomised controlled trials of medications that will eventually be used to treat them. This presentation explores how different ethical presuppositions concerning suicide influence research practices. Moralist, libertarian and relativist ethical positions concerning suicide and its prevention are presented in order to clarify premises upon which ethical issues in suicide research may be resolved. Ethical concerns are differentiated from legal considerations and the implications of the vulnerability of suicidology research participants are discussed. Specific issues that arise in design, choice of participants, interpretation, diffusion of results and evaluative research are treated, as well as contemporary challenges in conducting research using new technologies, machine learning algorithms and social media. Issues concern experimental methodologies, obtaining informed consent, deception and disclosure, studying innovative and unproven interventions, unknown consequences of participation, rescue criteria, disclosure of information to third parties, research with special populations, and risks in publicizing results assessing the potential of saving a human life in complex contexts. When specific legal obligations are lacking, ethical premises concerning the acceptability of suicide and obligations to intervene may influence research protocols. Having a clearly defined moral stance is not, in and of itself, sufficient to determine what to do when faced with important ethical dilemmas in the course of suicidology research. Morality, as expressed in the philosophical realm, is removed from the constraints and practicalities of funding decisions, obtaining the confidence of participants so that research can proceed, and trying to determine if someone is actually at risk of suicide. The handling of these ethical issues will inevitably impact on the lives and deaths of suicidal persons who are involved in the research, as well as those who could benefit from the results.

Unproven Stem-Cell Based Interventions: Addressing Patients' Unmet Needs or Causing Patient Harms?

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Stem cells and regenerative medicine have been hyped over the past two decades as a cure for hundreds of diseases and disabilities. However, the clinical therapies have yet to live up to the hype. Only a few stem cell-based therapies have been approved by regulators to date, most related to blood cancers. Despite the lack of clinical data, an emerging and growing global marketplace exists with clinics providing unproven stem cell-based interventions (USCBI) for a range of diseases including HIV/AIDS, Autism and Multiple Sclerosis. Further, there are several reports of severe complications from these procedures including sepsis, cancer, blindness and death. In addition, costs for these USCBIs are not covered by traditional insurance, leaving the patient with thousands of dollars of debt from the treatments, travel required to obtain them, and any side effects. Scholars began reporting about this marketplace in the mid-2000s; however, there is no sign of it dissipating despite efforts from regulators and scientific societies. While there have been periodic and repeated calls for a global approach to combat the USCBI market, little action has been taken. Efforts to harmonize regulations may be impacted by the divide in what many patients consider sufficient evidence to warrant the marketing of stem cell-based interventions compared to what scientists and regulators deem is safe and effective. This chapter will define USCBI, describe the marketplace, and discuss the risks to patients, clinical research, and regulatory authorities as well as the discontent between patients and regulators regarding what is safe to use in the clinic. Current regulatory efforts will be reviewed to curb its growth, focusing on several attempt in the United States. Finally, a series of strategies will be presented that can better inform patients and harmonize regulatory efforts between countries.

3. A Resilience View of the COVID-19 Pandemic: Implications for Mental Health Services

A Resilience Perspective on Care and Guardianship of People Affected by COVID-19

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During the COVID-19 pandemic, countless Americans found themselves isolated at home, caring for an ill family member who was positive for Covid-19. Many informal caregivers had no prior experience with such a high level of care and uncertainty, leading to significant burden and distress. Isolation and disconnection from typical resources further impacted the toll on caregivers. Specifically, it focuses on the impact of practicing internal coping mechanisms such as self-efficacy and optimism and external coping mechanisms such as preparedness, social connectedness, and lifestyle change while caregiving for someone during the pandemic. The

contribution of these coping mechanisms to overall resilience and well-being is discussed. The relationship of COVID-19 stress will be examined as a moderator to coping variables and is anticipated to decrease resilience and well-being for individuals experiencing higher levels of such. This study adds to the limited research on predictors of individual resilience and well-being to the ongoing COVID-19 pandemic and gives insight into under-analyzed experiences held by caregivers during these challenging times. Implications will be discussed in terms of social policy and guardianship issues.

Resilience and the Prevention of Teacher Burn-out During the COVID-19 Pandemic

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The teaching profession has been one of the most emotionally exhausting careers due to high demands and workload, insufficient resources and support, and student behavior management. Increased stress related to teaching makes teachers highly susceptible to developing burnout, a psychological state characterized by emotional exhaustion, depersonalization, and a reduced sense of accomplishment (Maslach et al., 2001). Burnout in teachers is associated with lower levels of student achievement as students are directly impacted by their environment, including teacher well-being. With the COVID-19 pandemic that disrupted schools beginning in March of 2020, teachers needed to adapt to challenging circumstances in both their professional and personal lives. There is limited research on the impact of the COVID-19 pandemic on teachers' psychological well-being and the development of burnout in this population. Several personal factors found in the literature protect against the development of burnout, and some are explicitly associated with teachers. Optimism, intrinsic motivation, and social support are variables that protect against burnout in the teaching profession. The current study aims to expand on research regarding burnout in teachers related to the COVID-19 pandemic and whether personal variables that have previously served as a buffer against burnout remained protective in the pandemic.

COVID-19 Pandemic, The Challenges of Remote Education and Impact on Mental Health: From Students' Perspectives

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Online learning in developing countries is generally an untried method of learning. While the use of digital technology has the advantage to address equal opportunity to education through remote access during this pandemic, the students of the developing countries, their access to online learning is elusive. Socioeconomic and geographical locations are determining factors of the

resources for the online learning, the computer skills among the teachers and students on how to navigate themselves through remote access, the availability of internet and telephone lines in rural communities and limited to no learning devices among households with more than one school age children, these widens the gap of educational disparities among students. The consequences of these disparities are resulting in mental health problems among parents and students alike. Depression, isolation, feeling of helplessness, new onset psychosis and suicide are not uncommon occurrence. Social stressors have been known to cause mental distress. The student's limitations to continue their education decreases their opportunities to better their lives and parent's inability to provide adequate resources to their children's education lowers their self-esteem, worst in some case ends in suicide. These are the global challenges that hopefully in the future will achieve a better outcome not only to improve access to online learning but also will prevent severe mental health crisis.

Legal and Ethical Issues in Emergency Department Boarding of Mentally Ill Patients: A US Perspective

Kathryn Redinger, *Western Michigan University* (kathryn.redinger@med.wmich.edu)

The mental health system in the United States is woefully underfunded and understaffed to meet the needs of the mentally ill, especially those who present to emergency departments in crisis. Following the deinstitutionalization movement beginning in the 1960s and significant reductions in funding for inpatient psychiatric hospitalization, the number of inpatient psychiatric beds has dramatically decreased while the number of those requiring inpatient hospitalization for acute stabilization has steadily increased. The confluence of these factors has created a common phenomenon called "psychiatric boarding" in hospital emergency departments, in which it is uncommon for patients requiring acute inpatient psychiatric hospitalization wait for days to weeks, often involuntarily and without legal recourse, for an inpatient bed to become available. Recent legal challenges to the constitutionality of this process are currently being adjudicated in US courts. This paper will critically examine the myriad legal and ethical issues surrounding psychiatric boarding and advocate solutions to resolve this crisis.

Stigma and Suffering: Family/friend Caregivers' Experiences Caring for People with Dementia

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This presentation focuses on the types of stigma family/friend caregivers of people living with dementia experience. Between 2016 and 2017 nineteen family/friend caregivers were interviewed using a semi-structured approach. Interview guides were developed collaboratively with partnering

organizations following ethics approval. Thematic analysis was used to interpret the data and situated within Pryor and Reeder's model. Interestingly, in contrast to Pryor and Reeder's model, results did not indicate that lifestyle factors or onset controllability contributed to stigmatization possibility because participants have accepted the stereotype that decreased cognitive function is a normal part of aging. This myth will be investigated as will the increased stigma family/friend caregivers have experienced resulting public health orders and legislation related to COVID 19 limiting family/friend visits to long-term care facilities.

4. Addressing Trauma in Justice Processes and Professional Contexts

Technology Facilitated Re-Victimization: Video Evidence and Victims of Sexual Violence

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With the ubiquity of technological devices producing video and audio recordings, violent crimes are increasingly captured digitally and used as evidence in the criminal justice process. This paper presents the results of a qualitative study involving Canadian criminal justice professionals, and asks questions surrounding the treatment of video evidence and the rights of victims captured within such images. It is argued that loss of control over personal images and narratives can re-traumatize survivors of sexual violence, creating technologically-facilitated cycles of abuse that are perpetuated each time images are viewed. This study finds that the justice system has little to no consistent policy or procedure for handling video evidence, or for ameliorating the impact of these digital records on survivors. Consequently, the need for a victim-centred evidence-based understanding of mediated evidence has never been greater.

Workplace Trauma in A Digital Age: The Impact of Video Evidence of Violent Crime on Criminal Justice Professionals

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This study describes the experience of exposure to video evidence of violent crime among Canadian criminal justice professionals including police, lawyers, judges, psychiatrists, law clerks and court reporters. Themes identified address the proximity to violence through high quality video; lack of preparedness for violent content; repetition of traumatic exposures through multiple viewings; the failure of customary methods for self-protection; and the lasting effects of exposure

to video evidence. Results reveal that criminal justice professionals are increasingly and repeatedly presented with deeply disturbing imagery that was once imperceptible or unknowable and thus held at a greater distance, creating a new emotional proximity to violence that potentially increases risks of secondary trauma. Videos of this nature are not solely new and improved tools for conventional criminal justice processes, but rather, exponential growth of these videos creates new calls for a deeper examination and consideration of the potentially traumatic impact they may have throughout the justice system.

Traumatic Testimony – Lessons from the Residential Schools Reparations Process

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Regimes and institutions are increasingly called upon to compensate survivors for widespread historic wrongs, often through 'reparations' processes. One result of this is the proliferation of processes which provide individual compensation to survivors of large-scale traumatic events as part of a larger effort to vindicate their rights and further the process of 'healing'. One such process, the "Independent Assessment Process" (IAP) was created as part of the "Indian Residential Schools Settlement Agreement". The IAP aimed to provide survivors with 'court level' awards through an individualized claimant-centered adjudication process requiring individual testimony about traumatic childhood events, considerable thought was given to how to support survivors in the process. This paper will discuss and evaluate the nature of those innovations focussing on how effective they were in addressing the retraumatization of survivors. The paper will also address a less anticipated trauma associated with the IAP—that experienced by the adjudicators who presided over these hearings. Efforts to support adjudicators, particularly as the process progressed and areas where there may have been room for improvement will be discussed.

PTSD and Workplace Traumatic Exposure: A Systematic Review

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This presentation will describe a project completed by an international team of researchers interested in impacts of occupationally related traumatic exposure. Specifically, the team completed a comprehensive systematic review process that considered the extant literature regarding prevalence of Post-traumatic Stress Disorder as it related to workplace traumatic stress for occupations at high risk of traumatic exposure, including public safety and justice related professions. The literature was searched from the time of inclusion for PTSD in the DSM (1980) and a total of 2767 original citations were reviewed by at least two reviewers for inclusion, quality and data extraction. Data was evaluated using a best-evidence synthesis and revealed that the literature provided strong evidence that PTSD symptom prevalence was elevated for firefighters, police, paramedics, emergency workers, transportation works and other (i.e., mixed occupations). We also considered corrections officers; but, found insufficient information in the literature to provide a conclusion regarding prevalence for this working group. Conclusions from this work suggested that amount of relevant research linking PTSD and workplace exposure differs across occupational groups, with some occupations having good evidence, and some in need of future research focus.

5. Advancing Health Equity in the Era of Artificial Intelligence: Implications for Behavioral and Mental Health

Overview of Opportunities and Implementation Challenges in AI and Advanced Analytics

Mollie McKillop*, IBM Corporation, New York, USA* (Mollie.McKillop@ibm.com)

Artificial Intelligence (AI) is defined as the application of computer programs that mimic human intelligence by "learning" from available data inputs using a combination of supervised or unsupervised learning approaches. AI has great potential to revolutionize healthcare as it has the capability to make sense of big data, support patients and caregivers as they navigate care pathways, and further aid clinicians in clinical decision-making. Technologies driving these innovations, particularly in natural language processing (NLP) and machine learning (ML), are evolving rapidly. AI has been applied in a variety of ways in healthcare settings, including: (1) extracting named entities from unstructured clinical text, (2) identifying and summarizing problems contained in the structured and unstructured text of electronic health records, (3) measuring clinical similarity between patients for generating cohorts, (4) extracting information in unstructured medical literature to summarize evidence and support hypotheses, (5) integrating data from multiple healthcare providers with patient-reported data to support intelligent home-based care, and (6) deploying intelligent agents in multiple settings in the form of Chatbots using a variety of techniques to triage patients during the COVID-19 pandemic. This presentation will address the use and application of AI technologies in the clinical and public health environment,

discuss challenges and barriers to widescale adoption and innovation, and present potential opportunities and solutions.

Addressing Fairness and Bias in Machine Learning

Irene Dankwa-Mullan, *IBM Corporation, Bethesda, MD, USA* (idankwa@us.ibm.com)

Machine learning (ML) and artificial intelligence (AI) are becoming more widespread to support overtaxed cognitive and physical workflows in medical and healthcare environments. As these techniques and algorithms continue to develop and permeate, there is a growing concern with regard to the bias that is inherent in the data used to train these models. That bias not only persists but then perpetuates the bias downstream in post implementation settings where decisions are influenced and made based on the outputs of these models. Means by which to address this problem is to apply algorithms to promote fairness that identify, evaluate and mitigate the obscure bias. AI Fairness 360 is an open-source workbench that provides an interactive environment for the user to employ these types of metrics and algorithms that are also openly available to guide them in recognizing the bias that exist in their datasets and models. We will speak to the importance of considering fairness and bias in developing ML and AI algorithms and discuss an open-source platform that provides means by which to engage numerous openly available algorithms to help identify, evaluate and mitigate the bias hidden within the data.

Ethical and Equity Considerations for Mental Health and Healthcare

Winnie Felix, *IBM Corporation, Bethesda, USA* (wfelix@ibm.com)

The excitement surrounding potential benefits of these tools should not cloud the importance of carefully examining the socioeconomic, ethical, and political issues raised by AI, advanced technologies and machine learning. These issues include safety, trust, and the importance of respect for the basic principles of equity and non-discrimination. Tools for data curation, tracking and monitoring, unavoidably rely on human decisions—on why it is used, how it is used, and what it is used for. As an example, biases and disparities present in large databases can be amplified or perpetuated based on predictive models or learning algorithms using such data. This presentation will highlight the challenges associated with bias in data and AI from various factors, including human bias, underrepresented populations in demographic datasets, algorithms, models being used for analysis, as well as issues around data ownership, use, sharing and governance.

Framework for Advancing Health Equity at the Intersection of AI and Technology

Winnie Felix, *IBM Corporation, Bethesda, MD, USA* (wfelix@ibm.com)

There is broad consensus that AI and advanced technologies have potential to fundamentally transform health and healthcare. AI tools, machine learning and advanced technologies powering big data will be instrumental in driving better health and outcomes for all populations. Whether progress occurs in incremental steps or in exponential leaps, attention must be paid to the mechanisms to ensure that the benefits can be gleaned by all populations, and not only by the most socially advantaged groups. With these opportunities come issues of ethics, trust, inclusivity, and transparency of data—including use of data for the global public good. A critical role in this effort is to help drive development of AI technologies that promote fairness and transparency, minimize bias, and promote health equity.

6.   Advancing Wellness in Professional Contexts

Traumatizing or Trauma-Informed? Strategies and Best Practices in Creating Trauma-Informed Field Placement and Internship Opportunities

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This presentation will highlight research on strategies and best practices to create trauma-informed internship opportunities and environments for students. Previous research has shown that clinical and field experiences are anxiety-producing, stressful, and even re-traumatizing for students in social work (and other human service training) programs. Creating safe and supportive internship environments is fundamental in student learning and skill development. How do we as educators create real-world opportunities for students that promote learning and professional growth, while also responding to students' need for support? The UB School of Social Work has a trauma-informed, human rights curriculum and is committed to integrating these frameworks in all aspects of the curriculum, including how we teach in the classroom and in the field. The field education team surveyed 103 field educators (practicum instructors) on strategies they utilize to embody a trauma-informed approach with their social work students. These strategies, best practices, and challenges will be highlighted in this presentation. Although our participants were all master-level social workers, findings will be relevant to any applied learning profession.

Achieving Regulatory Excellence Through Understanding Vulnerability and Leading With Compassion in Oral Health Regulation

Shelley Ball, *College of Dental Surgeons of British Columbia* (sball@cdsbc.org)

Members of the public and oral health professionals who engage with regulators in complaints or health monitoring processes experience vulnerability. They may be a complainant, respondent to

a complaint, self-reporting, or the subject of another health professional's duty to report, physical, mental or other injury or illness(es). As regulators, if we acknowledge the vulnerability that comes along with those circumstances, and consciously incorporate awareness of it into our practices, we can take great strides toward our collective goals of public protection, ensuring competence and fitness to practice, and regulatory excellence overall. This can be effectuated by building compassion into processes at every level of engagement, which reflects knowledge of trauma and provides psychological and cultural safety through empathy, transparency and humility. It necessarily also includes confronting barriers that have long-existed between and among oral health care professionals, the public and regulators. The presentation will describe and discuss key principles and practices for leading with awareness of vulnerability in oral health care regulation, in British Columbia, Canada.

It's Time to Update Pre-Employment Testing for Police

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While selecting the best police officer candidate is not a new challenge, the current process has seen few updates despite the increasing need for officers to function in a cognitively demanding environment that requires high level working memory, multitasking, and mental flexibility. Additionally, there is no consensus on what measurements are best to use and state licensing commissions frequently offer little guidance beyond requiring police officers be in satisfactory psychological/ emotional health. Unfortunately, despite this need, there is little research exploring what skill-sets and abilities are critical in order for police officers to carry out their duties successfully. During this presentation, we will discuss preliminary data from a pilot investigation examining the relationship between measures of neuropsychological functioning and emotional health and police officers' field performance. The results of this novel research suggest that the addition of brief measures of cognition and emotional health to current pre-employment testing may be useful in the selection process. Finally, we will describe a case example of an officer from the pilot study who passed the pre-employment evaluation but was later dismissed after a failed fitness for duty exam, exemplifying the importance of ensuring procedures for selection are duty specific and evidence based.

The Social Work and Disaster Network

Julie Lynne Drolet, *University of Calgary* (jdrolet@ucalgary.ca)

Social work practitioners and human service professionals are increasingly involved in disaster contexts. However, their role in disaster preparedness, response, and recovery is frequently misunderstood, overlooked, or undervalued. The study *In the Aftermath of the 2016 Alberta Wildfire: Experiences of Social Work Practitioners and Human Service Professionals in Long-term Disaster Recovery* conducted 40 individual interviews with social workers and human service professionals, facilitated six focus group discussion sessions, and carried out an online survey with

89 respondents. Participants in the study expressed that, in their experience, social work offers a unique contribution to disasters. Social work practice in disaster contexts occurs at the micro, mezzo, and macro level, from clinical practice to community development to policy interventions and advocacy. The study results demonstrate that there is a need to support social workers and human service professionals involved in all phases of disaster preparedness, response, and recovery. The session will present the Social Work and Disaster Network that was created to build capacity and create awareness of the role of social workers and social services professionals in disaster contexts. The presentation will discuss how the network will contribute to building a more resilient, inclusive, and sustainable society while reducing inequalities and vulnerabilities in Alberta.

7. Application of the 4Ts Framework to Address Burnout in Healthcare and Technology Solutions to Prevent the Next Blaze

The Impact of COVID-19 and Burnout in Healthcare Professionals

Irene Dankwa-Mullan*, IBM Corporation, Bethesda MD, USA* (idankwa@us.ibm.com)

Prior to COVID-19, healthcare professionals commonly practiced self-medicating behaviors, such as alcohol and/or drug abuse, to cope with work-related stress, and have underreported suicide rates that are 1.2 to 2.4 times higher than the general population. The mental health consequences, particularly for clinicians on the frontlines, may be significant given that acute increases in workplace stressors may increase the prevalence of post-traumatic stress disorder (PTSD); notably, the drivers of PTSD and burnout are similar with overlapping harmful impacts on provider health. In the current setting with COVID-19, resiliency techniques targeting the individual are important, but insufficient to overcome systemic challenges that give rise to burnout; healthcare organizations, now more than ever, need to prioritize their employees' health and address the drivers of burnout. Moreover, what are the legal responsibilities of healthcare organizations to maintain a safe and healthy work environment? We will discuss the impact on COVID-19 on clinician practice, how organizations support their workforce in the face of this crisis, and the rise of telehealth to bridge care delivery gaps imposed by social distancing and other pandemic-related stressors.

Applying the 4Ts Framework to Address Burnout

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Burnout is the unintended net result of many disruptive changes to the healthcare system; its consequences can negatively impact the quality of patient care, patient safety, workforce retention, and the viability of healthcare systems. For example, burned out providers make more medical errors; further, after accounting for personal and professional characteristics (e.g., age, gender,

specialty, time in practice, etc.) burnout is associated with malpractice suits. As many stressors causing burnout are system-generated, a complete understanding of the workplace interventions impacting physician burnout is essential. A recent systematic review developed the 4Ts framework as a pragmatic approach for understanding organizational interventions to decrease burnout by leveraging technology to give time back to teams during key transitions in care. This presentation will describe the importance of mitigating burnout from a public health perspective, provide an overview of the 4Ts framework, and deliver practical approaches to improve healthcare professionals resiliency in the workplace and in their communities. Leaders of healthcare organizations will derive benefit from the quality of life of their workforce, and the quality of care they provide, by assessing causes of burnout within their own systems and implementing these successful 4Ts countermeasures.

How Technology and Services Can Address and Offset Burnout

Jane Snowdon, *IBM Corporation, North Castle, USA* (snowdonj@us.ibm.com)

Advanced technology solutions can address burnout at three scales targeting the individual, an organization, and a community. Individual-directed solutions (e.g., Get Results in Transition) focus on building behavioral and emotional resiliency, improving well-being, and supporting professional development. Organization-directed solutions (e.g., DynaMedex, IBM®Watson Works, IBM® Watson Imaging Suite) have the potential to extract, synthesize, and contextualize relevant, personalized, and timely information at the point-of-care. Community-directed programs (e.g., IBM® Watson Care Manager) and social awareness interventions can facilitate human-centered contact tracing and integrated care management connecting individuals to their community services. This presentation will discuss the broad range of products and services that apply the aforementioned 4Ts framework to address burnout along individual-, organizational-, and community-levels of care delivery; additionally, we will provide insight into legal perspectives for the user and associated advantages of their implementation.

8. Building a Net That Works: Multidisciplinary Approaches to Eliminate Institutional Racism and Racial Disparities

Sometimes We Must Break the Rules: A Multidisciplinary Approach to Address Racial Disparities and Systemic Racism

Willard Ashley, *Consulting Psychoanalyst, New Jersey, United States* (dr.wwca@icloud.com)

"Our lives have been forever changed by the coronavirus pandemic. Hundreds of thousands of people around the world have died. Millions in the United States alone have lost their jobs" (Wise, 2020). Pandemics and natural or human-caused suffering change society. There are universals

and distinctions as to how a community responds and offers care. The persons who survived the tragedy begin to explore new norms while grieving their losses. This presentation will examine the harsh reality of how disparities and systemic racism create an even more significant impact on social determinants of health and well-being of Black Indigenous People of Color (BIPOC). Equally important, this presentation calls for multidisciplinary collaboration to work across the professional and political divides to heal documented demographics who experienced violence, emotional disturbances, physical illnesses, and even death due to systemic racism and racial disparities.

Decriminalizing Health Disparities in the U.S.

Cheryl Wills, *University Hospitals Cleveland Medical Center, Cleveland, USA* (cwforensic@earthlink.net)

Bias in the U.S. gained international attention during the 2020-21 pandemic. First, members of minority and underserved groups and communities had higher rates of morbidity and mortality due to the COVID-19 virus. Then, eyewitnesses shared videos of police officers using excessive force against Black citizens, resulting in each victim's permanent injury or death. Soon after, medical organizations concluded that racism, including police brutality, can be a threat to public health. Race and health-based inequities also affect individuals who are involved in the legal system. Jails and prisons are the largest mental health systems in the U.S. and can be, in some communities, the most reliable way for individuals, especially those with chronically debilitating mental disorders to receive consistent mental health care. The presentation will address how deficient community-based services can be a barrier to accessing mental health services, resulting in unnecessary legal involvement for some people who have serious mental illness. It will discuss how untreated mental illness can impact outcomes at different stages of legal involvement, including apprehension, interrogation, arrest, adjudication, incarceration and community re-entry. Recommendations for reform will be discussed.

The Band-Aid on the Bullet Wound: Understanding and Addressing Racial Trauma in U.S. Education

Lia Epperson, *American University* (epperson@wcl.american.edu)

In one of the earliest identifications of racial trauma in education, the U.S. Supreme Court in Brown v. Board of Education referenced psychological studies that exposed the devastating social and psychological effects of a racially segregated education. While the case has a hallowed place in the canon of constitutional jurisprudence, the legal remedies used to repair the denial of the constitutional right addressed in Brown failed to tackle the underlying condition that so offended the U.S. Constitution in the first place. The remedies ordered did not confront racial trauma – the stigmatic effect of racial segregation referenced by the Court in Brown. Indeed, while the Court denounced racial apartheid in education, it had no remedy for the stigmatic harm that centuries of white supremacy wrought on black children, and on children of all races. In essence, this racial trauma is at the heart of inequitable education in the United States today. It manifests in continued

challenges to true racial integration in elementary and secondary schools, and in harsh discipline measures disproportionately channeling black and brown children into detention, suspension, expulsion, and the criminal justice system. Perhaps most importantly, there are long-term intergenerational consequences to the trauma of racial bias, the threat of stereotyping, and its attendant anxieties. Recent events, including the global health pandemic and state-sanctioned racial violence, exacerbate the existing trauma that children face in schools. Yet, growing attention to these injustices and the quest for redemption is revelatory. In this propitious moment, this article examines the multidimensional advocacy necessary to address the underlying racial trauma that is at the root of long-standing educational inequities. Broadly speaking, governmental policy, funding mechanisms, and public-private partnerships may amplify and replicate the successful strides implemented in some local and state educational systems today.

An Ethical and Scientific Analysis of the Defund the Police Movement in Canada

Timothy K.S. Christie, *Horizon Health Network, New Brunswick, Canada*
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Recent incidents of police violence have caused many to call for defunding the police. In fact, in 2019 the Supreme Court of Canada stated that "race-based policing" is a reality in Canada. Between 2017-2020, 51% of the people shot and killed by police were from racialized groups; and most were living with a mental illness or a problematic substance use disorder. Although Indigenous people make up 4.9% of the Canadian population, they compose 38% of those shot and killed by police, which is an over representation of 700%. Black people make up 3.5% of the population but 9% of those shot and killed by police, an over representation of 250%. Likewise, Indigenous people are overrepresented in the federal prison system by 500% and blacks are overrepresented by over 250%. There are 68,718 police officers in Canada, and we spend an average of $118,000 per officer annually. Therefore, the objective of this presentation is to conduct an ethical analysis of the Canadian defund the police movement. We must ask ourselves if these resources could be used more efficiently, safely, and humanely by defunding the police and investing in services designed to address the root causes of our social problems.

9. Canada's Medical Assistance in Death Regime: Holding a Microscope to Recent Developments (MAiD)

Medical Assistance In Dying In Canada: An Overview

Jaro Kotalik, *Lakehead University* (jkotalik@lakeheadu.ca)

In 2016 Canada legalised medically assisted dying (MAID), which means euthanasia and assisted suicide, as a response to the decision of Supreme Court of Canada which held that absolute prohibition of these acts was a violation of Canadian Charter of Rights and Freedoms. The MAID program was rapidly implemented by governments across ten Canadian provinces and two territories and experienced a rapid year by year growth. By the end of 2020, MAID was administered by physicians or nurse practitioners to about 22,000 residents. In this panel, we will examine several legal, medical ethical and social issues arising in delivery of the program. To provide an introduction to this session, I will illustrate how his program operates, by describing two hypothetical cases from the time of patient's inquiry to the time of submitting report on the death of that patient with medical assistance. One scenario will involve a person whose death is reasonably foreseeable. The other scenario will present a person applying for assisted death in that stage of life when natural death is not reasonably foreseeable.

The Irreconcilability of Disability Rights and Psychosocial Aspirations with Medical Assistance In Death (MAID)

David Shannon, *Barrister-and-Solicitor, Thunderbay, Canada* (shannonlaw@tbaytel.net)

Canada has gained the moniker of being the most permissive jurisdiction in the world to allow medical assistance in death since Bill C-14 gained Royal assent. Its criteria allows that individuals who have a "disability' may utilize it as a rationale for euthanasia. Disability is a ground that is constitutionally protected from discrimination in Canada similar to race, sex, gender, sexual orientation, religion and other personal aspects. It would seem unthinkable to utilize any of these protected grounds as a rationale for any form of assisted suicide. Canada also has profoundly systemic barriers to the full realization of equality for disabled persons. This is evidenced by poverty, unemployment, and under-education rates, as well as the preponderance of discrimination claims made by disabled persons with human rights Commissions. These systemic inequalities were further revealed during the COVID-19 epidemic, and that impact continues to pervade within Canadian society. As presented by an individual who has had tetraplegia due to a spinal cord injury for over forty years, it will be argued that in the presence of unrelenting discrimination against persons with a disability in Canada, the ongoing absence of disability supports, and a profoundly flawed palliative care system MAID legislation, as articulated in Canada, will further these entrenched pre-existing psychosocial subordinations. Furthermore, it reveals an unprecedented negation of a disabled person's contribution or human value within the Canadian family. This may have very regressive human rights implications.

Medically Administered Death in Canada and its Impact on Palliative Care - The End of Natural Death?

Leonie Herx, *Queen's University* (leonie.herx@kingstonhsc.ca)

The legalization of euthanasia and assisted suicide in Canada, known as 'Medical Assistance in Dying' (MAiD) has had profound impacts on the practice of medicine, especially palliative and

hospice care. While palliative and hospice care remains significantly inaccessible to most Canadians who want it and would benefit from it, MAiD has been rapidly funded and is widely available in all provinces and territories. The complexities (impact) of the expanded MAiD legislation on the provision of palliative care and supporting natural death, including the use of euphemistic language and the normalization of an administered death as the 'most beautiful death', will be explored in the presentation. The implications of the legislation on informed consent and the medical standard of care will be discussed. The ability of medical practitioners to maintain their professional integrity and practice medicine according to their conscience will also be considered.

A Right to Palliative Care in Canada

Mary Shariff, *University of Manitoba* (Mary.Shariff@umanitoba.ca)

When the 2015 Canadian case *Carter v Canada* found the prohibition against euthanasia and physician-assisted suicide unconstitutional, it simultaneously launched an existential threat to the discipline and vocation of palliative care - the view that there is no distinction between palliative care and physician-assisted death. This confronting narrative is often supported by reference to the *Carter* case, but what did the court actually say? The goal of this presentation is to present the trial court's observations with respect to palliative care which are *consistent* with the definition, practice and vision of palliative care – to address suffering with life-affirming care while not hastening or postponing death. Yet, as will be discussed, the realization of this definition as well as palliative care being practice distinct from *medical assistance in dying* or MAID continues to be challenged by MAID implementation, access and reform. With reference to legislation and policy initiatives subsequent to the *Carter* case, this presentation will describe some of these challenges and explore some of the legal arguments that may point to the positioning and establishment of palliative care as a human right in Canada.

10. Caught in the System? Sentencing Mentally Disordered Offenders Across Countries and Legal Realms: An Analysis of the Netherlands, Belgium and Turkey from a Criminal and Public Order Law Perspective

Hjalmar van Marle, *University of Groningen* – Discussant

Sentencing Mentally Disordered Offenders: New Developments in the Netherlands

Michiel van der Wolf, *University of Groningen* (m.j.f.van.der.wolf@rug.nl)

When it comes to sentencing mentally disordered offenders, The Netherlands has long been known for its infamous TBS-order: a safety-measure of entrustment for mentally disordered offenders assessed as dangerous, consisting of treatment in high security forensic mental health facilities paid for by the Ministry of Justice and Safety. Recently, the debate concerning the TBS has been mainly on the problem of defendants refusing to cooperate with their psychological evaluation, which is generally needed to establish the criteria of disorder. A second important change in the regulations concerning mentally disordered offenders is the new possibility for the criminal court to divert someone to the (forensic) mental health system in any stage of the criminal proceedings. Before, this option was only possible for the sentencing court after establishing legal insanity for the offence. However, as this is not considered 'forensic care' it is not being paid for by the Ministry of Justice and Safety and therefore financial barriers seem to obstruct the aims of the law. Both developments will be critically scrutinized, both through a test of the practical effects against the aims that are sought and from the perspective of the legal position of mentally disordered offenders.

New Developments on Sentencing Mentally Disordered Offenders in Turkey

Candan Yılmaz, *University of Groningen* (c.yilmaz@rug.nl)

Sentencing mentally disordered offenders was a problematic issue in Turkey until 2019, since there was no secured mental health institution, even though that was required by the Turkish Criminal Code. According to the repealed and current regulations, no punishment shall be applied to the persons who during the time of the offence suffer from a mental disorder leading to a lack of understanding or control the criminal actions. However, these persons may still be subject to security precautions. Due to the absence of secured mental health institutions however, offenders were detained in prisons, despite such treatment was against the Criminal Code. Over the years, judges claimed that this illegality can be justified considering the importance of public security and safety. Finally, in 2019, the very first institution has opened in Turkey. These new institutions and their effect on the criminal justice system will be discussed.

Sentencing Mentally Disordered Offenders in the Netherlands: A Prisoner's Dilemma?

Sanne Struijk, *University of Groningen* (s.struijk@rug.nl)

In the Netherlands many detainees appear to suffer from a mental disorder and/or an addiction and/or an intellectual disability. In order to tackle this individual and societal problem new legislation and policy has been developed. On the one hand this legislation and policy is aimed at improving the internal consistency and alignment of judicial care provided to detainees. For example, it has become possible to opt for mental health care at every stage of the criminal justice

process. On the other hand, within penitentiary law and policy the focus has clearly shifted to personal responsibility. Detainees are responsible for not only the extent to which the government is willing to grant him or her internal and external freedoms, but also to invest in his or her rehabilitation. In this presentation, both of these rather divergent developments will be discussed and assessed in light of the normative legal framework of the European Convention of Human Rights.

11. Child Custody and Wellbeing

Sibling Relationships Between Foster Children and Biological Children of Foster Parents: Findings from a Multiperspectival Interpretative Phenomenological Analysis

Brendon Pratt, *University of Alberta (*bjpratt@ualberta.ca)

This presentation will explore the findings from doctoral research currently in progress on sibling relationships between foster parents' foster and biological children. Foster children can spend significant time in foster care, and the relationships they form in their foster families can be meaningful and supportive even after their placement ends. However, too often, these relationships are lost when the placement ends. Previous research has explored the benefits of a good relationship with skilled foster parents. This research uses multi-perspectival and multi-modal approaches within an interpretive phenomenological analysis framework to explore foster sibling relationships. Although foster children can form meaningful family-like relationships with their foster families, they have no legal relationship with their foster families. The anticipated findings of this study, along with other research on relationships in foster families, supports establishing a legal relationship between the foster child and foster family to mirror their affectional relationship. This presentation argues that, where warranted, foster children deserve a legal relationship with their foster family, who can support them into adulthood.

Psychological Expertise and International Cooperation in Helping to Recognize Child Victims of Sexual Assault in The Democratic Republic Of Congo

Adélaïde Blavier, *University of Liège* (adelaide.blavier@ulg.ac.be)
Céline Wertz, *University of Liège* (celine.wertz@ulg.ac.be)
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Justin Cikuru, Panzy *Hospital, Bukavu, Democratic Republic of Congo*

In 2018, in Kivu region, a historic appeal trial was held and resulted in the confirmation of the first judgment both on the penalties and responsibilities and on the reparations dimension. This decision confirms the historic nature of this case, particularly with regard to the psychological evaluation carried out. Video recordings were made of the child victims' interviews with the

examining psychologists, which resulted in the children not appearing for confrontation at the time of the trial. The use of the forensic certificate and the confirmation of psychological trauma in the children were also key elements of this trial, in which the inter-sectorial collaboration was crucial for the investigation and understanding of the phenomenon. This presentation outlines the work carried out by the psychological experts and its impact on the outcome of the trial. The psychological examinations highlighted the traumatic consequences on 36 girls, victims of serious sexual assaults, sometimes accompanied by genital mutilation, in a societal context that remains highly insecure and marked by the absence of a judicial response. The presentation highlights disorders specific to children, which differ from the sequelae observed in adults.

False Polarization in Family Law: The Case of Resist and Refusal Contact Problems

Michael Saini, *University of Toronto* (michael.saini@utoronto.ca)

A child's resist or refuse to contact a parent is among the most contentious cases for family justice system professionals to help settle. For several decades, these cases have been the focus of heated debate in academia, professional settings and in popular media. This dispute is, in part, due to a controversial set of beliefs about parental alienation that assign responsibility to one parent. Based on a survey of 1,049 family law practitioners (e.g., judges, attorneys, mental health professionals), this presentation will identify patterns of consensus and dissent about parental alienation constructs and will explore implications for intervening. The presentation will highlight practitioners' beliefs about the value and relevance of parental alienation behaviors, presumptions about the role of intimate partner violence and child abuse, and the state of the social science evidence. While there is considerable consistency across views, findings reveal certain profiles of extreme views, clustered around issues of cause(s), etiology, the role of intimate partner violence, and treatment considerations. The purpose of the presentation will be to showcase the concordance in the field, while highlighting the typologies of extreme positions that can intensify and polarize binary and simplified thinking.

New Interventions for Resist Refuse Treatment: Working with Resistance and Forgiveness Therapy

John A. Moran, *Psychologist, Scottsdale, USA* (jm@jmphd.com)

This presentation examines how clinicians can reduce the negative mindsets, anger, and resentments associated with Resist Refuse Dynamics (RRD) by managing family's resistance dynamics and utilizing forgiveness therapy interventions. Mild and moderately severe cases of RRD appear to be amenable to treatment. Implementing a reunification plan requires significant cooperation among family members. To establish a supportive family ecology, clinicians must anticipate and effectively respond to family resistance dynamics. When the coparents and broader family system are aligned, parent-child sessions can address the child's emotional injuries underpinning their resistance. Forgiveness therapy is designed to reduce the anger, resentments

and negative mindsets resulting from relationship emotional injuries. Several metanalyses have found forgiveness therapy to be an efficacious treatment for a variety of populations. Applying theory and interventions from forgiveness therapy to families struggling with RRD, it will be argued, holds promise for reducing unforgiveness impeding parent-child reconciliation.

Health Promotion and Suicide Prevention for Transsexual Children

Felipe Daiko Fraga, *University of São Paulo* (felipe.fraga@alumni.usp.br)

Health is a universal right in Brazil. However, in the case of the transsexual population, none of these principles is guaranteed, as recognized by the National Policy on Comprehensive Health for LGBTs, established in 2011. It is noteworthy that, in 2021, Brazil was record holder for murder of transsexuals in the world for the 14th consecutive time and that the exclusion of transsexuals increases the mental suffering of this group, making them six times more likely to commit suicide than the general population. Based on this, a health group for transsexual children was created at a Mental Health Center (MHC) in Santo André. To promote health and prevent suicide in transsexual children and adolescents. Group with weekly meetings based on theatrical games and exchanges of life experience with ten transsexual children assisted by MHC. Strengthening of bonds between transsexual children. Reports such as "abandonment", "feeling of impotence", "fear of dying alone" and "sadness" gave way to reports such as: "feeling of belonging", "I feel wanted", "here I feel stronger". Therapeutic groups for transsexual children can strengthen citizenship, the right to health and the affirmation of gender in this population, ensuring a better quality of life, in addition to preventing suicide.

12. Civil Religion and Civil Liberties

Pawel Lukow, *University of Warsaw* - Discussant
David N. Weisstub, *International Academy of Law and Mental Health* - Discussant

Can There Be a Civil Religion in a Secular Democratic Polity Today?

David Novak, *University of Toronto* (david.novak@utoronto.ca)

Civil Religion is secular or "nonsectarian," affirming some sort of "Supreme Being" rather than a God revealed to a particular community in history as in Judaism, Christianity, and Islam. Jews, Christians, and Muslims can accept civil religion only if it does not claim to displace their respective religions. Even secular people who are not adherents of any revealed religion can in good faith accept a civil religion's affirmation of the highest, transpolitical source of civil rights, because it functions as the most powerful antidote to the claim of totalitarian polities to be the original source and final arbiter of all civil rights and duties. Only militant atheists or "secularists," who claim ultimacy for their secular polity and its ideology, reject the affirmation of any God at all. They join with Jewish, Christian, or Islamic "fundamentalists" in rejecting civil religion, but for an opposite reason. They hold that even civil religion is still too much religion, while

fundamentalists hold that civil religion is an idolatrous substitution for their own "true religion." This presentation argues for the religious and secular validity of civil religion, thus opposing both secularist and fundamentalist rejections of it.

Civil Religion: A Window into Perennial Themes of Political Philosophy

Ronald Beiner, *University of Toronto* (ronald.beiner@utoronto.ca)

The primary purpose of this essay is to trace a consistent civil religion tradition running more or less across the whole breadth of the Western theory canon. I follow Rousseau in conceiving civil religion as the political appropriation of religion in light of its utility for political life (according to whatever normative vision of politics one happens to embrace). I start by juxtaposing eight classic iterations of this idea, stretching from St. Augustine to Nietzsche, in order to convey a sense of the ubiquity of theoretical reflection on civil religion within the theory tradition. My sketch of the civil religion notion includes a brief account of why the idea remains philosophically important as well as a statement of what I take to be its fatal theoretical weakness. The idea of a theoretically central and recurring theme running across centuries of intellectual history obviously raises methodological issues. In particular, it requires one to take a position vis-à-vis contextualist and "textualist" approaches to the history of political thought. The reference to "perennial themes" in the title of this essay pretty clearly aligns me with the textualist side of this debate, although it would never occur to me to seek to deny that contextualists have an essential contribution to make to reflection on the history of iterations of the civil religion theme within Western political thought.

Science and Ceremony: Remaking American Civil Religion

Heidi Ravven, *Hamilton College* (hravven@hamilton.edu)

My current book project is an argument for enhancing national public ceremonies in the US, first, to inspire a re-commitment to public service, and second, to create an emotional attachment to rational scientific solutions to public problems. This model of civil religion is inspired by Maimonides and Spinoza. Maimonides' great insight was that a rational scientific worldview was absolutely necessary as the basis of a just polity. He believed that a commitment to rational causal thinking and scientific solutions to social problems depends upon a public with an emotional attachment to a scientific worldview. He reinterpreted the Jewish tradition as providing widely accessible basic popular scientific understanding as well as a vision of universal justice. Spinoza built upon the Maimonidean model with his deep understanding of political psychology. He applied his prescient proto-scientific account of the emotions, now largely borne out by affective neuroscience, to the social and political theory of the modern liberal polity. He proposed a public civil religion to bind citizens of a pluralist democratic nation to its modern liberal values and institutions. My project builds upon these two insights: 1. the need to convey a naturalistic scientific worldview to the American public at large; and 2. the need to revive and enhance attachment to pluralist democratic values and institutions –both to be accomplished through the Remaking of American Civil Religion.

Meaningful Criminal Justice

Albert Kruger, *Retired Justice of the High Court of Bloemfontein, South Africa*
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When a society started to develop, disputes between members were settled between the individuals or their families. As laws developed the state took over the punishment function and appropriated to itself the sole right to punish persons for wrongs against other persons. Such transgressions were then classified as crimes. Retribution takes place by way of punishment. An important later function of punishment was not merely to retaliate, but to rehabilitate the offender. Over the years it has become clear that rehabilitation is achieved in few cases. Not many offenders sentenced in criminal courts have genuine remorse. Redemption, making good the breach of the code of society that has been transgressed, is rare. Restorative justice, seeking to restore the relationship between the offender and the community by means of the promotion of reconciliation, restitution and responsibility play a role. It seems that formal criminal justice, meted out by courts of law according to a criminal code, plays a limited role in regulating the behaviour of members of society. Meaningful criminal justice can perhaps be achieved by focussing on individual redemption.

13. Clinical and Psychological Diagnosis with the Rorschach Method

State of The Art of Rorschach Test in Forensic Psychology

Paolo Capri, *European University of Rome* (Paolo.Capri@unier.it)

In order to address the Rorschach argument in the forensic field, the state of the art of this method so traditional, but also extremely modern, it seems necessary to place it in the frame of the clinic, as indeed Rorschach gave birth by administering it to patients of the Herisau psychiatric hospital where he worked. It is on this ground that forensic psychodiagnostics is inserted, which has always had the aim of helping the clinician to compose a personality profile, to formulate psychological and psychopathological diagnoses, also helping the jurist to rely on a tool that allows a comparison to discuss, perhaps through expert witnesses. Having no reliable data on which to rely, we cannot affirm that Rorschach is the most used diagnostic method among psychological tests in the forensic field, however we know that there is a continuous comparison between experts, both within conferences and seminars, and at internal academic studies, having such a broad cultural and scientific basis that it cannot be compared to any other test. In this work we wanted to deepen the theoretical meaning of the test, but also to define standards of correct use in a particularly conflicting context such as the forensic. Implications will be discussed in the presentation.

Insect Content in the Rorschach Test

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Since his 1921 "Psychodiagnostics", the Rorschach test has undergone many interpretations, readings and expansions, which have created the variety of administration, interpretation and labeling methods we are confronted with today. However, some aspects of the test have remained virtually unchanged over the years, such as the content of the interpretations, which has undergone an expansion by the different authors who developed the test, but retains a feature in common with Rorschach's 1921 vision: the content of Animal interpretation. In statistical interpretation, it provides information on the automatism of thought, rigidity of ideation schemes, possible aspects of immaturity, passivity, dependence or aggression. However, with this work we want to suggest a different point of view, assuming a division in the great Animal kingdom, to introduce a symbolically important, but always forgotten category: the insect. The insect content carries profound meanings that deserve deep reflection: from a projective point of view, I will never be convinced that a bat and a moth, or a crab and a spider communicate, albeit with similar gestalt, similar deep contents. Implications will be discussed in the presentation.

Dependent Personality Disorder and Rorschach

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Dependent disorder is one of the most frequent personality organizations in conflicting separations. Typically it is characterized by emotional voids, experiences of weakness, and the need for the Other to access purposes and needs that otherwise remain silent, failing to guide the ego in the search for its own space within the relationship. A prone and oblative role, which often finds completion in a partner with narcissistic, dominant and even "tyrannical" traits, committed to showing how vast is the inadequacy of his counterpart, especially on the parental level. The consultant is therefore called to a delicate role, capable of containing the destructive forces of one and the sacrificial propensity of the other, restoring balance to a couple and one-way parenting. In this presentation, I will deepen the support that can derive from Psychodiagnosis in identifying those criteria that allow a correct classification of the personality of the parties. I will highlight the preciousness of the contribution of the Rorschach Test in grasping the clinical nuances that reveal the presence of dependent functioning, and how the reading of the indices can and should become more informative of the "inside or outside" according to DSM, reductive and in need of overcoming.

Clinical Interview and Rorschach Test

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The personality examination through the psychological and / or psychiatric interview, an intuitive-comprehensive method, is based on the professional's skills, on his intuitive skills, on his ability to feel and understand the manifest and profound mental functioning of the subject under examination. The concept of "understanding" as the possibility of sharing through our internal experience with the psychic state of an individual based on what he communicates to us means being in a "empathic" relationship with the other, sometimes not devoid of projective extensions. It would be interesting to study the degree of sharing reached by various professional with diversified theoretical training, on the understanding of the same narrated fact. It is therefore difficult to recognize the intuitive-comprehensive method guarantees of "objectivity and scientificity" and therefore of validity. Entering into the merits of the psychodiagnostic methods of personality examination, in particular in the Rorschach Test, we can say that this adds, to the interview, greater objectivity represented by the uniformity of administration, easily described in its procedural aspects, response and evaluation in vision. of a qualitative and quantitative analysis. As for the interpretation of the Rorschach, it is possible to dialogue between experts, having all the relevant data available. Implications will be discussed in the presentation.

14. Coaching Law Students for Healthy Performance

The Late-Blooming Boxer: Adapting Principles of Boxing Training to Coaching Healthy Law Students

Heidi Brown*, Brooklyn Law School* (heidi.brown@brooklaw.edu)

In this presentation, the author of two well-being books for law students and lawyers—The Introverted Lawyer and Untangling Fear in Lawyering—shares how stepping into a boxing ring for the first time in mid-life revealed insights on how to more effectively coach and mentor law students. This presentation highlights how athletes and performers (and those who employ and coach them) attend to numerous facets affecting individual performance beyond the skills or talents that bring "glory" in the "arena." These drivers include emotions like fear, anxiety, and self-doubt; challenges like ego, temper, or resistance; the realistic need for rest and recovery; the ability to process feedback and critique; the capacity to rebound from losses and mistakes. This presentation emphasizes how legal educators can more effectively coach and mentor law students if we help students tend to their mental, emotional, and physical well-being, as vital components of healthy performance.

The Inner Game of Tennis: Channeling a Love of Tennis Into Coaching Principles for Law Students

Christopher Corts, *University of Richmond* (ccorts@richmond.edu)

How might legal education change if we conceptualized law as a type of contest, and focused on coaching lawyers for sustainably-high performance? As a point of departure, this presentation uses The Inner Game of Tennis: The Classic Guide to the Mental Side of Peak Performance, by W. Timothy Gallwey, to explore how insights from sports psychology can be applied to legal education and to coaching and mentoring law students. Gallwey's book offers techniques for "focusing one's mind to overcome nervousness, self-doubt, and distractions," "finding a state of relaxed concentration" that allows athletes to play at their best," and "building skills by smart practice, then putting it all together in match play." The presenter will share how he channels his own love for tennis into effective coaching and mentoring principles for law students.

Personal Change Projects for Law Student Wellbeing

Michelle LeBaron, *University of British Columbia* (lebaron@allard.ubc.ca)

In the midst of changes to legal practice spurred by globalization, technology, changing client expectations, outsourcing, shifting organizational structures and other factors, legal education has remained relatively resistant to changing traditional curricula and pedagogy. In the six years since publication in March 2016 of my 'Is the Blush off the Rose?... in the Journal of Law and Society, I developed and taught a new course at Allard Law titled Resilience and the Future of Law. One aspect of the course involves students setting positive personal change goals, journaling about their progress, exchanging journals with a partner throughout the term, and reflecting on their experiences of creating positive life changes at the end of the semester. This course component is meant to give students confidence in their ability to cultivate healthy habits, and to counteract the too-pervasive trend toward substance and behavioural addictions and mental health issues in legal practice. This presentation will give an overview of the personal change projects selected by students, how the ways they have monitored their progress has changed over the past six years, and the results of this assignment. I will conclude with reflections on why integrating wellness components in law school courses is important to equipping students for legal practice.

Building Student Autonomy and Well-being in Teaching Law Students

Gary Cazalet, *University of Melbourne* (g.cazalet@unimelb.edu.au)

Student autonomy is a well-recognised contributor to student well-being. In this presentation I examine how I integrated and developed student autonomy in a new subject, Future Lawyer, at the University of Melbourne's Law School. In Future Lawyer, students engage with current literature on the future of legal work; the changing role of the lawyer; building creativity, empathy and emotional intelligence; indigenous cultural competency; unconscious bias; sexual harassment; and personal and professional wellbeing. The subject has a substantial experiential learning focus. Students develop a deeper appreciation of the need for and process of professional identity formation, the role of reflective practice, giving and receiving feedback and peer support in enhancing personal wellbeing and as part of a sustainable practice in the law. Building student autonomy through teaching, learning tasks and assessment requirements is a core feature of the subject. In this presentation I discuss how I use student autonomy to build student wellbeing and

engagement, provide examples of my teaching and assessment approaches and student responses. Finally I consider the challenges that student autonomy may have to conventional teaching approaches and examine the importance of creativity, critical self-reflection and personal modelling, for teachers considering building student autonomy into their teaching practice.

15. Coercion and Vulnerability (1)

Coercive Control in Domestic Violence by Proxy

Joan Teresa Kloth-Zanard, *PAS Intervention, Southbury, USA* (info@pas-intervention.org)

Domestic Violence by Proxy (DVP) uses the coercive control of psychological abuse in relation to parental alienating behaviors such as: rejecting (spurning), terrorizing, corrupting, denying essential stimulation, emotional responsiveness or availability, unreliable and inconsistent parenting, mental health, medical or educational neglect, degrading/devaluing (spurning), isolating and exploiting. Coercive control has been recognized as domestic violence in Hawaii, California and Connecticut, USA as well as law in the UK. Frequently a precursor to physical violence, it is considered psychological violence against an intimate partner. This form of coercively controlling abuse is what happens when a parent perpetrates psychological abuse using a child against the other parent. When a person uses someone such as a child to continue to harass or abuse a person, this is DVP. When a person files false allegations of abuse and neglect, this is DVP using an agency. When the agency unsubstantiates all allegations, but the person files a criminal case for abuse/neglect anyways, this is DVP using the courts. Coercive Control is the use of psychological abuse through coercive control, which is DVP. Psychological abuse includes the list of behaviors mentioned above. Parental Alienation includes all those behaviors.

End Coercion in Mental Health Services—Toward a System Based on Support Only

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Based on the UN Convention on the Rights of Persons with Disabilities (CRPD), several UN bodies, among them the High Commissioner for Human Rights, have argued for a complete ban of all coercive interventions in mental health care. The authors conceptualize a system for mental health care based on support only. Psychiatry under this model loses its function as an agent of social control and follows the will and preferences of those who require support. The authors draw up scenarios for dealing with risk in inpatient care, for support in police custody, and for mental illness in prison. Mental health support will step in when and where this is required by a person in the community, in police stations, in A&E departments, in prisons or other places of detention. However, sanctions can only be applied in a non-discriminatory way. Sanctions cannot any longer

be based on a suspected or diagnosed mental illness. With such a shift, mental health services could earn the trust of service users and thereby improve treatment outcomes.

Understanding the Impact of Trauma and Intimate Partner Violence

Kevin Connors, *Hecht Trauma Institute, California, USA* (kconnors@traumainst.org)

Understanding the impact of interpersonal trauma is critical to providing the depth and breadth of care essential to recovery. Too frequently the extent of traumatic injury is under-assessed. Adverse Childhood Experiences (ACEs) studies have demonstrated abuse and trauma impact people across every aspect of their lives. This workshop details the biopsychosocial aftermath of trauma, delineating how and why the effects are so pervasive and persisting. From first responders through clinicians, agencies, and shelters to supportive allies, interventions, treatment, and other healing responses are often conducted in silos; not appreciating we are all part of a larger network. Creating a comprehensive, trauma-informed continuum of care will provide survivors a full range of services and interventions to meet their diverse needs across multiple moments along their journey to recovery. Integrating state of the art information from interpersonal neurobiology and attachment theory with standards of care in trauma treatment provides insights and guidelines for how service providers across the continuum may better meet the needs of survivors.

A Critical Appraisal of the Proposed 25th Amendment Commission to Assess the Capacity of the President of the United States

Michael J. Redinger, *Western Michigan University* (michael.redinger@med.wmich.edu)

Political events in the United States in early 2021, particularly the riots at the United States Capitol, stimulated renewed public and political interest in the decision-making capacity and mental fitness of the then-President of the United States. The January 6th Capitol insurrection created enough political momentum that the invocation of the 25th Amendment to the United States Constitution was seriously discussed. This Amendment outlines the mechanism for the removal of a President if he/she is unable to perform the duties of the office. It does not state how that determination ought to occur other than that it may be executed by the agreement of the Vice President and the majority of the Cabinet, or some other body as Congress may by law provide. Lawmakers have proposed legislation which would create a Commission, consisting of psychiatrists and other physicians, which would determine the President's fitness in lieu of the Cabinet. This commission would have the ability to assess the President for incapacity and remove him/her from office. This paper offers a critical political, ethical, and legal appraisal of the proposed Commission.

16. Coercion and Vulnerability (2)

The Need to Update the Law Regarding Undue Influence

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Steven Alan Hassan, *Freedom of Mind, Boston, USA* (hassan@freedomofmind.com)

In British Law, undue influence is a 500-year-old legal concept. Currently, Testamentary Capacity has a very low standard of competency and does not consider modern knowledge about hypnosis, social influence, nor characteristics of predatory individuals and organizations. Several cases that show how social influence can be used to subvert an adult's capacity to give informed consent will be discussed in this presentation. One involves a case of a divorce attorney, Michael Fine, who was covertly hypnotizing his female clients to have sex with him and give amnesia to his victims, so they could not report the crime. Another case involves a 21-year-old man who was recruited into a destructive cult and who gave his inheritance to the cult guru. Two models will be presented which might be useful to begin to frame how the legal system should be looking at Undue Influence. The first is an Influence Continuum which goes from ethical, healthy influence on one end to unethical destructive mind control on the other end. The second is the BITE model of unethical mind control which uses four overlapping components: Behavior Control, Information control, Thought Control and Emotional Control to begin to evaluate where on the continuum any particular case may be. These cases and their implications will be discussed in this presentation.

Enhancing Cognitive Capacity to Ameliorate Vulnerability

Jason Eberl, *Saint Louis University* (jason.eberl@slu.edu)

In both clinical and research encounters, one's capacity to render informed, voluntary decisions is fundamental to ensuring respect for one's inherent dignity as a human person, and determining one's competency to render such decisions is a standard legal requirement. As the history of ethical violations in biomedical research shows, a key group of vulnerable individuals, due to their limited practical reasoning and decision-making capacity, are those who possess various forms of intellectual disability. The potential to enhance human beings' cognitive capacities through biotechnological means may mitigate such vulnerability. This presentation addresses several questions related to such an enhancement project: whether cognitive enhancement is morally valuable per se; whether cognitive enhancement may improve one's practical reasoning and decision-making capacity such that the legal threshold of competency could be met; and whether valuing the enhancement of cognitive capacities may be reconciled with valuing the existence and experiences of persons with intellectual disabilities. These questions are approached from an Aristotelian/Thomistic understanding of human dignity and flourishing. This presentation concludes that we may consistently promote certain enhancements aimed at facilitating one's ability to actualize cognitive and other capacities conducive to human flourishing while also valuing the existence and flourishing of persons with intellectual disabilities.

Freedom of (the) Mind as a Human Rights Principle

Matthew Bywater, *London School of Economics and Political Sciences* (matt.b@mailbox.org)

Freedom of mind remains largely unknown as a concept in popular parlance, particularly compared to conventional notions such as freedom of speech and freedom of belief. National legal systems have traditionally neglected issues of psychological coercion. In the texts of the various international human rights documents, nowhere is freedom of mind cited explicitly. In today's world, the need for stronger and more explicit protection for the mind is urgent, and efforts to promote freedom of mind must take place at a national and international level. Equally important is the need for a popular understanding of just what exactly is 'freedom of mind'; individuals need to know what a right constitutes if they are to make a claim for that right. This presentation presents some definitions of freedom of mind and potential obstacles to its popularization, explores the existing elements of freedom of mind already present in international human rights documents, and discusses how to afford freedom of mind a firmer footing in international law, including the possibility of submitting a Declaration of Freedom of Mind to the United Nations. The IALMH Congress presents an opportunity to elicit ideas on how to advance freedom of mind as a human rights principle.

17. Cognition and Mental Health after Critical Illness

The Cognitive Toll of Critical Illness: Impact on Consent and Capacity

Christopher Hughes, *Vanderbilt University* (christopher.hughes@vumc.org)

A high percentage of patients with critical illness will have significant cognitive dysfunction if they survive despite no previous documentation or diagnosis of dementia. Patients often prioritize preservation of cognition over survival, yet critical illness is associated with significant short- and long-term cognitive dysfunction. Hospitalization, for example, confers a 1.5-2-fold increase in the odds of new onset dementia, and over one-third of critical illness survivors emerge with new dementia by 1 year. Furthermore, this new dementia impacts quality of life, functional disability, depression, and societal burden, yet this potential cognitive toll is not routinely discussed in the consenting process, ongoing medical care, and shared decision-making medical planning. Additionally, these cognitive deficits often go unrecognized and can lead to changes in comprehension and potentially decision-making capacity for medical and legal circumstances common after major hospitalizations. Meeting these challenges involves understanding and reducing the risks of cognitive dysfunction, undertaking preventative measures to mitigate its impact, and increasing awareness in the community of its presence. This session will discuss the risks, implications, and prevention of cognitive dysfunction after critical illness.

Mental Health Difficulties After Critical Illness

James Jackson, *Vanderbilt University* (james.c.jackson@vumc.org)

Survivors of critical illness frequently experience a wide array of mental health difficulties due to the profound effects of conditions such as sepsis and acute respiratory distress syndrome and experiences such as mechanical ventilation. In addition, they commonly have acute brain dysfunction, or delirium, in the hospital which is often accompanied by disturbing delusions and hallucinations. Two particularly prominent concerns, which exist in between 15% and 30% of individuals and are even more common in high risks groups, include depression and post-traumatic stress disorder (PTSD). Even higher proportions of patients have some characteristics of these mental health difficulties, such as avoidance behavior, but do not meet full criteria. These mental health difficulties subsequently impact their future decision making, in particular with regard to health care, for themselves and their family, potentially leading to negative avoidable consequences. This presentation will help attendees recognize these conditions, describe factors (both modifiable and otherwise) that contribute to depression and PTSD after critical illness, and highlight protective strategies and potential treatments that address their often-unique clinical expressions. Additional attention will be given to the importance of educating patients and family members about the emergence of depression and PTSD prior to leaving the hospital.

Out of the Frying Pan and into the Fire: Impact of Pain after Critical Illness

Christina Hayhurst, *Vanderbilt University* (christina.j.hayhurst@vumc.org)

As survival of medical and surgical critical illness improves, the chronic diseases associated with survivorship have garnered new attention. An often overlooked but hugely impactful part of this post intensive care syndrome (PICS) is chronic pain related to critical illness. Survivors of critical illness have been noted to have chronic pain up to eleven years after their index admission. There are legal and ethical implications to this degree of pain, which are rarely discussed with the patient or families prior to life-saving measures. This presentation will explore the prevalence of pain during critical illness and in the years afterwards. It will focus on the need for informed consent that includes chronic pain resulting from life-saving therapies. It will focus on the etiologies of pain, both acutely and chronically. Does analgesia-based sedation and prolonged opioid exposure make it worse? Should we all have psychologists as part of the ICU multidisciplinary team? What about virtual reality? This presentation will look at risk factors for the development of chronic pain and factors to help mitigate it so a strategy can be developed for the future.

The Duty of Care Following ICU Survival: Utilizing Clinics and Support Groups to Facilitate Patient and Family Recovery

Christina Boncyk, *Vanderbilt University* (christina.s.boncyk@vumc.org)

Increasing intensive care unit (ICU) admissions and advances in medical care have resulted in a greater number of ICU survivors each year. These survivors, however, are often afflicted by complications of their critical illness that include long-term cognitive impairment, physical disability, and neuropsychiatric disorders. This constellation of syndromes, defined together as post-intensive care syndrome (PICS), is emerging as a major public health focus as patients, and their families, struggle to navigate recovery outside of the hospital which often includes changes in employment, household responsibilities, financial burdens, and prolonged emotional impact. As medical providers, our duty to improve patient care extends beyond hospital discharge and must incorporate effective interventions that continue to decrease the burden of disease. It is the duty of community and society, however, to support this out-of-hospital care. The role of multidisciplinary Post- ICU Recovery Clinics and Support Groups have demonstrated benefit for both patients and families. Unfortunately, they are often not supported with funding, difficult to find, and under-utilized when available. This presentation will discuss the utility of Post-ICU Recovery Clinics and Support Groups in patient recovery, identify barriers of implementation and attendance, and share strategies for engaging patients, families, and clinicians.

Safeguarding People Living with Dementia: How Social Workers Can Support Individuals During Adult Safeguarding Enquiries

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Dementia may make adults more susceptible to abuse and neglect and such mistreatment is recognised as a human rights violation. This presentation focusses on how the rights of people living with dementia might be protected through the use of supported decision-making within safeguarding work. The presentation begins by reviewing the aims and scope of adult safeguarding services. It then describes how the concept of 'legal capacity' is set out in the UN Convention on the Rights of Persons with Disabilities (CRPD) and how this differs from the concept of 'mental capacity' in the Mental Capacity Act 2005. Focussing on practice in England, it is argued that tensions between the CRPD and domestic law exist, but these can be brought into closer alignment by finding ways to maximise supported decision-making within existing legal and policy frameworks. The presentation concludes with suggested practice strategies which involve: (i) providing clear and accessible information about safeguarding; (ii) thinking about the location of safeguarding meetings; (iii) building relationships with people living with dementia; (iv) using flexible timescales; (v) tailoring information to meet the needs of people living with dementia and (vi) respecting the person's will and preferences in emergency situations.

18. Community Treatment Orders

CTOs in Diverse Settings: Emergency Departments, Homelessness and Physical Health Care

Chris Maylea, *Royal Melbourne Institute of Technology* (c.maylea@latrobe.edu.au)

Community treatment orders (CTOs) are often experienced as just one factor among many factors in a person's life. Unlike an inpatient admission or experiences of seclusion and restraint, which are all encompassing experiences while they are enacted, CTOs can be experienced as less encompassing but pervasive background influences with unseen repercussions into other aspects of a person's life. At the points of administration, implementation and review, CTOs are foregrounded, but their impact outside of these times is less clear. This research draws on multiple projects, examining the experience of people who are on CTOs while accessing other services. This presentation outlines the ways people experience CTOs in emergency departments, in homelessness settings, and while receiving care for chronic physical health conditions in Victoria, Australia. This provides an insight into the ways CTOs influence a person's broader engagement with services, enabling or limited these interactions. This presentation primarily draws on interviews and focus groups with people using these services, but also includes data drawn from interviews and focus groups with clinicians and other service providers.

Is There a Case for Paternalism in Chronic Community Mental Health Care?

Giles Newton-Howes, *University of Otago* (giles.newton-howes@otago.ac.nz)

Community treatment orders (CTOs) are part of the psychiatric management landscape in most jurisdictions in the Western world. Their use continues to increase, despite a lack of empirical data to suggest they provide any tangible benefit to patients. If a 'least restrictive' approach to psychiatric management is presumed the use of a CTO necessarily suggests a patient is being compelled to accept some form of treatment they would not otherwise presume to take. Such an approach, presuming again that the medical fraternity have the best interests of the patient in mind, confirms to the typical definition of paternalism. In other words CTOs represent a fundamentally paternalistic approach to mental health care. Is such an approach warranted? And if so in what circumstances? This presentation will consider, using clinical scenarios, if the case can be made for such a paternalistic approach to care and what, if any, criticisms that may exist.

Community Treatment Orders Require Prolonged Coercion for Any Effect and are Disproportionally Applied to Ethnic Minorities

Steve Kisely, *University of Queensland* (s.kisely@uq.edu.au)

To assess whether people from culturally and linguistically diverse (CALD) backgrounds were more likely to be on community treatment orders (CTOs), as well as their subsequent effects on outcomes, a systematic search was undertaken of Medline, Embase, CINAHL, PubMed, Web of Science and PsycINFO for any study in Australia or New Zealand comparing CTO cases with controls receiving voluntary psychiatric treatment. Thirty-one publications from twelve studies

met inclusion criteria, of which 24 publications could be included in a meta-analysis. Only one was from New Zealand. People who were male, single and not engaged in work, study or home duties were significantly to be CTO cases. In addition, those from a CALD or migrant background were nearly 40% more likely to be on an order. CTOs did not reduce readmission rates or bed-days at 12 month follow-up. There was only evidence of limited benefit following a minimum of two years' CTO placement. People from culturally and linguistically diverse (CALD) backgrounds are more likely to be placed on a CTO. However, the evidence for effectiveness remains inconclusive and restricted to orders of at least two years' duration. The presentation will suggest that this raises questions as to whether CTOs are a least restrictive option.

Realizing Human Rights and Equity in Community Based Mental Health Services

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Mohamed Ibrahim, *University British Columbia* (mohamed.ibrahim@ubc.ca)
Susan Hardie*, Eviance, Winnipeg, Canada* (susan.hardie@eviance.ca)
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Evidence abounds of the stigma, discrimination and human rights violations that people accessing mental health care experience, and yet system response to this evidence has been poorly supported and conceived. Indeed, many countries' domestic mental health laws have been found in direct contravention of international human rights covenants. Coercive practices are mediated through day-to-day stigmatizing attitudes and discriminatory behaviours and through the use of mechanisms like community treatment orders that sanction forced treatment and arguably undermine self-determination and human rights. Racialized and Indigenous populations are disproportionately impacted by mental health human rights violations. This presentation will present preliminary findings from the first year of an international study (Canada, Kenya & Australia) designed to investigate service user experiences of coercive practices and the role of recovery oriented, service-user involved organizations in advancing equity and aligning mental health services with the UN's Convention on the Rights of Persons with Disabilities human rights framework and the WHO's mental health Quality Rights Initiative.

Marked Differences in Community Treatment Order Outcomes Between States with Low and High Rates of Use

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CTO use varies widely in Australia ranging from 3.0% of community contacts in Western Australia (WA) to 23.7% in Queensland. While rates in WA have been stable, they are steadily increasing in Queensland. This is in spite of similar mental health legislation. To investigate if

differences in CTO use between the two jurisdictions affected health service use in the 12 months following discharge from inpatient care, CTO cases, in both jurisdictions, were compared to non-CTO subjects. Cases and controls from administrative health data were matched on age, sex, diagnosis and time of hospital discharge. Outcomes were admissions and change in bed-days. There were 2958 WA cases and controls (total n=5,916) and 7432 of each from Queensland (total n=14,864). WA cases had 13 fewer bed-days than controls (t-test=-9.56, df=5914, p<0.0001) although mean admissions were similar in both groups. By contrast, Queensland cases were more likely to be admitted than controls (1.79 (SD=5.88) vs 1.39 (SD=5.39); t-test=-4.31, df=14862, p<0.0001), with a non-significant difference of one bed-day between the two groups. There are marked differences in the outcomes of CTO placement between two Australian states. This presentation will argue that these findings warrant further investigation including the role of frequency of CTO use.

19. Connection and Fulfillment in Older Age: A Matter of Rights

Connectedness, Empowerment and Older Persons: Challenging Traditional Assumptions

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The COVID-19 pandemic has had tremendous impact on how we care about the well-being of others, especially older persons. Never has the notion of connectedness been so evidently brought to mind than in the last two years. Yet, we continue to focus planning around our ageing populations on factors related to fragility and vulnerability, without true consideration of connectedness and empowerment. This presentation will set the stage for exploring the notions of connectedness, autonomy and the societal decisions that have come to bear on older persons and their ability to live their lives fully. Assumptions regarding ageing and planning within the context of ageing societies will be challenged. For instance, is ageing in place the best framework for all older persons? Should long-term care homes be removed from future planning? How can the notions of connectedness and empowerment of older persons become central in the development of our future societies?

Making "Nonessential" Family/Volunteer Caregiving Essential in Long-Term Care Homes

Annie Robitaille, *University of Ottawa* (arobitai@uottawa.ca)

For individuals living in long-term care (LTC), loneliness is often a concern. With the COVID-19 pandemic, this is only exacerbated as strict restrictions are put in place on visits between residents and their loved ones and on volunteer presence. Understanding how these changes affect

residents, family, caregivers, and volunteers is paramount to best implement changes with regards to how family/volunteer/caregiver presence is managed during pandemics. The objective of this study was to gain a better understanding of the response to COVID-19 that pertains to family/volunteer/caregiver presence in LTC and increase the evidence about the impact of reduced levels of family/volunteers/caregivers on residents, caregivers, and volunteers. Results from interviews conducted with 58 family/volunteers/caregivers highlighting the importance of connections in LTC will be presented and recommendations to revisit policies on family/volunteer/caregiver presence to improve the preparedness to future pandemics and outbreaks will be presented.

Connection, Health and Rights: A Role for a Convention on the Rights of Older Persons

Louise Bélanger-Hardy, *University of Ottawa* (lbelhard@uottawa.ca)

Older persons' connections with others are often tenuous, as amply demonstrated during the COVID-19 pandemic. As they age, many individuals lose their links with family, friends, work colleagues, fellow volunteers, etc. Many factors contribute to this reality, including illness, loss of a partner; digital divide; poor means of transportation; lack of funding for social support including home care; and ageist attitudes (e.g. isolating older workers). Many studies have documented how the absence of connections and the corresponding isolation can have devastating impacts on health and well-being. This presentation considers the role of human rights in such a context and examines the links between connections, health and rights. It will argue that a universal Convention on the Rights of Older Persons has become essential to create a concrete powerful framework unifying and connecting rights holders though common core values, networks and shared empowerment.

20. Constraints, Stigmatization, and Mental Health Policy (1)

Deconstructing Anosognosia and the Case Against Forced Shock

Dennis Feld, *Attorney-at-Law, Garden City, USA* (dbfeld@nycourts.gov)

Adherents of involuntary psychiatric treatment, including ECT, endorse a construct termed anosognosia in which a person's condition causes them to be unable to recognize the underlying psychiatric condition and reject the treatment prescribed to alleviate that condition. Even crediting this circular theory, there is still no valid justification for forced shock. Illustrative of this proposition is the outcome of a recent legal proceeding brought to override a psychiatric patient's objection to a proposed course of 15 shocks. The court granted the requested shock regimen but a problem immediately arose due to the facility's failure to include in its application psychotropics usually prescribed for their sedative and amnestic properties to diminish a patient's physical

resistance and permit the shock to be administrated. The court asked patient's counsel to explain why it should not import such drugs or other measures in its order. Counsel successfully argued that utilizing these measures for such coercive purpose renders them 'chemical and physical restraints' prohibited except as an emergency response to prevent imminent harm to self or others, adding that under State regulation ECT cannot be performed on an emergency basis. Citing relevant literature, counsel emphasized that when these restraints are combined with ECT the risk of trauma, injury and death increases. Rather than justifying these coercive measures, the anosognosia construct instead subjects the patient to this greater harm.

A Manifesto for Mental Health

Peter Kinderman, *University of Liverpool* (p.kinderman@liverpool.ac.uk)

Radical change in how we think about mental health is imperative. Individuals caught up in the mental health system are being harmed by the current pathologizing, bio-medical approach and wholesale change, not only in how we understand mental health problems but also in how we design and commission mental health services is needed. The 'disease model' which sees emotional distress merely as a symptom of biological illness must be rejected, and instead mental health problems should be viewed as fundamentally social and psychological issues – the products of how we understand and respond to the world. Instead of thinking about diagnosing and treating 'abnormality', the presenter argues we should replace 'diagnoses' with straightforward descriptions of our problems, and shift away from the use of medication towards psychological and social solutions. Practitioners should, as a recent report to the United Nations General Assembly has made clear; "... abandon the predominant medical model that seeks to cure individuals by targeting 'disorders' [and] address the 'power imbalance' rather than 'chemical imbalance'." This would mean addressing and preventing the root causes of distress, avoiding both diagnosis and the use of medication as much as possible, and instead develop a greater reliance on psychological formulation, systemic interventions and working with and within the education system... all of which demands political support.

Using Physical Force to Compel Compliance with a Judicial Order Authorizing the Administration of Psychotropic Drugs Over a Patient's Objection?

Taichi Fukaya, *Attorney-at-Law, Tokyo, Japan* (tfukaya1101@gmail.com)

Even when a court, after an evidentiary hearing, determines that a patient's involuntary treatment is justified under standards declared to satisfy constitutional guarantees of Due Process Law, the use of physical force to ensure compliance remains problematic. Illustrative of this is a recent case involving a patient/prisoner against whom the prisoner's supervising psychiatrist testified that the involuntary administration of psychotropics was necessary to alleviate the inmate's alleged negative behaviour. The court authorized the administration of the proposed drugs, finding that with the prisoner's capacity to make a reasoned treatment decision being affected by mental illness,

and the scope of the proposed regimen of drugs being narrowly tailored, drugging is justified under Due Process clause. The court then concurrently authorized correctional staff to use physical force to the degree "lawful and reasonably necessary under the circumstances" to administer drugs without finding any fact warranting the use of physical force under the relevant statute and regulations. This case will explore the limits placed on correctional staff in employing force to overcome the prisoner's rejection of court-ordered medications. What are the legal consequences when such force exceeds the degree permissible under the state laws governing physical restraint? When does such forcible administration of drug exceeds the bounds of professional judgment so as to actually offend Due Process?

21. Constraints, Stigmatization, and Mental Health Policy (2)

The Prevalence of Mechanical Restraint in Pacific Rim Countries

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Mechanical Restraint is the use of physical force to restrain patients in mental distress. In numerous jurisdictions there are clear policies to reduce and/or abolish mechanical restraint; however there is still the use of restraint throughout the Pacific Rim. Despite calls to clarify the prevalence of restraint the reporting of this has been varied, complex and difficult to understand. Some authors have investigated data within individual jurisdictions, however the last effort to examine the global restraint prevalence's in 2010 led to a call for better public reporting. This has now started to happen and for this reason the use of mechanical restraint in four jurisdictions in the Pacific Rim were examined to allow comparison of mechanical restraint across the region. This seminar examines the comparative rates of mechanical restraint in New Zealand, Australia, Japan and the USA and considers potential reasons for the variation.

Being Recovery-Oriented and Reducing the Use of Restrictive Interventions in Mental Health Care: The Challenges in Achieving Transformation

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Multiple forces drive the need to reduce coercive and restrictive interventions in Victoria and other jurisdictions in Australia and internationally. The recovery movement, the United Nations Convention on the Rights of Persons with Disabilities, the contribution of people with lived experience, the concerns of clinicians, and research evidence are all potential drivers of system transformation. System transformation is occurring at the intersection of practice, ethics, rights, policy and law, but active reform is proving to be inconsistent and in danger of losing momentum. Despite efforts at law reform, recovery-oriented practice frameworks and policy development, there is ongoing use of restrictive and coercive interventions. How can this persisting practice and considerable variation in use be explained? Why, despite now long-standing evidence that restrictive and coercive practices are harmful and may be creating more problems than they resolve, do these practices persist? This presentation explores these questions, mainly from the authors' own research in this area. We consider the drivers of change, who they are influencing and how. We also present more information about the emerging evidence and its impact, and finally explore the key common themes in qualitative literature and how that might guide what happens next. Our overall findings suggest that there are 'micro cultures' that continue to support the use of restrictive interventions while others have successfully embraced change. This is important to consider in ongoing efforts, especially those designed to support front-line workers to be confident about the potential for system and practice transformation.

The Use of Pasung for People with Mental Health Conditions: Experiences, Reasons for its Use, and Potential Solutions

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Pasung is the phenomenon of restraint of people with mental illness in the community, usually at home by their family, in the absence of any formal system of evidence-based mental health care beyond the short-term support provided by large psychiatric institutions. It is a widespread significant human rights issue with Indonesia having among the highest rates of Pasung in the world. In countries such as Indonesia where there are significant structural differences compared with Western mental health systems, including severely limited or no community mental health services, it is important to understand the reasons for ongoing use of Pasung and potential solutions. This presentation reports on the first international systematic review of English and Bahasa language published literature on the experiences of people subjected to Pasung and their families, and analysis of reasons for Pasung and potential solutions from the perspective of families, health professionals and policy makers. A critique of Indonesia's Free Pasung Program, where people are freed from their restraints and taken to hospital for short-term treatment, is provided. The analysis draws on the socio-ecological model which focuses on relationships between the individual and their environment. Understanding this complex problem and finding solutions requires a comprehensive multi-level approach

22. Coping Inside and Outside of Prison (1)

Coping Self-Efficacy and Women Returning to the Community from Incarceration

Brittany Ripper, *Marymount University (*RipperBrittany@gmail.com)

Women are the fastest growing population in United States prisons. Most of these women will eventually return to society. Therefore, they must be equipped with skills that enable them to desist from crime and prevent them from returning to jail or prison. Research shows that high self-efficacy is one characteristic associated with successful re-entry from incarceration. In our study, the Coping Self-Efficacy Scale was administered to women residing in a halfway house for women released from jail or prison. The scale was administered to the women multiple times throughout their stay at the halfway house. Additionally, the women were interviewed about their re-entry experience. This study provides insight into the women's coping strategies during re-entry and how their self-efficacy changed throughout their stay at the halfway house. This presentation will discuss the findings and implications of this study.

Increase in Forensic Patients of Other Nationalities in Baden-Württemberg

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The proportion of patients with foreign nationality in forensic psychiatry according to §63 StGB of the German penal code has been increasing for years. Since the wave of refugees starting in 2016, an accelerated increase has been noticeable. For the state of Baden-Württemberg (11 million inhabitants), the trend of new admissions from 2009-2020 (n = 1,451) was obtained and can be differentiated by patient characteristics. For comparison, the development in the penal system is shown. Data are from state institutions in the country. Linear or polynomial trends are used to describe the change in patient characteristics and the relative risk is calculated in each case. Among foreigners, psychoses more often lead to forensic placement. Compared to the penal system, mental illness overall was found to act as a protective factor against significant offending. Findings and implications will be discussed in the presentation.

Shared Decision Making to Promote Recovery Among Justice-Involved Persons Living Under Community Supervision

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Adults under community corrections supervision and who have a mental illness (MI) are expected to comply with conditions of release which often include involvement with supportive social

services. The rates of technical violation, arrest, and incarceration that result from failure to comply with these mandates are exceedingly high. Shared decision making (SDM) among officer-supervisors and client-supervisees is a promising approach to promote engagement in community corrections services among supervisees who have MI. This paper reviews recent research on SDM and identifies three barriers to its implementation in this context: (1) a lack of role clarity, (2) a predilection for risk avoidance, and (3) stigma toward supervisees. Empirically supported recommendations are suggested to aid in overcoming these obstacles, facilitate SDM, and promote recovery among this population: (1) unification of supervisor rehabilitative and public safety roles, (2) maximizing opportunities for self-determination through low-stakes events and/or enhancement of supervisee strengths and capabilities, and (3) supervisor training in principles of mental health recovery.

Patients' Well-Being Relates to Micro-Processes in a Group Psychotherapy With Forensic Patients

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Forensic psychotherapy is intended to treat psychiatric disorders and to reduce recidivism. In addition to well-known biographical and dynamic predictor of forensic outcome, patients' well-being during and after therapy has been suggested as another possible (dynamic) predictor. The Therapeutic Cycles Model (TCM; Mergenthaler, 1996) is a process-oriented theoretical model making predictions about the psychotherapeutic progress based on verbatim content. The model helps to identify therapeutic factors on a language level (abstraction and emotional tone). One aim of the present study was to analyze linguistic features based on TCM. Furthermore, the relationship between linguistic features of psychotherapy sessions and patients' well-being before and after therapy were investigated. The sample included transcripts of N = 16 sessions of a group psychotherapy with nine drug addicted forensic psychiatric patients. These were analyzed using a computer-based method. Process-oriented measures were rated by the patients, their therapists, and an external observer. Patients' self-reported well-being before therapy was negatively related to Connecting (indicating emotional insight) during therapy session. Thus, well-being of forensic patients is not necessarily a helpful precursor for productive events in therapy to occur. Presented findings will help participants to better understand psychotherapeutic micro-processes throughout forensic therapies. Implications for research and the forensic practice are discussed.

Discharge Management for Released Prisoners with Severe Mental Disorders and Substance Use Disorders in Germany

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The fact that the suicide rate in prisoners compared with that in the general population is notably higher can be considered to be an expression of the psychosocial stress and increased mental vulnerability of prisoners. There is a consensus that suicide screening at admission into the penal system is an important measure for preventing prison suicide. Because proportions of prisoners with dependency/addiction disorders are high, opiate and alcohol withdrawal symptoms are often observed at the start of a prison sentence. For this reason, and also because of the described protective effect against infections, ongoing opiate substitution treatment at the start of a prison sentence should be continued without complications, and where the indication exists, during substitution treatment during the prison sentence should be easily accessible at all times the prison sentence. Qualified withdrawal treatment should be provided as a matter of principle. Retrospective cohort studies have found above average mortality in discharged prisoners. Drug intoxication, using opioids in 77% of cases, was the leading cause of death in discharged prisoners. Most deaths from overdose occurred within the first four weeks after discharge from prison. In awareness of these risks, services providing treatment for infectious diseases and psychiatric-addiction disorders in German penal institutions should prepare the transition into an outpatient treatment setting.

23. Coping Inside and Outside of Prison (2)

Norbert Konrad*, Free University of Berlin* – Discussant

Formerly Incarcerated Women's Conceptualizations of "Rehabilitation"

Brittany Ripper, *Marymount University (*ripperbrittany@gmail.com)

This study explores the word "rehabilitation" in the context of the criminal legal system from the perspectives of formerly incarcerated women. Because the word has no universally accepted meaning, yet is used by courts, legislatures, academics, and the public to make life-changing decisions, it is important to investigate its varying definitions. Although some individuals have made attempts at explaining rehabilitation, most literature fails to include returning citizen's conceptualizations. This study fills that gap. Fifteen formerly incarcerated women were asked what it means to be "rehabilitated." Three major themes emerged from qualitative analysis: living responsibly, actively engaging in an ongoing coping process, and self-actualization.

Creating a Pipeline from Prison to Higher Education: The Educational Transition Coordinator Pilot Programs for Formerly Incarcerated Persons

Stephanie Hartwell, *Wayne State University* (steffi.hartwell@wayne.edu)
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This presentation details a project to address the challenges formerly incarcerated individuals confront post prison release including their access to higher education. The Educational Transition Coordinator (ETC) pilot program is a derivative of Forensic Transition Team (FTT) an evidence-based re-entry prototype from another state. The ETC replicates the FTT with in-reach, identification of potential program participations, community transition services, and connection to community based higher education programming as opposed to or in combination with mental health services. The goal of the ETC is to work with inmates prior to and post release to increase the success and economic mobility of individuals who often have difficulties navigating community re-entry. Upon release, the ETC team will navigate the formerly incarcerated persons to an individualized higher education pipeline through creating a network of community and educational supports. The ETC team will assist in supporting access to healthcare, housing, and transportation. Additionally, the ETC team will assess individuals in their readiness for community college or university, assist with the application process financial aid, and enrollment. The presentation argues that the project will have a formative and outcome evaluation for replicability and scalability.

Women in the Criminal Justice System with Substance Use Disorders: Theoretical and Programmatic Considerations for Recovery

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Women are the fastest growing population within the criminal justice system and have grown more than seven-fold since the 1980s. The majority of incarcerated women report histories of SUDs, yet very few receive treatment while incarcerated. Upon release, many women will face limited service availability from fragmented systems of care in the community. While women are more likely to voluntarily seek treatment than men, they are also more likely to relapse. The disproportionate prevalence of substance use disorders among women involved with the criminal justice system, coupled with limited service availability, put them at risk for future relapse and reincarceration. This presentation will review the intersection pathways into addiction and the criminal justice system for women and discuss theoretical considerations for their recovery. These considerations will guide the discussion of services used up to 15 months post-release among a sample of women (N= 48) released from prison with substance use disorders. Barriers to service use and impact of social support on service utilization will also be discussed across outcomes of problematic drug and alcohol use and recidivism.

Aggression, Attributional Style and Locus of Control in Imprisoned Migrants from the Former Soviet Union

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In the 1990s, over two million migrants from the former Soviet Union with German ancestry came to Germany, a small number of whom committed offences. To investigate aggression, locus of control and attributional style in imprisoned male migrants in Germany. Three groups were compared: (1) 36 prisoners migrating into Germany from the former Soviet Union (Migrant-P), (2) 31 people migrating into Germany from the former Soviet Union without a history of offending (Community sample; Migrant-C), (3) 40 German prisoners with no migration experience (Native-P). Aggression was high among all prisoners relative to non-offender migrants. Prisoners tended to be under-achievers educationally compared with community living migrants. The prisoners had scores on locus of control scales of feeling more influenced by fate than had the community migrants, but, in a regression model with aggression as the dependent variable and migration and locus of control measures as the independent variables, only attributional style with respect to failure was significantly related to aggression. External attributional style appears to be linked to the probability of unlawful aggressive behaviours resulting in imprisonment. Regardless of whether a person has a migration history or not, loosening these attributional tendencies in therapy might help to reduce aggression. Migration per se was not problematic in these respects in this sample. Implications for research and the forensic practice will be discussed.

24. Correctional Psychiatry, Prisons, and Victimization

Vicarious Trauma of Correctional Psychiatrists Treating Victimized Inmates

Elizabeth Hogan-Ferguson, *Hogan and Associates, Palm Coast, USA* (elizabeth@frmrisk.com)

Typically, when the public thinks of treating inmate patients, they think of mental health providers working with people who have victimized others. However, as those in the field of correctional psychiatry well know, these patients have often been victimized themselves. The victimization, of course, does not only occur prior to incarceration, but may occur during incarceration. This creates an unusual set of circumstances for the correctional psychiatrist delivering care to the inmate patient. Unlike psychiatrists working in the community with victims, correctional psychiatrists are often, themselves, in the same setting where the trauma occurred. It is easy to see that the vicarious trauma experienced by psychiatrists in correctional settings might have additional layers to it. It is useful to review those to better understand the vicarious trauma our correctional psychiatrists might incur. The concepts of secondary trauma, compassion fatigue and burnout will be commented upon, as well on the coping styles of psychiatrists who experience vicarious trauma. The difficulty of having a positive, rather than a neutral or negative spectrum of responses will be

discussed. Finally, the concepts of radical self-care to aid in the prevention of and recovery from vicarious trauma will be discussed.

Promise Amid Peril: The Prison Rape Elimination Act's Efforts to Regulate an End to Rape in U.S. Custodial Facilities

Brenda Verndenia Smith, *American University* (bvsmith@wcl.american.edu)

This presentation discusses the modest aspirations of the Prison Rape Elimination Act ("PREA") that passed unanimously in the United States Congress in 2003. The presentation posits that PREA created opportunities for holding correctional authorities accountable by creating a baseline for safety and setting more transparent expectations for agencies' practices for protecting individuals in adult, juvenile, military, and immigration detention facilities from sexual abuse. Additionally, the presentation posits that PREA enhanced the evolving standards of decency for the Eighth Amendment and articulated clear expectations of correctional authorities to provide sexual safety for people in custody and provided a path for holding the United States accountable in international for as well. The presentation and talk will address the success or lack thereof of these methods of accountability.

Involuntary Hospitalization of Drug Users: A Comparative Study on Laws and Approaches Between Brazil and Other Countries

Eduardo Teixeira, *Pontifical Catholic University of Campinas* (eduardo@psiquiatriaforense.com.br)

The purpose of this study is to compare therapeutic approaches and laws regarding involuntary hospitalization as a treatment for drug dependence among different countries in the world. Articles in English, Spanish and Portuguese that addressed involuntary or compulsory psychiatric hospitalization were considered, and information about the country's legislation was gathered when available (53 were selected). The regions covered by the research included Europe (Italy, Norway, England, Portugal and Greece), the Americas (Canada, United States of America, Jamaica, Barbados, Chile and Brazil), Asia (Russia, China, India and Pakistan), Oceania (Australia and New Zealand) and Africa (South Africa). A worldwide trend was found to pass laws that respect patients' rights. The decision of involuntary hospitalization is made by medical doctors in most countries, usually requiring two doctors to make this decision. The involuntary psychiatric treatment still generates many discussions, despite advances in legislations found in the several countries studied. There is a legal tendency to reinforce the need to assess the risk that the patient offers to others or to him/herself as a justification for hospitalization. Brazil has followed such tendency by establishing three modalities of hospitalization and prioritizing the voluntary treatment in an interlocution between the fields of Health and Law.

Pre-Screening Tools Upon Booking to Proactively Identify & Assist Inmate High Risk Victimization Levels

Rita Ann Torres, *Correctional Health Professional, National Commission on Correctional Health Care, Angel Fire, USA* (rita.torres@hcpfoundation.com)

Evidence-based electronic screening tools have been developed to quickly identify past victimization starting with a pre-screening tool upon booking with immediate follow-up notification for dual provider diagnostic comprehensive tools for further delineation of inmate risk level and behavioral health needs assessment. Thus, both tools collect data for development of inmate treatment for immediate preventive custody intervention measures for high-risk individuals upon incarceration. Treatment for intervention is continued upon discharge with same providers through a virtual safety net system. Model, data analysis and case examples will be discussed.

25. COVID-19 and the Family: Lessons for Law and Policy in a Post-Pandemic World

Women's Struggles during COVID-19, Mental Health, and Socialist Feminism

Cynthia Grant Bowman, *Cornell University* (cgb28@cornell.edu)

Women, especially those with children, have faced severe struggles during the COVID-19 pandemic. Many have lost their jobs or quit in order to care for their children, which now may include schooling them at home. These crises have had significant effects on family dynamics as well as on women's mental health. Therapy appointments are hard to get, as mental health professionals work long days trying to address what has become a national mental health crisis. The United States has traditionally left care work within families to the private sphere. For the first time, discussions of necessary public interventions have begun, even across party lines – and the word "socialism" has entered the conversation. This presentation will describe the mental health problems of women and families during COVID and the promise of socialist feminism as an approach to analyzing and addressing them, drawing upon Bowman's research on the history of socialist feminism.

The Gender and Race of Public Support in the United States

Susan Frelich Appleton, *Washington University* (appleton@wustl.edu)
Laura A. Rosenbury, *University of Florida*, (rosenbury@law.ufl.edu)

The pandemic has exposed gaping holes in the American safety net, sparking new conversations about public support for distressed families. These conversations and the particular government interventions that COVID-19 has produced (and has failed to produce) reflect gender- and race-

based assumptions and biases. In this way, today's discussions and support measures mirror those in earlier times, from the Moynihan Report in 1965 and the demise of the constitutional welfare rights thesis in the 1970s to "welfare reform" in 1996 and efforts to attach work requirements to food stamps and Medicaid in the Trump administration, to name just a few examples. This presentation will examine public support in America through the lenses of gender and race. It will conclude with a look at some proposals, past and contemporary as well as domestic and foreign, that hold promise for mitigating the assumptions and biases long infecting the American approach to public support.

Pandemics, Privatization, and Public Education

Cailtin Millat, *Harvard Law School* (cmillat@law.harvard.edu)

During the pandemic, as work and school shifted to the home, families found themselves struggling to reconcile professional and household responsibilities with their new roles shepherding children through the travails of remote education. And, of course, those burdens weighed most heavily on families without ready access to wealth. Much has been made of the pandemic's unequal effects on private individuals, such as professional women, who in great numbers left the workforce to assume caregiving burdens. But the pandemic also highlighted the state's historically thin support for caregiving and the underlying presumption that the family can and should serve as a means of privatizing care. Indeed, during the pandemic, the shuttering of schools illustrated that perhaps the most robust state support for caregiving is through public education and that school is a crucial component of the caregiving network on which American families rely. In this regard, families experienced the pandemic's profound impact on school operations not solely as an educational crisis but also as a caregiving crisis, forcing families to step in to fill the void in a form of privatization that, taken alongside disparities in health care, housing, and employment, highlighted and exacerbated existing gender, racial, and socioeconomic inequalities.

Bubbles & Pods: "The Long Pandemic" & Queer Possibility

Adrienne Davis, *Washington University* (adriennedavis@wustl.edu)

COVID-19 has exposed the vulnerability of many family arrangements long thought to be robust and near invulnerable. This paper will make two claims. First, that, following Jacquelyn Dowd Hall's concept of "the long civil rights era," we might think of the last fifty years as a "long pandemic" in which vulnerability has wended its way into the very definition of the contemporary family (or the family under modernity). Exposed by COVID-19, this intrinsic vulnerability stems from a misplaced reliance on a fragile state combined with a class-based insistence on an ongoing public/private binary. Even as the pandemic has revealed the need to recalibrate the state's offerings to families, a project I support, the second claim of this paper is to explore, through

bubbles, pods, etc, not only what has been foreclosed but also what has been opened up by the pandemic, regarding affective and supportive relationships.

The Conservative Turn in U.S. Family Law (Or Where Might the Current U.S. Supreme Court Try to Take Family Law?)

Marc Spindelman, *Ohio State University* (spindelman.1@osu.edu)

While COVID-19 has underscored the significance of state family supports, the U.S. Supreme Court may be headed in different directions in its jurisprudence. A signal legal development during COVID-19—of distinctive concern to women, children, and families—is the arrival of a conservative supermajority on the U.S. Supreme Court, already deploying various legal tools to challenge public health authority and expertise. These challenges are likely about to widen in Dobbs v. Jackson Women's Health Organization when the Court shrinks or eliminates Roe v. Wade and protections that originated as doctors' rights to make abortion decisions with their patients. Reformulated since to center women's constitutional privacy and liberty rights, Dobbs may become the centerpiece for a new conservative constitutional family law jurisprudence that takes aim at deeply entrenched liberty and equity structures supporting family law and thus family formation in the U.S. This talk—to be delivered in Dobbs' immediate wake—will assess the ruling, consider any connections to the COVID-19 pandemic that its text may reflect, and then begin parsing what the opinion teaches about how far beyond abortion the Court may go to recast family law and thus the American family and society in conservative and traditionalist directions.

26. Crestwood Treatment Interventions

George Woods, *University of California, Berkeley* - Discussant

Dialectical Behavioral Therapy (DBT) as a Treatment Tool in Residential Treatment with Forensic Clients

Cindy Mataraso, *Crestwood Behavioral Health, California, USA* (cmataraso@cbhi.net)

Dialectical Behavior Therapy (DBT) is a comprehensive cognitive behavioral therapy developed for complex, difficult to treat individuals with significant mental health challenges (Linehan, 1993). It was initially designated, and later became an Evidence-Based practice, for the treatment of people who were actively suicidal and diagnosed with borderline personality disorder. It has now been shown to be effective for people with disorders such as substance abuse dependence, binge eating, major depression and with forensic populations (Ivanoff 2018). Initially developed as an outpatient treatment, it is also effective in other settings such as partial hospitalization and inpatient. Increasingly the role of peers (Hutchinson, 2006) and paraprofessionals have gained acceptance as being essential to meet behavioral health needs and to fill valuable unique roles in

treatment. This session will describe a case study of a mental health inpatient provider with 11 sites delivering DBT primarily by peers and paraprofessionals as its primary clinical modality. The description will include treatment outcomes and person served feedback of their experience. The sites are all in California and provide treatment to adult individuals with a range of mental health diagnoses that require them to be placed in a secured residential setting.

Employment Reaching Your Dreams

Regina Kaiser, *Crestwood Behavioral Health, California, USA* (rkaiser@cbhi.net)

Supported employment is an approach to vocational rehabilitation for people with mental health challenges that emphasizes helping people obtain competitive work in the community and providing the supports necessary to ensure their success in the workplace. This approach, as utilized by Dreamcatchers Employment Network, is an Evidence-Based tool effective with the forensic population with mental health issues and enables persons served to reach their potential and their dreams. Clients in the forensic system have strengths, talents, and motivation that are overshadowed by pathologizing and criminalizing of behavior and have dreams that are rarely recognized or encouraged. Research has shown that 70 percent of adults with serious mental health issues desire work (Mueser et al., 2001; Rogers et al., 2001). According to SAMHSA, persons served and families consistently identify finding and keeping jobs as a top priority. We will present how a residential treatment program with a forensic focus utilizes supported employment through the Dreamcatchers program to increase independence; reduce symptomology; increase adherence to medication; support greater self-control; improve discharge dispositions; and reduce recidivism. Outcomes include persons served obtaining work in their desired employment, which increases levels of satisfaction, longer job tenure and is critical in helping them pursue their vocational goals and dreams.

Evaluation of Atrial Fibrillation Detection in Short-Term Photoplethysmography (PPG) Signals Using Artificial Intelligence

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Dr. Glen Xiong, *University of California at Davis* (gxiong@ucdavis.edu)

Atrial Fibrillation (AFIB) is a common atrial arrhythmia which affects millions of people worldwide. However, most of the time, AFIB is paroxysmal and can pass unnoticed in medical exams and therefore regular screening is required. This paper proposes machine learning methods to detect AFIB from short-term ECG and PPG signals. Several experiments were conducted across five different databases with three of them containing ECG signals and the other two consisting of only PPG signals. A total of 269,842 signal segments were analyzed across all datasets (212,266 were of normal sinus rhythm (NSR) and 57,576 corresponded to AFIB segments). Experiments were conducted to investigate the hypothesis that a machine learning model trained to predict AFIB from ECG segments, could be used to predict AFIB from PPG segments. A random forest machine learning algorithm achieved the best accuracy and achieved a 90% accuracy rate on the

UMMC dataset (216 samples) and a 97% accuracy rate on the MIMIC-III dataset (2,134 samples). The ability to detect AFIB with significant accuracy using machine learning algorithms from PPG signals, which can be acquired via non-invasive contact or remotely, is a promising step forward towards the goal of achieving large-scale screening for AFIB.

27. Criminal Responsibility and Societal Culpability

James Corcoran, *University of California at Los Angeles* - Discussant

Criminal Responsibility in Delinquency Cases: Should Societal Culpability be Taken into Account

Sharon Meadows, *University of San Francisco* (meadowss@usfca.edu)

In the United States and other countries (Brazil, Paraguay) where "color" is a determinative factor in every stage of a criminal law prosecution, the proportionality of incarceration rates is almost always higher among those with darker skin. (Examples are Blacks in the U.S., darker indigenous people in Central and South America, and in Western Europe.) These rates correspond in large degree to the poverty levels of each group. Discrimination permeates the society by way of job and housing discrimination, and access to health care and adequate schools. This presentation asks the question: should criminal justice courts consider poverty and racism in determining the quilt or innocence of its people, especially its children, who have been born into poverty through no fault of their own? Legal dogma, generally requires bright line rules so that the mens rea requirement of a criminal act requires mental incapacity to eliminate intention. No societal factors subject to interpretation are allowed. For example, if a child is raised in a poor slum with poor health care and nutrition, attends a school performing less well, and is taught from the beginning that their future is limited to the same as their parents, they may be more inclined to commit a crime. The criminal justice system should incorporate an analysis of "opportunity to thrive" in legal judgments to reduce sentences or dismiss the charge altogether.

Criminal Intent and the Social Indicators of Justice

James Bell, *Haywood Burns Institute for Justice, Fairness and Equity, Oakland, USA* (jbell@burnsinstitute.org)

Dr. Martin Luther King observed that discrimination is a hellhound that gnaws at black folks in every waking moment of their lives to remind them that the lie of their inferiority is accepted as truth in society dominating them. The criminal justice system in the United States was constructed from the beginning to exercise social control over the "other". Our criminal jurisprudence reflects hundreds of years of legislation and precedent perfecting social control under the euphemism "public safety". Which begs the question—safe from whom? This presentation will explore

challenging criminal intent to acknowledge the social determinants of law violations such as witnessing violence; worrying about whether your immigrant father will be home for dinner or deported; fearing that your sexual identity will make you a target for violence; or enduring chronic stress because the color of your skin makes you an object of fear when you walk down the street. This presentation will make the case that the deliberate disinvestment in communities of concentrated poverty must be take into account for alleged misbehavior.

Supporting Children and Young People Victims of a Broken Society: Re-Enhancing Community Parent Responsibility

Chaste Uwihoreye, *Rwanda Psychological Society* (uwichaste@yahoo.fr)

Rwanda's Children and young people are still facing the impacts and consequences of 1994 Genocide mostly psychological and social issues related to being orphan, HIV/AIDS due to rape, imprisonment of family member, loss of relatives, friends and properties, divorce, parent irresponsibility and family conflict. Today, there is enduring mass psychological trauma at community level, which contributes significantly to the delinquent young people, children and street child in country. As response to these challenges, the UYISENGA NI IMANZI has established a healing program for children, parent and the community that delivered in two categories. Youth and children are diagnosed and they name the real problem, which is followed by healing sessions, finding resources and coping strategies to build confidence for their ambitions and future. On the side of parental support and community, there is Re-establishment of society and family responsibilities, discovering and naming the problem, healing sessions to take responsibilities of their children. Different arts based exercises have been created to facilitate the processes of healing program with the aim of promoting children right, effective family reunification, family wellbeing, amplifying family cohesion and strengthening parent and children emotional bonds.

An Innocent Abroad: The Amanda Knox Story

Anne Bremner, *Attorney-at-Law, Frey Buck Law Firm, Seattle, USA* (abremner@freybuck.com)

This presentation will examine the story of American exchange student Amanda Knox through the lens of accomplished attorney Anne Bremner. Beginning with Ms. Knox's background as a college student from Seattle, Ms. Bremner will introduce how she became involved in Ms. Knox's case. Her presentation will also explore the cultural distinctions between Ms. Knox's hometown of Seattle and her study-abroad town of Perugia, Italy, setting the stage for what became a globally publicized murder trial. Once the stage has been set, Ms. Bremner will dive into the legal issues at play in the trial, analyzing the factual and psychological influences Ms. Knox faced as a foreign defendant unfamiliar with the Italian criminal justice system. Ms. Bremner will also provide an examination of the role played by both traditional media and new-age social media in escalating Ms. Knox's story rapidly and incorrectly, and the effect this played on the public's perception of Ms. Knox. The presentation will also describe the aftermath faced by Ms. Knox after her

exoneration, which includes her life in Seattle, treatment by the media following the exoneration and reunions with supporters.

28. Crises within Crises: Legal and Ethical Issues for Individuals with Substance Use and Related Disorders in the Age of COVID-19

Telehealth, Substance-Related and Addictive Disorders, and COVID-19

Elizabeth Pendo, *Saint Louis University* (elizabeth.pendo@slu.edu)

In the United States, the provision of telehealth services is heavily regulated by a variety of federal and state health insurance laws, health care fraud and abuse laws, health privacy and security laws, and licensing laws, just to name a few. The COVID-19 pandemic has raised a number of questions regarding the desirability of these regulations in the context of individuals with substance-related and addictive disorders. Using the powers available as a result of federal and state declarations of public health emergencies, the Secretary of the federal Department of Health and Human Services and state governors have either—temporarily and on an emergency basis—(1) waived certain sanctions and penalties for good faith violations of these regulations; (2) declared that they will exercise enforcement discretion with respect to good faith violations of these regulations; (3) stated that public health care programs and/or commercial insurance will cover telehealth services provided in patients' places of residence; and/or (4) waived or reduced patient cost-sharing for telehealth services. This presentation will examine how these waivers, declarations, and statements affect individuals with substance-related addictive disorders and will propose that certain of these changes remain in effect even after the passage of the COVID-19 public health emergency.

SUD, Chronic Pain, and American Health Surveillance Exceptionalism

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The American prescription drug overdose crisis has instigated the rapid rise of patient surveillance through prescription drug monitoring programs ("PDMPs"). PDMPs collect, maintain, and analyze troves of sensitive patient prescribing data. No longer passive collection systems, PDMPS now employ robust data-analytics software using algorithms to mine patient health information to assign individual prescription-drug "risk scores." Today's PDMPs threatens vulnerable patients' care by discriminating against them on the basis of disability, gender, race, class, and place of residence. PDMP algorithms apply undue weight to certain factors, such as childhood trauma, criminal history, and the distance from a patient's residence to treatment facilities while under-valuing other relevant criteria. Moreover, the COVID-19 pandemic is in the process of breeding a whole host of additional "public health" surveillance tools, including contact "track-and-trace" applications, that burden this vulnerable patient population. This presentation will (1) discuss the long history of American surveillance exceptionalism as applied to these populations; (2) argue

that such exceptionalism exacerbates discrimination by incentivizing both provider abandonment of patients and patient abandonment of the health care delivery system; and (3) explore the tension between the public health surveillance and individual harms to highly stigmatized groups.

Treating Substance Use Disorder in American Prisons and Jails

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The American health care system has failed the victims of the ongoing pharmaceutical overdose crisis; as a result, there has been considerable advocacy for meaningful change. Far less attention, however, has been paid to the role of American prisons and jails in exacerbating the overdose crisis and needed reform. According to the Center for Prisoner Health and Human Rights, approximate half of incarcerated individuals satisfy the criteria for substance use disorder (SUD); the overwhelmingly majority of them serving sentences for drug-related crimes. Yet, only about 10% these individuals receive any treatment for the condition. The COVID-19 pandemic has further exposed the harms to incarcerated individuals with SUD and other vulnerable health statuses. As of April 30, 2020, approximately 70% of incarcerated individuals tested for COVID-19 test positive. This presentation will (1) provide an overview of the SUD treatment regimes in American prisons and jails; (2) detail best and worse practices across those varied systems; and (3) recommend much-needed treatment reforms. The presentation will also explore the ways in which the pandemic has exposed the abysmal state of prison and jail health care and propose reforms designed to avoid such outcomes in light of ongoing and potential public health crises.

29. Current Forensic Mental Health Issues: Research and Practice in Canada

Polypharmacy in Populations with Intellectual Disabilities and Co-Morbid Mental Health Difficulties

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The use of psychiatric medications is common practice in treating aggressive symptoms, dysregulated behaviours and distress in individuals with Intellectual Disabilities (ID) and co-morbid mental health difficulties. Polypharmacy - the concurrent use of multiple medications - can have negative consequences for the individual such as adverse drug reactions, undesirable drug-drug interactions, and medication nonadherence. While psychiatric medication may suppress

aggression and help manage certain behaviours in some individuals with an ID, it may also suppress collateral behaviors, learning, and cause serious side-effects. Despite the various negative outcomes of long-term use of polypharmacy, reduction of polypharmacy in populations with ID and comorbid psychiatric diagnoses is rare, and the effects of such practice is underexamined. We conducted a preliminary evaluation of the methods for, and impacts of, decreasing and discontinuing harmful medications for patients diagnosed with ID and comorbid psychiatric diagnoses. In particular, we examined the impact on harmful behaviours, negative side effects and psychiatric symptoms. The presentation will review findings of this evaluation and provide suggestions for future research and program-level evaluation.

Tracking Behaviours in Aggressive Clients with Intellectual Disabilities

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Prevalence of challenging and aggressive behaviours in people with Intellectual Disabilities (ID) range between 10-50%. Aggressive behaviour threatens the safety and well-being of the individual with ID and increases risks for stressful events, obstacles to social integration, and exclusion from educational, work and social settings. Moreover, because of their recurrent character, challenging behaviours tend to become a lifelong challenge for the individuals with ID, their family and the involved services. Pharmacotherapy is often used to manage and treat aggressive behaviours in individuals with ID. Due to the potential for adverse effects, clinicians are recommended to regularly assess the efficacy of psychiatric medication and the feasibility of decreasing dose or withdrawing medications. However, assessing efficacy in ID can be challenging, as self-report can be difficult to obtain and many behaviour tracking tools require extensive time / resources or provide a single time-point analysis. The current project aimed to develop a behaviour tracking tool that is (a) clinically relevant, (b) continuous, (c) does NOT rely on self report and (d) can be effectively used to assess the impact of medication changes. Development, implementation and feasibility of behaviour tracking in this population will be reviewed and preliminary program review findings will be presented.

Independent Assessors in Contrast to Treating Physicians as Expert Witnesses in Canada

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In civil and criminal proceedings, there are factors inherent in the role of a treating physician such as advocacy and other duties owed the patient, in contrast to expert opinion provided by an independent assessor which is required to be objective. Misunderstanding or unawareness of the

differences in treating versus expert physicians can lead to decision-makers relying on potentially biased information. Recent decisions in Canada have allowed for opinion evidence by treatment providers (Westerhoff v. Gee Estate), which seem to ignore the potential bias of the treatment provider. The lack of clarity by which decision-makers perceive the role of physician witnesses poses a significant issue for physicians, who must balance competing interests, equivocal processes and concerns regarding bias and conflict of interest when providing medical information to a decision-maker. This presentation attempts to clarify the essential differences between information provided by a treating physician as opposed to an expert opinion provided by an independent consultant in Canada. Discussion around privacy legislation will be used to highlight some differences. It is hoped that a clearer understanding of the information the decision-makers are receiving will promote an improved understanding of that information and, subsequently, an improved decision-making process.

The Use of Cannabidiol (CBD) to Manage Aggression in Individuals with an Intellectual Disability and Co-Morbid Mental Illness

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Individuals with intellectual disabilities (ID) with co-morbid mental illness often show aggressive behaviours towards themselves and/or others and struggle with their emotions. Psychiatric medication is often prescribed to manage these difficulties when other behaviour interventions are not available or do not work. However, studies assessing the effectiveness of psychiatric medications to treat aggressive behaviors are lacking, and existing studies yield inconsistent findings and harmful and long-term side effects. Early studies about use of medical cannabidiol (CBD), a non-intoxicating cannabis extract, show it may work to treat emotional dysregulation and difficult behaviours in adults with mental health difficulties and youth with IDs. Studies of CBD in humans and animals also found few harmful side effects; this may be a safer treatment alternative. Currently there are no studies about use of CBD to help individuals with IDs that have co-morbid mental health illness and there is a scarcity of information on clients' and care-providers' perceptions of CBD use. The study discussed in this presentation aimed to examine the impact of replacing psychiatric medication with CBD to treat aggressive behaviours and emotional difficulties.

30. Current Issues in Mental Health Legislation in the United States

Scope of Practice Bills: Who is a Doctor and Who is Qualified?

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A law passed in the 2020 Minnesota state legislative session allows Physician Assistants (PAs) to provide medical care nearly independently, and removes the requirement for physician oversight. Another law passed in the same session grants prescribing authority to pharmacists for a limited number of medicines. Additionally, in Minnesota, Advanced Nurse Practitioners (APRNs) have enjoyed independent medical practice privileges since 2014. These laws are in line with a recent surge of laws across the United States granting medical practice privileges to professionals who have not attended medical school. (i.e. Physician Assistants, Pharmacists, Psychologists and Nurse Practitioners). Proponents claim that such laws provide greater access to medical care, especially in areas where physicians are in shortage, while critics have argued that the brief clinical training imparted in these para-medical professions is insufficient and increases the risk pf poor patient outcomes. While the current landscape of medical practice is rapidly changing with the advent of these laws, the central question discussed in this presentation remains – who is a doctor, and who is qualified?

Guns and Mental Illness: Legislative Updates from the U.S

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The United States has long struggled to enact meaningful national legislation aimed at preventing mass shootings, leaving the country with a state-by-state patchwork of laws designed to address firearm violence. Rightly or wrongly, mental illness is often cited as a cause of firearm violence in the U.S. Therefore, much of the state and national legislation focuses on restricting access to guns for individuals with certain mental health histories and conditions. In this presentation, we briefly review these restrictions and discuss the role of forensic psychiatrists in their implementation. We consider innovative state programs such as "Red Flag Laws" (temporarily removing an individual's guns when they are a danger to themselves or others, regardless of mental health diagnosis) and the evidence of their efficacy in preventing firearm violence and suicide.

Gender Affirming Care: New Era, New Rules?

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Worldwide, governments developed laws and decrees regulating peoples' lives based on gender and sexuality, including rights of transgender people, their access to healthcare, facilities, and general activities. In the United States, recent cases around this topic have reached the Supreme Court and pulled several professional organizations to voice medical

opinions in amici curiae. An Executive Order by the governor of Texas sought to further limit the rights of transgender people by mandating the investigation of parents of children "subjected to these abusive gender-transitioning procedures," and "facilities where such procedures may occur." In this presentation, we will review a series of cases and their potential impact on the physical and mental health of affected individuals. We will also explore the role forensic psychiatrists may have if asked to assess for child abuse in custody evaluations or malpractice litigations regarding transgender care.

Big Marijuana: Legalization vs. Public Health in the United States

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A growing number of US states have passed legislation allowing for both recreational and medicinal use of cannabis. The rationales for such legislation include the need to avoid racial disparities in the enforcement of drug laws; the alleged benignity or even medical utility of marijuana; and the destigmatization of recreational marijuana use. In addition to growing public support for marijuana legalization there is also evidence that many state initiatives have been propelled by the cannabis commercial lobby. Yet simultaneously, cannabis continues to be illegal at the federal level creating complications for marijuana research, enforcement and public health measures. This presentation will review the US marijuana legislation across states and consider the role of forensic psychiatry. Anticipated future areas for forensic consultation may include the role of cannabis in motor vehicle accidents, psychosis and violent offenses, malpractice and appropriate use in a therapeutic setting. Finally, this overview will consider the lessons for public health interventions given the history of legalization of other addictive substances.

Crisis Interventions and Mental Illness: Policing in the U.S.

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One in every four individuals killed by a police officer in the United States has mental illness. In response, Crisis Intervention Teams (CIT) have emerged throughout the country. These teams aim to reduce the risk of lethal interactions between police and mentally ill individuals during crisis interventions. However, due to a number of factors, the implementation of CIT training has been neither widespread nor uniform throughout the United States. In an attempt to address these deficits, U.S. Senators have introduced the Law Enforcement Training for Mental Health Crisis Response Act for consideration. This bill seeks to authorize a grant program for law enforcement and correctional agencies to receive mental health crisis response training. Although CIT programs have been around for approximately two decades, research regarding the effectiveness of CIT is

limited. And the data that is available has shown mixed results. In this presentation, we review some of the existing evidence regarding the effectiveness of mental health crisis response training. Lastly, notwithstanding the pervasiveness of this problem in the United States, we explore what other countries have done to see what, if any, lessons might be derived and implemented in the United States.

31. Decision Making and Informed Consent in Challenging Patient Populations

Children Who Refuse Surgery and Medical Care

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Obtaining informed consent for surgery, anesthesia, and other medical care is a common and ethical practice prior to elective medical procedures. In the pediatric population, the parents or guardians of the patient are often providing the consent for the minor child. There comes an age whereby a child is still legally considered a minor legally; however, they are able to assent to, or in some circumstances dissent and explicitly refuse, important care including surgery. When this occurs, it is important for medical providers to know what is legal, what is ethical, and how to proceed in a way that will result in appropriate care for the minor. Often this includes utilizing other hospital resources such as social services and the ethics committee. This session will discuss the legal implications when children refuse surgery, the legal and ethical rights of minors in the United States, and options for healthcare providers when this difficult situation occurs.

Establishing Consent for Opioid Prescribing in Chronic Pain

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The treatment of chronic pain has undergone a re-examination over the last decade with growing evidence demonstrating enhanced risks with treatment of controlled substances such as opioids. Acute risks such as sedation, cognitive dysfunction, and respiratory depression have been supplemented by risks of prolonged use such as abuse, misuse, addiction, and diversion. This has brought into question the continued use of this class of medications as a component in chronic pain management from both efficacy and ethical perspectives. With the concerns of opioids contributing to a growing public health crisis, government and law enforcement entities have placed more restrictions and safeguards on prescribing with the goal or reducing negative consequences of medical and non-medical use. The environment regarding compliance with applicable guidelines of use has become highly scrutinized from a liability perspective, placing physicians and other medical providers in challenging scenarios in managing pain or altering previous treatment plans. The session will discuss the background, updates, pearls, and pitfalls of establishing informed consent and treatment planning in the setting of opioid prescribing to patients with chronic pain.

Barriers to Informed Consent in Low-Resource Environments

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In developed countries, informed consent is a required prerequisite for all non-emergent surgical operative and non-operative procedures, which includes risks for anesthesia services as well. The same applies for any medical research conducted in this area. These documents are securely stored in physical or electronic medical records. In low- and middle-income countries, there are several barriers to achieving the typical standard of consent, including document storage constraints, language barriers, and conveying a clear understanding of the details and risks of the procedure and/or research intervention. For visiting medical care teams on humanitarian missions, written consent is required to be obtained but often difficult for these reasons. Even obtaining consent through an interpreter loses nuance, where those with good intentions risk circumscribing the discussion out of respect for local cultures. In this session we will discuss the specific challenges encountered for obtaining and maintaining record of consent for clinical care, as well as ethical considerations for obtaining consent for medical research studies, in low- and middle-income countries.

The Challenge of Cognitive Dysfunction in Ill Geriatric Patients

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Invasive medical treatments and surgery are common in older adults and typically performed to improve functional status or prolong life. A high percentage of older patients, however, will have cognitive impairments despite no previous documentation or diagnosis of dementia, but screening for cognitive impairment (one of the primary risk factors for post-illness cognitive decline) is not routinely performed and may confound the consenting process. Complex medical decision-making capacity is increasingly needed in the aging population to understand the potential risks and benefits of treatments, surgery, and hospitalization. This capacity, however, is paradoxically impaired by illness as well as by interventions aimed to improve health. Older adults often prioritize preservation of cognition over survival, yet acute illness, surgery, and hospitalization are associated with significant short- and long-term cognitive decline, which is not normally discussed in the consenting process. Meeting this challenge involves understanding and reducing the risks of post-illness cognitive decline and undertaking preventative measures to mitigate its impact. This session will discuss the risks, implications, and prevention of post-illness cognitive decline in older patients.

32. Decision-Making Processes Within Forensic Psychiatric Assessments: Information Sources and Potential Pitfalls

The Decision-Making Process in Swedish Forensic Psychiatric Investigations

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Forensic psychiatric investigations in Sweden can have a major impact on the choice of sentence in criminal cases. Previous research shows that the decisions in several forensic fields, including forensic psychiatry, can be affected in a negative way by factors not relevant to the case. In the present study, the decision-making process of forensic psychiatric investigations was explored by using semi-structured interviews with experts (*n*=38), analyzing these interviews thematically. The results showed that the decision-making process is both complex and iterative, where the experts use and shape a substantial amount of information to reach their decisions. The experts work in teams, which add both benefits and risks to the process, and considered that particularly time constraints may reduce the quality of their decisions. In summary, the decision-making process of Swedish forensic psychiatric investigations creates a potential for high validity. However, the structure also contains risks for certain kinds of bias effects that could warrant further mitigation as well as future exploration of how they may impact praxis.

How Do Forensic Psychiatric Experts Use Information When Assessing Typologically Different Cases: A Qualitative Approach

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The decision-making process of forensic psychiatric experts can be influenced by several types of information, among others, case-specific information. However, the impact of case-specific characteristics on which information is gathered and what kind of hypotheses are generated by

experts in a forensic psychiatric investigation (FPI) is relatively unknown. This was investigated, by using a qualitative approach, regarding on what information basis and what kind of hypotheses, decisions were made by experts within FPI:s regarding: a)presence of severe mental disorder and b)kind of psychiatric diagnosis. Three case vignettes were used, each describing a relatively ambiguous case but nevertheless indicated problems within 1) psychotic spectra, 2) personality disorder and 3)neuropsychiatric/developmental disorder respectively. The participants were FPI experts (n=41): psychiatrists (*n*=15), psychologists (*n*=15) and social workers (*n*=11). A qualitative content analysis illustrated that experts reason both in a general manner and in a case-typological manner. The content analysis showed what kind of information experts from different professions were partial to request when the case context indicated suspicion of psychosis, personality disorder or neuropsychiatric problems, and which kinds of information that were always asked for regardless of type of case.

How Do Forensic Psychiatric Experts Use Information When Assessing Typologically Different Cases: A Quantitative Approach

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The purpose of this study was to illustrate experts' practical use of information sources within forensic psychiatric investigations (FPIs) in general and in different types of cases to ascertain the presence of severe mental disorder and differential diagnosis. The participants were forensic psychiatric assessment experts (*n*=41): psychiatrists (*n*=15), psychologists (*n*=15) and social workers (*n*=11). A quantitative approach was used, including both variable-oriented and person-oriented analyses, exploring the consensus between experts regarding a)which kind information sources had been used most often within general FPI praxis during the past year, b)which kinds of information were considered most important in general and in specific types of cases (here: using vignettes that require further information, but with indications of a)psychosis, b)personality disorder and c)neuropsychiatric/developmental disorder, respectively). Expert consensus, both within and between professional groups, regarding decisions of severe mental disorder and psychiatric diagnosis in these different types of cases were also explored. Overall, more consensus than difference was found between experts regarding information gathering and conclusions of diagnosis and severe mental disorder, but with some interesting variations. The implications of these results for FPI praxis are discussed from the perspective of expert consensus and regarding different kinds of decision-making pitfalls.

Mental Health Service Users' Attitudes Towards Psychiatric Advance Directives: A Systematic Review

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Psychiatric advance directives (PADs) are documents which allow mental health service users to express their preferences for future mental health crises. Empirical studies consistently demonstrate high levels of interest in PADs among service users, but completion rates remain low, even in countries with PAD-specific legislation. To explain this discrepancy and to increase the utilization of PADs, it is helpful to consider the perspectives of service users on factors which facilitate or inhibit the creation and implementation of PADs. A systematic summary of the extensive empirical literature on this topic is needed to inform evidence-based policymaking. To this end, we conducted a systematic review concordant with PRISMA guidelines that systematizes the empirical literature on the attitudes of service users towards PADs published up to July 2021. A search of the relevant databases yielded 4047 articles, 52 of which were eligible for inclusion.This presentation summarizes the review's findings on service users' perspectives, including (1) the benefits of PADs on a personal, treatment-related, and social level, (2) challenges and barriers concerning the process of PAD creation and PAD application, (3) possible and experienced facilitators of PAD creation and (4) preferences regarding factors such as legal force and revocability.

33. Delinquency and Comorbidities: Understanding Clinical Complexity

Autism in Juvenile Delinquents

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Delinquency and delinquent behavior are defined as criminal offences. The delinquency is defined as offending behavior: violent conduct, threatening behavior, property destruction, drug offences, theft, sexual offending, fraud, motoring offences and murder. The people with ASD generally tend to obey rules, but specific symptoms of ASD can predispose individuals to offending behavior; for instance, the abnormal or restricted interests that are typical of ASD can play a role in delinquent behavior. The ASD symptoms of oversensitivity and difficulty in recognizing facial expressions were seen as relevant. Also, patients that present limited interest, rigidity and social and communicative problems, may be more susceptible to delinquent behavior. Impaired ability to understand social cues can lead to misinterpretation of others' intentions and feelings and can, for example, lead to undesirable sexual behavior. (Several case reports described the role of ASD empathy deficit in offending behavior) The role of empathy deficit in offending by people with ASD has been described repeatedly in case reports. On the other hand, it has also been argued that some symptoms of ASD protect this population from involvement in criminal behavior, such as the overactive sense of right and wrong and usual awareness of not breaking the law.

Neurodisability Among Children Crossing over from Child Welfare into Youth Justice Systems

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ADHD is one of the most prevalent mental disorders, affecting 5% of children and 3% to 4% of adolescents and adults; prevalence rates in juvenile justice system are even higher (45%). Disruptive disorders, such as conduct disorder (CD), are frequent comorbidities (40%-60%). Several studies have shown that ADHD in childhood specifically predicts future delinquency, especially if it is associated with CD, presenting great clinical impact and higher costs with public health and correctional system. This presentation aims to explore the role of ADHD on the course of delinquency in young span. There is growing evidence that children with ADHD are more likely to offend in adolescence and to be involved in the legal system. This troubling path begins early, with problems at school, at home, with peers and drugs misuse, and is associated with deficiencies in self-control. Moreover, these individuals are at an untimely and unremitting risk for offending at all severity levels and across a wider variety of crimes. In conclusion, literature provides that ADHD can have a modulating effect in delinquent behaviors and is an important risk factor for recidivism and for faster relapse in youth, confirming the need for adequate interventions in the general population but also in forensic samples.

Understanding Delinquency Associated with Bipolar Disorder (BD) and Comorbid Conduct Disorder (CD)

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Psychiatric comorbidity is a prevalent phenomenon and remains a challenge for mental health services. Comorbid conduct disorder (CD) may exist in a large portion of young patients with bipolar disorder (BD), confusing its clinical presentation and appears to be associated with a somewhat worse clinical course, increasing risk of severe psychosocial consequences, substance use disorder and delinquency. The purpose of the presentation is to explore the overlap of BD and CD, since both have some similar clinical characteristics, such as irritability, aggressiveness and impulsivity, showing the need for prompt identification and treatment. It is always a challenge to diagnose BD and CD in youth given the variability in the clinical presentation, lack of awareness, overlap of symptoms with other psychiatric disorders, effects of development on symptom expression and children's difficulties in verbalizing their emotions. For instance, some adolescents with BD evidence serious "acting out" behaviors, including burglary, stealing and vandalism. Although an episode of acting out in such cases may essentially reflect the behavioral disinhibition that characterizes bipolar illness. On the other hand, literature shows that identifying and treating BD in youth properly could mitigate the course of comorbid CD and consequently decrease the risk of delinquency.

34. Development of Psychological Damage in Italy

The Quantification of Psychological Damages

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This work, the quantification of Psychological Damage proposed by the Associazione Italiana di Psicologia Giuridica (Italian Association of Forensic Psychology – AIPG), stems from the assumption that Psychological Damage must be compensated (Art. 2059, Italian Civil law) as a non-pecuniary damage, regardless the specific physical damage. Despite a wide agreement about such type of damage in the Italian System, often it's just the physical aspect of the damage taken into account, while the clinical and forensic practice highlights how Psychological Damage is a reality: many wrongful acts do not create a clear physical damage, but modify the psycho-physical balance of victims, their personality and the functions of the Ego. We will present tables as a useful and essential tool for the evaluation of Psychological Damage, to provide a common base for the evaluational treatment of the victims, based upon medical history, clinical interview and psychological tests. The psychological damage is characterized by individual variability and the evaluation of psychological consequences of a crime must consider subjective, individual and familiar conditions, to ensure a personalized compensation. Findings and implications will be discussed in the presentation.

Evolutionary Prospectives for an Evaluation of the Damage

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The damage to a person has been a terrain of jurisprudential clash by two different visions, one to include any moral, existential and biological damage in the non-pecuniary damage such as to be defined only by the forensic table percentage, the other to distinguish and specify three different type of damage for a qualified distinction that can take into account personal conditions with particular regard to the pejorative changes in the functioning of the ego and personality, field of investigation of forensic psychology. The prejudices to the moral sphere and to human dignity deserve a necessary deepening to reach a fair examination needed to evaluate the prejudice, in particular moral suffering as a temporary and / or permanent emotional state of the person producing the perception of discomfort, degradation, pain compared to previous condition, both when the damage is caused by a psycho-physical injury-impairment, and when the damage consists of inner pain and / or an alteration of daily life. The need for psychological and psychodiagnostic analysis of the dynamic relational aspects, in the current state of jurisprudence, is indispensable in order to comply with the common European law principle of full compensation for personal injury, especially in severe disability. Implications will be discussed in the presentation.

Evaluation of Psychological Damage Through Psychological Tests

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The assessment of psychic damage in forensic psychology is a delicate discipline, and requires accurate and scientific tools, which allow us to have the two essential points of view to reach a quantification that is as accurate and personalized as possible, namely the present and the past. An accurate medical history allows us to understand the history and current state of the person, psychological tests allow us to investigate any current and previous psychopathology, but only thanks to the clinical interview, primary tool of forensic psychology, can we combine all the information collected for create a painting that allows us to understand the current state of health and well-being of the person, his original state and how the traumatic event may have changed his life path and his personality, creating that psychological connection between the illicit fact and any pathologies that allow access to compensation and recognition of one's malaise and its cause, which is fundamental to guaranteeing the third essential point of view, the future of the injured person. Implications will be discussed in the presentation.

Depression and Damage

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Depression, a symptomatic consequence resulting from an offense suffered, occurs in different clinical forms. The correlation between perception and the experience of loss and depression is indisputable. The depressive psychic reaction resulting from the loss can be overcome after a certain period of time and the subjective and personal pain is compensated and, at times, sublimated through psychic movements that are able to take the individual out of the internal drama he experiences. These psychic reactions, which initially represent a painful state of mind, can lead to a consequent Depressive Disorder in which the sense of self is completely absorbed by the traumatic loss and leaves no free space for a purposeful and constructive existential path. Depressive reactions can be structured, over time, in psychopathological pictures that dilate the period of illness in a persistent / chronic sense rather than "permanent", a typical concept of biological / somatic damage. The definition of the diagnosis of Depressive Disorder and its differentiation with the painful state of mind can allow to characterize the pain from an economic point of view and therefore quantify it through levels of severity. Implications will be discussed in the presentation.

35. Digital Technologies and Mental Health

Tele-Mental Health Care – An Offer You Can't Refuse?

Pawel Lukow, *University of Warsaw* (p.w.lukow@uw.edu.pl)

As the experience of the Covid-19 pandemic shows, telemedicine, in comparison with the traditional form of provision of health care, has a number of advantages. Its running costs are lower, it does not require travel and saves time, is more accessible via apps or mobile devices, makes response to patient needs faster, etc. Thus, it seems that telemedicine is inevitably going to constitute a significant share of health care services in the near future. However, since success in mental health care relies significantly on the relationship between the patient and the psychiatrist, it is important to identify the areas in mental health care in which the more traditional forms of care will remain necessary not only from the point of view of their effectiveness but, crucially, from the ethical point of view. This presentation will attempt to identify the key ethically significant aspects of the psychiatrist-patient relationship which can become the basis for the choice between the traditional in-person form of mental health care and its telemedical counterpart.

Translational Bioinformatics and Mental Health: Legal and Ethical Aspects

Agnieszka Romanowska, *University of Warsaw (*agnieszkaer21@gmail.com)

The purpose of the presentation is to draw attention to the dynamic progress which has been made in Translational Bioinformatics (TBI) and its achievements, that may have significant application in the field of mental health (MH). Undoubtedly, the development of TBI is considered as a challenge for law and ethics, and as such is accompanied by ethical and legal dilemmas which are closely related to mental health. There are several legal aspects that should be considered to create a legal framework for TBI. The legal aspects include the protection of the right to privacy, the right to mental freedom, protection of biomedical data and good scientific practice issues. There are also ethical aspects of using TBI for medical purposes associated with MH, which mainly include the question of the limits of intervention in human integrity in its mental and physical aspects, as well as the goals of medicine. In the presentation, special attention will be paid to the impact of the development of the TBI and its use for clinical purposes in relation with MH.

Digitally Spread Pan(dem)ic: Mental Health and Online Information During The Covid-19 Pandemic

Katarzyna Szarla, *University of Warsaw* (kszarla@gmail.com)

The outbreak of Covid-19 pandemic resulted in widespread anxiety, periodically, even panic; together with quarantine and lockdown measures, these have seriously impacted the mental health of a large number of people. While the demand for mental health services is increasing, the pandemic has, at the same time, disrupted or halted access to them in most countries worldwide.

The Covid-19 pandemic is also considered the first digital pandemic, and an inevitable surge in the use of digital technologies is widely observed due to the social distancing norms. Due to the difficulty in obtaining professional help, many people look for support in other sources, including social media. The presentation will focus on key legal and ethical issues, benefits and risks associated with the online dissemination of (mis)information on mental health and mental health counseling, both professional and unprofessional.

Digital Health in the Treatment of Mental Health and Substance Use Disorders

Lisa Marsch, *Dartmouth College* (lisa.a.marsch@dartmouth.edu)

This presentation will describe the development and a couple of decades of research focused on the development and rigorous testing of clinically validated, digital therapeutics for substance use disorders and behavioral health. It will give examples of how healthcare can be transformed to deliver scalable, science-based behavioral health care via digital health approaches. The journey of scaling up the most empirically-supported digital treatment for substance use disorders became the very first "prescription digital therapeutic" authorized by the U.S. Food and Drug Administration. It will discuss opportunities to leverage digital health measurement (e.g., digital phenotyping) to enhance the personalization of digital therapeutics and highlight the trans-diagnostic utility of digital health approaches.

36. Disability, Law and Society (1)

COVID-19 and the Disproportionate Impact on the Treatment of People with Mental Disabilities

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Faisal Bhabha, *York University* (fbhabha@osgoode.yorku.ca)

Given the allocation of scarce health care resources during the COVID-19 pandemic, physicians have had to make difficult decisions which ultimately determine who lives and who dies. Triaging – the process of determining the priority of patients' treatments based on prognosis – relies on judgments about the value of life and who is "deserving" of life-preserving treatment. People with mental disabilities have reason to fear being deprioritized. In Ontario, healthcare triage protocols developed in response to the pandemic ensure that people with cognitive disabilities and advanced neurogenerative diseases are less likely to gain access to critical care. Some American states expressly stipulate that people with neurological impairments, advanced dementia or severe traumatic brain injury may be denied ventilators. This presentation critically examines the concept of triage in the health care system during times of crisis. Article 25 of the UN Disability Convention recognizes the right to the highest attainable standard of health without discrimination. This paper argues that Ontario's pandemic triage protocols discriminate against people with mental disabilities by increasing the likelihood that they will be denied critical care for no reason other

than their disability. This raises important moral and constitutional issues that could undermine the legitimacy of the pandemic response.

Disability Law and States of Exception

Penelope Weller, *RMIT University* (penelope.weller@rmit.edu.au)

The law of modern liberal states typically provides exceptional legal regimes that apply to individuals who are unable to participate in the law as rational independent actors. This presentation draws on the work of Giorgio Agamben to argue that people with disabilities are placed in 'states of exception' where they are subject to exceptional legal regimes. In 'states of exception' rights and entitlements are suspended, meaning that people with disabilities become exposed to violence and abuse without consequence. This presentation considers the question of whether, given Agambem's analysis of states of exception, it can ever be acceptable to have a different law. The ever-present danger of separate laws is violence, different treatment and inevitable reversions to best interest considerations. This presentation argues that different laws for those with disabilities, such as mental health, guardianship and disability laws may be acceptable provided they are conceived through a human rights stance of substantive equality.

Brain Plasticity and Disability Theories

Emily Murphy, *University of California Hastings* (murphyemily@uchastings.edu)

Brain science supporting a causal theory of environmental effects on cognitive capacity and cognitive function poses an interesting conundrum for disability theory. This is because brain science suggests that certain environmental causes result in certain brain-based impairments that can be remediated by removing the environmental condition. That is, in the brain, some "intrinsic" impairments and structural/environmental factors merge – the environment directly influences the brain, which then limits the capacity the person has to act upon their environment. These findings have implications for the two dominant causal models in disability legal literature. Neither model fully accounts for the scenario where changing features of the environment can also remediate an impairment/abnormality located within the person. This may be a possibility unique to certain cognitive disabilities precisely because of the features of the brain, including dynamic cognitive states and, compared to other organ systems, extreme biological plasticity, particularly during development. I suggest only modest takeaways: first, that disability theory needs revisiting in light of increased understanding of the previously unrecognized prevalence of cognitive impairments, the nature of the brain-environment causal relationship, and the potential for mutability via structural reform. Second, an anti-discrimination theory that features both anti-subordination as well as anti-classification features may be the best fit.

The Least Restrictive Environment for Providing Education, Treatment, And Community Services for Persons With Disabilities: Rethinking the Concept

Donald Stone, *University of Baltimore* (dstone@ubalt.edu)

In the involuntary confinement of the dangerously mentally ill, the education of the child with disabilities, and the location of community group homes for the intellectually disabled, disability advocates have sought integration and mainstreaming as a common theme. Why is the mainstreaming approach to persons with disabilities such a prevalent concept? Are persons with disabilities always appropriately served utilizing a strict mainstream approach? Are educational institutions using the least restrictive environment(LRE) to underfund educational programs? Are psychiatric hospitals abiding by the requirement that in-patient hospitalization be provided only if a LRE is not appropriate? The presentation will discuss and analyze the LRE concept prevalent in the ADA and IDEA as well as US state laws related to involuntary commitment and community based treatment. A historical perspective of the LRE will be examined. An exploration of the various uses of the LRE in civil commitment laws, special education, group homes and community based treatment, guardianship, and architectural accessibility will occur. A new approach will be offered with recommendations for service providers, educational institutions and government entities.

37. Disability, Law and Society (2)

The Vulnerable Subject at the End of Life: Autonomy, Vulnerability, and Medical Assistance in Dying (MAiD)

Margaret Hall, *Simon Fraser University* (margaret_hall@sfu.ca)

Theories of autonomy and vulnerability lie at the core of the Supreme Court of Canada's reasoning in the 2015 case of Carter v Canada (finding the "blanket prohibition" on MAiD created by the Criminal Code to be unconstitutional) and the continuing debate about how and why access to MAiD should be enabled and/or limited. This presentation looks critically at the problematic construction and application of "autonomy" and "vulnerability" in Carter and considers the difference it would make to place an alternative account of these ideas at the principled centre of analysis. Carter's conflation of the distinct legal concepts of self-ownership and self-direction within a unified category of "autonomy" is a source of confusion within the case, and has muddied the ongoing controversies about MAiD eligibility in Canada. The concept of vulnerability applied in Carter (that wise doctors will be able to recognise and respond to "vulnerable persons" as opposed to an invulnerable norm) is also problematic; how would the reasoning in that case be changed by re-imagining vulnerability as universal, rising and falling in connection with changes in body, mind, and social/material and relationship context?

COVID-19, Family Law, Education and Medical Ethics: The New Norm

Mark Burdick, *Consulting Forensic Psychologist, Amsterdam, Netherlands*
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COVID -19 creates an unprecedented mixture of global legal, medical ethical, and school chaos for family courts and child custody evaluators. US Judges with help from GAL (Guardian Ad Litem) make ill- considered decisions of where and how parents educate their children based on rate of virus spreading in specific locations and any available alternative virtual learning platforms. Decisions not necessarily based on science. Family values and community engagement are considered and redesigned by pediatricians and medical researchers acting as experts in the field of pandemic disease, at a cost to student academic, social and emotional development. A recent case study written by this presenter and appearing in the American College of Forensic Psychology Journal (Vol 38, Issue 3, 2020) is evidentially offered to demonstrate the fight between the legal, medical, and education communities. Advocacy in utilizing experts with more sound training and familiar with both education matters and dealings within Family Court proceedings is highlighted and discussed with attendees.

ACTon: Accommodating Students with Disabilities in Higher Education Clinical Placement and Experiential Education

Roxanne Mykitiuk, *York University* (rmykituik@osgoode.yorku.ca)

Experiential education programs like clinical placements and practicums provide students with important "real life" experiences to bridge classroom education with professional learning and skills development. However, there is a scarcity of accommodations for students with disabilities (SWD) in placement, which has significant implications for access and equity upon graduation. The ACTon study is developing and evaluating a multimedia resource to support students in higher education who use accommodations in clinical placements. Working virtually with placement instructors and SWD, we used participatory video methods and interviews to identify key barriers and supports that impact a student's access to accommodation in experiential education settings. Video data was analyzed in a participatory fashion with the student participants. Interview data was subsequently thematically coded by the research team to further nuance the initial findings of the video-based findings. The project worked with 13 York University SWD and 11 instructors from four faculties (Health, Social Work, Education, and Law). Findings are presented as a model with three pillars (When to address accommodation needs; Identifying appropriate accommodations; Who to consult) with cross-cutting themes (stigma, institutional gatekeeping, and communication and relationship building). We conclude that SWD show great resilience and creativity in clinical placement and practicum settings. Course instructors and placement supervisors require access to professional development in disability rights and pedagogical instruction in universal design learning. There is also a critical need for university policies and support services to consider the unique needs of SWD in placement contexts.

38. Disability, Law and Society (3)

Keeping Older Adults with Cognitive Disabilities Safe from Harm: A Supported Decision-Making Perspective

Joan Braun, *Lakehead University* (joan.braun@lakeheadu.ca)

This workshop presents the results from a recent study on response to elder abuse under British Columbia's Adult Guardianship Act. This statute authorizes designated responders to investigate and intervene when abused or neglected adults are unable to seek support and assistance on their own. Most cases involve older adults with cognitive disabilities. Study participants, who are designated responders, were asked how they interpret and apply this statute, including how they understand the guiding principles that stipulate that least restrictive and intrusive forms of support, assistance or protection should be used. According to participants, one strategy is to use support networks to keep older adults with dementia safe from harm. When support networks do not exist, responders may create them. Participants explained that it is possible to intervene in a minimally intrusive way, without compromising an older adult's autonomy, where support networks can be mobilized. In this workshop, study findings will be elaborated on, and a comparison will be made to existing literature on supported decision-making. The workshop will conclude with an examination of how supported decision-making can be used to prevent abuse of older adults with dementia.

Neurolaw Consulting and Research Institute

Joseph A. Wszalek, *Neurolaw Consulting and Research Institute, Wisconsin, USA* (josephwszalek@uwalumni.com)

Modern legal systems, notably those with common-law traditions, are rooted in conceptual frameworks that emphasize the role of individual actors. Communication is no exception, and the law views communication almost exclusively as a phenomenon that arises from, and must be resolved by, individuals. Over the past two decades, however, empirical research findings have shown clear links between language and communication ability and legal outcomes at population or group levels. In particular, so-called neurolaw research has begun to demonstrate that certain vulnerable groups underperform their peers on tasks that expressly involve legal language and communication. These data all suggest that the law's conceptual framework has a critical flaw: It overlooks the role that systemic language and communication elements play in substantive and procedural outcomes. This talk will summarize recent neurolaw research from individuals with Traumatic Brain Injury and discuss how tensions between the law's atomized viewpoint and systemic communication barriers create serious risk for individuals with language and communication deficits. Recognizing these systemic risk factors is a critical step in efforts to promote systemic adaptations that encourage procedural justice and that better address the root cause of the law's language and communication hurdles.

Social Contract Theory and Disability

Jonas-Sébastien Beaudry, *McGill University* (jonas-sebastien.beaudry@mcgill.ca)

Social contract theories predicate the authority of rules that govern society on the idea that these rules derive from a contractual agreement struck between us. These theories assume the value of certain contractual features, such as equality, cooperation and rationality—features that are highly prized within the liberal ethos of our culture. Yet, a closer inspection reveals that these features exclude important values, relations and even persons from the realm of contractual morality and justice. In particular, people with severe intellectual disabilities are a paradigmatic casualty of the social contract tradition. This presentation examines whether this tradition can provide a satisfying account of the robust moral status that, ostensibly, even the most intellectually disabled people are taken to have. By exploring contemporary iterations of social contract theory attempting to render the tradition more inclusive, this presentation suggests that these responses are not entirely successful. At best, the social contract tradition is compelling yet incomplete. At worst, it is deeply flawed. This presentation will conclude with a pluralist, relational approach to morality and justice, and propose that the social contract tradition need be revisited for the sake of the vulnerable, and because of the importance that concern, care and attachment have for human societies.

Irish Mental Health and Capacity Law: Reflections on Law Reform and Ireland's Obligations

Charles O'Mahoney, *National University of Ireland Galway* (charles.omahony@nuigalway.ie)

Ireland was one of the first countries to sign the UN Convention on the Rights of Persons with Disabilities ("CRPD") in 2007 and the last Member State of the European Union to ratify CRPD. Notwithstanding the delay in ratification of the CRPD, it has featured prominently both in the discourse on reviewing Irish mental health law and in the formulation of the Assisted Decision-Making (Capacity) Act 2015. The experience of Ireland's incorporating CRPD requirements into its domestic mental health laws will provide helpful reference for other countries. This presentation will critically reflect upon the impact of the CRPD upon these processes of law reform, and consider its future impact on relevant Irish law and policy. It will then examine key challenges with the legislation, issues regarding implementation and ongoing controversies about some important issues. This presentation will also consider the reforms needed for the Irish legal framework to meet both its obligations under international and European human rights law.

39. Disability, Law and Society (4)

Decision-Making Processes in Learning Disability Services

Danielle Marie McIlroy, *Queen's University* (dmcilroy04@qub.ac.uk)

Lorna Montgomery, *Queen's University* (l.montgomery@qub.ac.uk)
Gavin Davidson, *Queen's University* (g.davidson@qub.ac.uk)

In recent years, the subject of determining an individual's capacity and decision-making ability has been one of extensive discussion and contention nationally and internationally. How decisions should be made when an individual lacks the ability to do so has proved to be an ongoing challenge for law, policy and services. What Best Interests means and how it should be determined remains a complex and contested aspect of practice. In order to address the tension between preservation of rights and protection from risks, the Best Interests Principle has been incorporated into the MCA (NI) 2016. In theory, the Best Interests Principle should be underpinned by an ethos of Human Rights, equality and person-centred practice however, in reality, it may not always being implemented for the benefit of the individual lacking capacity. Therefore, in whose Best Interests is the decision actually being made? This research study aims to explore the processes that are being used in learning / intellectual disability services to assess an individual's capacity and decision-making ability and how Best Interests are determined by investigating the lived experiences of individuals who have been subject to the Best Interests decision-making process and the experiences of professionals involved.

The Challenge Of 'Bioinequality': Addressing the Health Impact of Unequal Treatment on Gendered Bodies Through Law

Isabel Ann Karpin, *University of Technology Sydney* (isabel.karpin@uts.edu.au)
Karen O'Connell, *University of Technology Sydney* (karen.o'connell@uts.edu.au)

Legal measures to address social inequalities have taken little account of the emerging knowledge about the biological impact of unequal treatment. We use the term 'bioinequalities' to foreground the relationship between biology and inequality, increasingly articulated in studies that show that social stress and trauma associated with unequal treatment has a demonstrable and significant impact on the body. This includes psychosocial impacts of harm due to events such as sexual harassment and assault. Scientific studies showing the genetic, epigenetic, neurological and intergenerational effects of harmful stressors on human bodies are increasing. This paper considers a role for law in addressing the health inequalities that result from that harm. Our 'bioinequalities' approach treats inequality as creating a hostile and harmful environment for the embodied beings that live in it. We examine the possibilities of equality law reform, considering the merits of a positive duty to create non-hostile environments or a stand-alone health equality law.

CRPD Controversies and the Logics of Rights Based Mental Health Law

Penelope June Weller, *RMIT University* (penelope.weller@rmit.edu.au)

The Convention on the Rights of Persons with Disabilities has generated a contested debate about the form and content of mental health law. At the centre of the debate is a discussion about the validity of compulsory mental health treatment, with the United Nations Human Rights Council

and the World Health Organisation calling for an end to forced psychiatric interventions. Several jurisdictions are in the process of amending the domestic legal frameworks that govern the provision of mental health care and treatment. In 2022, new laws are expected in Scotland, England and Wales, New Zealand and Australia. Each of the legislative reviews has adopted a framework that recognises and draws on human rights principles to some degree. It seems unlikely, however, that legislative provisions allowing compulsory mental health treatment as they currently appear in rights based mental health laws will be removed. This presentation considers the future of rights based mental health laws by examining new trends in legislative development and the relationship they hold with the obligations contained in the CRPD.

From Mental Health Advocacy to Legislative Change: A Canadian Example of the Complicated Process of Mental Health Law Reform

Karen Shin, *University of Toronto* (karen.shin@unityhealth.to)

Laws governing mental health provision exist to provide order for society and safeguards for the rights and liberties of individuals. The development of new health legislation requires considering ethical principles, scientific evidence and societal standards. Using Ontario, Canada as an example, this presentation reviews the history of significant mental health laws changes over the past thirty years and the complicated factors behind them. This history is applied to the Ontario Psychiatric Association's current advocacy to change laws that have limited patients' timely access to hospital-based care and psychiatric treatment. Often local influences, political motivation and the strength of the advocating voices are the drivers for change. A high-profile murder led to sweeping changes in Ontario's Mental Health Act (MHA) in 2000. A court appeal led to necessary amendments in the MHA governing involuntary hospitalizations in 2015. Changes often followed unpredictable factors, rather than intentional planning for legal reform. This presentation outlines the need for legislation planning that is visionary rather than reactive, how advocacy from front-line stakeholders – mental health professionals, lawyers, patients, family members – can impart valuable knowledge to lawmakers, how to increase effectiveness in political advocacy and the pitfalls from the experiences learned so far from the Ontario experience.

40. Empathetic Digitalization: On Its Ethical and Legal Impact On The 21ˢᵗ Century Healthcare System

What Do We Need To Know About Trust? On the Empirical and Ethical Challenges for Healthcare System in the Age of Digitalization

Agnieszka Romanowska, *University of Warsaw (*am.romanowska21@gmail.com)

In my presentation, I will focus on the basic assumptions related to the patient-physician relationship, which consist of empathy, trust, compassion, and understanding. I will try to put forward the meaning of trust for the aforementioned relationship and in which way trust could be affected and redefined by using AI for medical purposes. The main problem which I would like to summarize is misunderstanding of the notion of trust in the context of practicing *Deep Medicine*. I will examine the idea of *trustworthy AI* and explain what exactly trust does mean in the context of using advanced (supervised and unsupervised) technologies. Moreover, I will attempt to explore the ways in which digitalization in healthcare system might affect the patient-physician relationship, also I will try to evaluate two legal aspects which might be mostly involved in a trust-related use of medical devices. The main problem of my presentation is to describe trust in a completely new way that would be applicable to new technologies' usage in medical profession.

Empathy in Evidence Based Medicine When New Technologies Are Involved

Karolina Częścik- Łysyszyn, *University of Warsaw* (czescik.lysyszyn@gmail.com)

Does technology for remote patient examination/life parameters collection stand in opposition to Evidence Based Medicine? Is there a danger patients won't be treated with sympathy? In my session, I will try to shed some light on this relation between quality of patient health care service when technology is involved in diagnostic process. Technologies are involved in many diagnostic processes, from electrocardiogram through ultrasonography to magnetic resonance imaging. Yet 21st century technological possibilities in some healthcare systems grow the need to perform tests that were traditionally performed during face-to-face appointments, like remote stethoscope examination or at-home spirometer for remote data collection. It is a undoubtedly improvement when it comes to data collection, but if it a thread to empathy? Is it a step forward or backwards when it comes to patients' satisfaction on healthcare? During my session, I will present different views on use of artificial intelligence based technologies in at home diagnostic.

Is Empathy Enough? On the Dangers of Unsupervised Empathetic Digitalization

Wojciech Rożdżeński, *University of Warsaw* (w.rozdzenski@uw.edu.pl)

Last few years brought a significant rise in mHealth technologies, and the COVID-19 pandemic only accelerated digitalization of healthcare. The current mental health crisis is answered by hundreds of software developers who on the one hand provide new tools for on-line therapy with licensed therapists and, on the other hand, attempt to develop new solutions, such as chatbot or AI-based therapy. While AI can successfully help medical professionals in reaching a diagnosis,

its use in therapy may pose a danger to its users if use is not supervised appropriately. Mental health apps are in most cases marketed as merely "advising" their users and not providing actual therapy, but with many areas experiencing shortage of professionals and the high costs of 'human' therapy, they may be used as substitutes of traditional solutions. The questions discussed in the presentation are: Should chatbot- or AI-based, unsupervised therapy be allowed? Is empathetic design of these apps enough for them to serve their purpose of improving people's mental health?

41. Ethical Considerations in Healthcare Decisional Autonomy for Minors

What Role Should Children and Adolescents Play in Their Health Care Decisions?

Ana Iltis, *Wake Forest University* (iltisas@wfu.edu)

Judgments about the role children and adolescents may or should play in health care decision making, including decisions about research participation, are controversial. Numerous policies, guidelines, and laws address questions of who should make decisions concerning children and adolescents and how those decisions should be made, including what role children and adolescents themselves should play. These matters are controversial in part because our views turn largely on understandings of the family (which themselves may be informed by cultural or religious commitments) and judgments about the cognitive capacities of children and adolescent (which are informed by clinical judgments and research, particularly research conducted by mental health professionals). This presentation reviews, compares, and contrasts the spectrum of positions on the role children and adolescents may and should play in making health care decisions with attention to laws, recommendations or guidelines from professional societies, and the bioethics literature from different countries. It also introduces some of the empirical research that has been used to support various positions.

Autonomy and Decisional Capacity in Adolescents: A Critical Controversy

Nancy King, *Wake Forest University* (nmpking@wakehealth.edu)

Autonomy, as vital as it is to decision making in health care, is necessarily nurtured and supported relationally. As a consequence, the question whether and when a choice is authentic is especially significant for adolescents, who are often at a critical juncture of deciding whether and how to internalize the moral education they have received from their families. When is an adolescent's health care decision autonomous? Is a decision the product of rebellion, of immaturity, or of family pressure? Examination of these questions differs between philosophical and psychological

approaches. This presentation will consider a health care decision that changes depending on whether the adolescent is alone or with family present. Potential analogies with case examples of capacity-affecting diagnoses will be examined. The presentation will conclude by arguing that mutuality and interactivity are essential in order to provide children and adolescents with the capacity to become genuinely contributing members of their societies. That capacity depends on protecting, supporting, and promoting their access to a range of services that meet their needs and help develop their abilities to function effectively in their societies.

Children, Adolescents and Health Care Choices: Cases and Communication Challenges

Carol Leininger, *Independent Scholar, Basel, Switzerland* (doneisgreat@gmail.com)

This presentation responds to the issues raised in this session regarding the role children and adolescents should play in decisions about their health care. It does so by offering case examples from an ethics consultation service. Young patients' observations, anxieties, and curiosities about their own illness or health care needs require both families and members of the health care team to overcome any reluctance to engage with them as diagnoses are made and plans of care are developed. How should decisions about care and treatment be made when minor patients and their parents disagree? How different is nonadherence by a teenage patient and a 25-year-old? In reviewing several cases and inviting discussion of communication issues and strategies, the presentation will illustrate how childhood illness experiences are critical moments that inform and shape children's moral selves and emerging autonomy.

Genetic and Genomic Testing for Mental Health Disorders

Kirstin Matthews, *Rice University* (krwm@rice.edu)

Genetic and genomic testing and screening raises numerous ethical, legal and social considerations. While these issues have been the subject of extensive analysis with respect to the research and clinical settings, genetic and genomic testing related to mental health disorders raises unique issues. Among the areas where such special considerations might arise are prenatal genetic screening/testing, pre-symptomatic testing in children, adolescents, adults, and the criminal justice system. A greater understanding of the ethical, legal, or social implications of genetic and genomic testing and screening for mental health disorders as well as the mechanisms for addressing or mitigating/managing them can improve policy and practice. This presentation demonstrates the results of a scoping review of the literature in medicine and psychology that addresses genetic and genomic testing and screening for mental health disorders.

COVID-19 and Study at Home: The Narrative of Minors Studying Under Lockdowns

Anandra Mitra, *Wake Forest University* (ananda@sayithere.org)

The spread of COVID-19 in the spring of 2020 resulted in numerous countries going into some version of a "lockdown" that resulted in school closures with children restricted to their homes. Many schools migrated instruction to remote delivery systems. This paper examines the narrative around the process of studying at home as the initial novelty of the process wore off and the remote delivery posed numerous challenges that included diminishing motivation, frustration with technology and some outcomes that bordered on mental disorder. The key challenge was a technologically determined process where the pedagogic needs were trumped by technological wizardry which left the young students confused. This not only resulted in diminished learning but some mental trauma resulting from difficulties with the technology and the loss of the traditional classroom. An examination of the process allows for a better understanding and possibly more careful management of the process in the future.

42. Ethical Liability Issues Consequent to Trauma Experienced by Youth in Public Services Facilities (1)

Michael Lindsey, *Southern Methodist University* - Discussant

A Trauma Experience: Healing and Recovery

Eumon Hervey, *National Vice President, Schools for Catapult Learning, Jacksonville, USA* (ehervey3@yahoo.com)

My current position is Associate Professor of Education at Southern University at New Orleans. I've had several senior leadership positions in education (Campus CEO, Executive VP, Provost, Superintendent, Asst. Superintendent, Executive Director, Associate Professor). And I've also done entrepreneurial and pioneering work in establishing a community college, a private elementary school, county library, two not for profit community organizations, and small business development. I have five earned academic degrees (e.g. bachelor, 3 masters and doctorate). However… I am also a victim – an adult male survivor of childhood sexual abuse. This, I believe, has made me an effective change agent in complex situations and tenacious in face of adversity. I had to learn these navigation techniques because of those to whom I looked for guidance were also perpetrators. My presentation will share insights from these experiences.

Policing as Trauma: Litigating Race, Adolescence and Trauma in a Juvenile Case

Kristin Henning, *Georgetown University* (hennink@law.georgetown.edu)

In this presentation attendees will learn how to incorporate "policing as trauma" arguments into their advocacy. The nation—and the world—has watched with outrage the brutal killings of Black and Latin people. While these high-profile incidents have shed some light on the abuses of police power, defenders know all too well that police "brutality" is much broader than these horrible deaths. Black and Latin youth are oppressed by aggressive policing in every aspect of their lives— at home, in school, on the bus, in their parks, and on the street. For many youths, the daily, discriminatory and unnecessary encounters with police is overwhelming and traumatic. Attendees will learn how to incorporate "policing as trauma" arguments into their advocacy at every stage of a criminal case, including client interviews, detention and probable cause hearings, Fourth and Fifth amendment motions to suppress, motions for a trauma-informed mens rea, self-defense arguments, motions to dismiss in the interest of justice, disposition hearings, violations of probation, and introduction of expert testimony. Participants will: learn from the research and studies on the trauma of policing and racism; identify the psychological and emotional trauma caused by policing such as stop and frisk, interrogation, detention, consider the impact of police trauma on the attorney-client relationship and client interviews; and develop arguments that raise policing as trauma in a delinquency case.

Is Therapy Always Helpful? Ethical Considerations for Psychotherapeutic Interventions with United States Juveniles in Short Term Correctional Facilities

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Recent research with the juvenile justice system has shown that many juveniles meet criteria for mental health problems related to trauma. As a result, supportive and rehabilitative efforts, such as psychotherapeutic intervention, are employed in a growing number of juvenile systems in the United States and a fair number of large juvenile justice systems collaborate with American Psychological Association (APA) programs to provide the juveniles with services. Although well-intentioned and generally seen as beneficial support, this presentation will take a closer look at some of the underlying issues inherent in providing psychotherapeutic treatment with a short-term detention population that may prove to be incompatible with ethical codes of conduct. There are classic concerns, such as a juvenile's mental ability to competently consent to treatment, and currently given that there is an over-representation of ethnic minorities in the juvenile justice system, a therapist's competence with diverse populations should be assessed and considered. Lastly, there are nonmaleficence and beneficence concerns related to the therapist inadvertently contributing to the juvenile's allostatic load and the possibility of implicit racial bias regarding the juvenile population. Ideas for remediation of these ethical concerns include increased diversity training for therapists, increasing diversity within APA accredited psychology training programs, continuation of and expansion of efforts to establish uniform objective assessments to better assess for trauma in juveniles, and establishing a community-based therapy model where the juvenile receives more consistent therapeutic support.

Malpractice, Abuse, Trauma, and Intent

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Malpractice is distinguishable from abuse with respect to intent. Although the term is used in diverse ways, an alternative remains elusive; *inadequate practice* comes closest in meaning. A psychiatrist who does not set out to use knowledge, skills, or technology improperly but who deploys these in an unskilled fashion is engaging in malpractice. Malpractice should be differentiated from "errors in clinical judgment" when that judgment has been made in good faith. Psychiatrists, like any other professionals, are prone to err on occasion. Although the consequences may simulate the effects of malpractice, malpractice is not actually carried out. Abuse is more common in psychiatry than elsewhere in medicine, probably because it is inherently more vulnerable to it in at least three respects: (1) its boundaries remain illdefined; (2) diagnosis is often made in the absence of objective criteria; and (3) the psychiatrist is granted immense power by society to determine the fate of other people, even to the extent of detaining them in hospital or imposing treatment on them. Legislation, professional self-regulation, establishment of watchdog committees, and adherence to appropriate codes of ethics are complementary means to deal with and prevent psychiatric abuse. Such mental health laws promote patients's rights and protect them from abusive psychiatry, and set requirements of practice whose transgression is tantamount to illegal conduct.

43. Ethical Liability Issues Consequent to Trauma Experienced by Youth in Public Services Facilities (2)

Michael Lindsey, *Southern Methodist University* - Discussant

A Trauma Experience: Healing and Recovery

Eumon Hervey, *National Vice President, Schools for Catapult Learning, Jacksonville, USA* (ehervey3@yahoo.com)

My current position is Associate Professor of Education at Southern University at New Orleans. I've had several senior leadership positions in education (Campus CEO, Executive VP, Provost, Superintendent, Asst. Superintendent, Executive Director, Associate Professor). And I've also done entrepreneurial and pioneering work in establishing a community college, a private elementary school, county library, two not for profit community organizations, and small business development. I have five earned academic degrees (e.g. bachelor, 3 masters and doctorate). However… I am also a victim – an adult male survivor of childhood sexual abuse. This, I believe, has made me an effective change agent in complex situations and tenacious in face of adversity. I had to learn these navigation techniques because of those to whom I looked for guidance were also perpetrators. My presentation will share insights from these experiences.

The Disproportionate Representation of Minority Youth in America's Juvenile Justice System

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This presentation will address the disproportionate representation of minority youth in America's juvenile justice system. The overrepresentation of Black youth in America's juvenile justice system has a traumatic effect on youth, families, and communities of color. Black youth often recognize society's limitations and low expectation of them at an early age, creating a negative self-awareness, which can continue into adulthood. At the individual level, the trauma associated with the physical, mental and social anguish of carrying this perpetual baggage is reflected in Blacks in general. The overrepresentation of Black youth within the juvenile justice system also impacts the family as an institution. Low-income families are less likely to have the knowledge, resources, or influence to effectuate a positive outcome from their involvement in the juvenile justice system than families with financial means. The higher level of documented juvenile delinquency involvement within poor minority communities can be causally linked to the lack of educational and employment populations, structural racism, and other related matters. Cumulatively, these factors contribute to the continuous traumatic stress experienced at the individual, family, and community levels. Whereas most research focuses on Post-Traumatic Stress Disorders, the need to expand and increase research on the impact of the Continuous Traumatic Stress inflicted upon people of color at the individual, family and community domains is warranted.

The Denial of Reproductive Justice as Trauma for Girls

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Reproductive Justice (RJ) is a concept developed by Black Women activists in the United States in the 1990s to provide a different framework to explore how systemic oppression impacts reproductive decision-making. The mainstream reproductive rights movement, which emerged following the 1973 Supreme Court decision *Roe v. Wade*, focused primarily on protecting the right to not have children. This movement did not address protections and support for those who wished to have and raise children, nor did it secure access to abortion for those who could not afford it. Applying the human rights principle of positive rights, RJ supports each individual having all the necessary resources and education to make decisions about whether or not to have children. It also calls on governments to provide safe and healthy environments in which to raise children. RJ encompasses the human rights to health, education, housing, equality, and natural resources, and freedom from both personal and state violence. Laws and policies limit the reproductive autonomy of marginalized communities. Youth constitute one such community subjected to reproductive oppression. This presentation will explore how various public systems, from schools to foster care to health care, inflict trauma on girls, especially low-income Black girls, in an attempt to limit their reproductive autonomy and decision making.

Delane Casiano, *Consulting Psychiatrist, Philadelphia, USA* (delanecasiano@gmail.com)

Abuse is invariably perpetrated by psychiatrists (and other mental health professionals) in collaboration with other persons or agencies, such as a state security service or political authority and, then, usually as part of a totalitarian system. Such institutional abuse is always unethical in that the protagonist intentionally carries out an act in the knowledge that the act is intrinsically wrong (whether or not it turns out to harm), explicitly violating professional ethics. In these circumstances, even if psychiatrists covertly seek to ameliorate the welfare of the patient, claiming that this is the sole means to maintain an ethical stance, their behavior, by virtue of colluding in an abusive practice, becomes an inherent part of the abuse. Reference to institutional abuse, on which this article focuses, does not negate the possibility of individual psychiatrists abusing one or more of their own patients. A similar ethical violation takes place in both cases, psychiatrists in the latter exploiting patients to meet their personal needs on the pretext that the practice applied is clinically indicated. This sort of abuse may mar any doctor–patient relationship, but the not uncommon situation in psychiatric treatment of an excessively vulnerable patient.

44. Externalizing Behavior, Developmental Psychopathology and Psychiatric Disorders – Trajectories and Subgroups

Break the Vicious Circles: Developmental Pathways to Serious Mental Illness Among Individuals in Residential Youth Care

Isak Einarsson, *Lund University* (isak.einarsson@med.lu.se)

Previous studies suggest that mental health problems in residential youth care are substantial. Follow-up studies show that individuals who have been subject to RYC consume psychiatric inpatient treatment at a much higher rate compared to others. However, little is known about developmental pathways and specific risk factors of serious mental illness in this group. Knowledge and tools to identify this group early in development is crucial to build an efficient organization for prevention and treatment. The current study aims to describe specific risk factors in the development of serious mental illness among youth in RYC and to develop a risk assessment instrument based on this data. All subjects, aged between 20-30 yrs at follow-up and previously discharged from RYC will be recruited from the Swedish national registers. Life-course register-based follow-up data are then collected from Swedish national registers and analysed in relation to a matched control group. Descriptive data will be presented, correlation analyses will be performed and subgroups will be identified through cluster analytic methods. The results will then form the base for a web-based risk assessment instrument. Data collection will start in 2021and results will be used to identify youths with a high risk of developing serious mental health problems and subsequently initiate evidence-based treatment to prevent suffering and other negative consequences.

Patterns of Healthcare Utilization and Psychiatric Morbidity Among Violent Offenders: From Early Childhood into Adulthood

André Tärnhäll, *Lund University* (andre.tarnhall@med.lu.se)

Externalizing disorders, such as oppositional defiant disorder, conduct disorder or ADHD, are risk factors known to increase the risk of numerous adverse outcomes in adulthood, including violent offending and serious mental disorders, without the adequate support and treatment these disorders often require. Early intervention and preventive measures in externalizing disorders are of utmost importance in effort to reduce its risk of developing into future antisocial behavior or psychiatric disorders. Patterns of childhood healthcare utilization in people convicted of violent crimes and its association to psychiatric outcomes in adulthood are today, however, somewhat unclear. Studying a group of violent offenders (n = 269) and comparison group (n = 10.000) through national Swedish registers, we explore distinct patterns of healthcare utilization and concurrent psychiatric disorders in childhood and whether patterns of healthcare utilization may alter the risk of adverse outcomes in adulthood, including severe mental disorders and psychiatric inpatient care. Preliminary results will be presented, projected to show elevated levels of childhood healthcare utilization and psychiatric morbidity among violent offenders compared to the comparison group. Additionally, a pattern indicating a general reduction of outpatient healthcare and an elevation of psychiatric inpatient care are expected among violent offenders in adulthood.

Autism in Forensic Psychiatric Care: Subgroups and Patterns of Psychopathology

Björn Hofvander, *Lund University* (bjorn.hofvander@med.lu.se)

The prevalence of autism is approximated to 1%. Individuals with autism do not seem to be more prone to commit crimes than the general population. Yet, the prevalence of autism within prison-settings and forensic psychiatry is greatly elevated. The aim of this study was to describe a large cohort of forensic psychiatric investigees with autism, identify subgroups based on patterns of comorbidity and psychosocial characteristics and predict the sanction of forensic psychiatric treatment (FPT). All individuals with autism going through an extensive forensic psychiatric investigation (FPI) in Sweden 2002-2016 were included (n=714). All data originated from the FPIs and included diagnoses according to the DSM-IV five-axis-system, offence information and sanctions suggested by the FPI team. A hierarchical cluster analysis was performed to identify patterns within the cohort. A logistic regression analysis was executed to predict FPT. We identified five clusters characterized by (1) male sex, intellectual disabilities (ID), affective disorders, pyromania, paraphilias and OCD, (2) ADHD, personality disorders and substance abuse, (3) males with no comorbidity (4) female sex, ID and impulse control disturbances and (5) psychotic disorder and drug abuse. Seven variables contributed significantly to the prediction of FPT and correctly classified 87% of the FPT cases; low levels of psychosocial functioning, psychosis, autistic disorder, problems in social environment and arson predicted FPT, while delusional disorder and problems with the legal system were negatively related to FPT.

Self-Harm and Aggression in Forensic Psychiatric Patients: A Sub-Study of Onset of Psychiatric Illness, Drug Abuse and Criminality

Isak Einarsson*, Lund University* (isak.einarsson@med.lu.se)

Forensic psychiatric patients exhibit a variety of psychological and social problems but also an increased risk for both self-harm and aggression. Many of these patients are suspected of having had an early onset of mental illness, including self-harm and aggression and a possible contact with child and adolescent psychiatry and habilitation services. However, knowledge about their early care experiences during childhood and adolescence is lacking. The aim of this study is to look at the onset of contact with child and adolescent psychiatry and habilitation services in a cohort of forensic psychiatric patients and study earlier diagnoses and interventions. We will also look at the patients estimated debut in drug abuse and the patients estimated debut in crime. A consecutive cohort of 100 forensic psychiatric patients being cared for at a major forensic psychiatric clinic in Sweden will be studied. Data collection, regarding early health contacts, criminal background, mental health including self-harm and aggression, emotion regulation, externalizing behaviors and childhood trauma, will be performed through patient interviews, self-assessments, journal review and register studies. Data collection will be finished in September 2020. This study is important from a public health perspective as well as from a clinical perspective in the prevention of serious suffering for individuals and significant costs to society.

45. Fractured Families – When a Child Refuses Contact with a Parent

Fractured Families: When a Child Refuses Contact

Alexandra M. Coglianese, *Attorney-at-Law, Hackensack, USA*
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Practitioners and the judiciary are faced with the complexities associated with addressing, and seeking to remedy, Refuse/Resist Dynamics (RRD) in custody matters. Of critical importance for attorneys/Courts is being able to assess RRD at the inception of contested custody matters, in an effort to triage issues, create a team of professionals to support the family and provide for consequences when treatment protocols are ignored. Working collaboratively, there is the ability to promptly implement an array of professionals including Parent Coordinators, individual, reunification and family therapists. These professionals can be utilized, in tandem, to create customized treatment teams capable of assessing, treating, and sometimes resolving RRD. Families benefit from wrap around supports during litigation, and beyond. Knowledge of an action plan, the necessary professionals to implement and a thorough understanding of the RRD is critical in being able to successfully advocate before the Court on the needs, services and professionals which must be implemented. RRD bears features of "alienation" and "estrangement." Assessment

by the requisite professionals, at the inception of a case, is critical to being able to successfully advocate for a client, but above all else, to ensure that the best interests of the child/children are being met.

Creating a Team: Introducing Professional Roles

Shireen Meistrich, *Mental Health Professional, International Academy of Collaborative Professionals, Fair Lawn, USA* (smeistrichmsw@optonline.net)

With Refuse/Resist Dynamics (RRD), a highly specialized family therapeutic approach is needed to address the complicated dynamics. This type of therapy typically needs a collaborative and a team approach to assist with navigating the family out of the toxic chaos and into a healthier family dynamic. The team can apprise of multiple professionals such as a Parent Coordinator (often the team captain to assist in organizing the professionals and overseeing the work), Guardian ad Litem (often appointed by the Court to oversee the child(ren) best interests and guide the Judge to help make Court Ordered child focused decisions), a focused evaluation (often needed to help diagnose the issues and help set up the team members), and a reintegration therapist (the provider who treats the family unit). The reintegration therapist should determine if the family members need individual therapy, in addition to family therapy. There is mixed data in terms of individual therapy being helpful or harmful to this type of fractured family. This presentation will focus on creating a professional team to help families who suffer with the Refuse/Resist Dynamics before the parent-child bond is irreparably harmed.

Therapeutic Options for Treating RRD

Marcy Pasternak, *University of Medicine and Dentistry of New Jersey* (marcypasternak@gmail.com)

High-conflict divorce often has its own set of problems for children, one of the most prominent being when a child refuses or resists contact with a parent. This is currently known in the literature as Refuse/Resist Dynamics (RRD). There are different causes of contact refusal, and when it is not deemed to be realistic estrangement, the situation becomes tox for the children and the entire family. Time is of the essence in these situations, as the longer it continues without intervention, the more difficult it becomes to treat and repair. Refuse/resist dynamics constitute a family systems problem. Each family member has a role and must be involved in order for treatment to be successful. These matters are often very complicated, and a team of professionals often yields the best results in treating a family. This presentation will focus upon the treatment options that exists for parent/child contact problems. Outpatient Reunification/Family therapy as well as different types of multi-day Family Intensive Treatment programs are available and will be described. All of the treatments require a thorough understanding of RRD dynamics and expertise in the area of high conflict divorce.

When Treatment Fails, What Are the Options?

Sharon Ryan Mont-Gomery, *University of Medicine and Dentistry of New Jersey* (sharonrmpsy@aol.com)

Often in Resist Refuse matters the implementation of treatment is delayed, the dynamics have been misinterpreted or never properly evaluated, and or the Family or community lacks the resources to address these difficult and complex cases in a timely manner. As a result, the Resist Refuse Dynamics become intractable, finances become depleted and the reality sinks in that outpatient resources may no longer be the best option. There are also those situations in which the rejecting child or the preferred parent are too emotionally disturbed, self-destructive or non compliant. Most experienced professionals dealing with this population have struggled with these extraordinarily severe cases where even temporary custody modifications have not been successful. This presentation will focus on the intervention options for these challenging and sometimes hopeless cases of resist-refusal. Various custody modifications, neutral settings, boarding and residential treatment schools and "Saying Goodbye For Now" will be discussed as to timing and implementation.

The Five-Factor Model for the Diagnosis of Parental Alienation

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The definition of parental alienation is a mental state in which a child—usually one whose parents are engaged in a high-conflict separation or divorce—allies strongly with one parent (the favored parent) and rejects a relationship with the other parent (the alienated parent) without legitimate justification. The Five-Factor Model is a method for diagnosing parental alienation by understanding and identifying the components of this condition. Factor One: The child manifests contact resistance or refusal, i.e., avoids a relationship with one of the parents. Factor Two: The presence of a prior positive relationship between the child and the now-rejected parent. Factor Three: The absence of abuse, neglect, or seriously deficient parenting on the part of the now-rejected parent. Factor Four: The use of multiple alienating behaviors on the part of the favored parent. Factor Five: The child exhibits many of the 8 behavioral manifestations of alienation. The 8 signs of parental alienation are manifested by alienated children, while the 17 common alienating behaviors are manifested by the favored or alienating parent. The Five-Factor Model appears to be a reliable way to identify parental alienation; it can be used to differentiate between alienation and estrangement.

46. Forensic Psychiatry: The Law and Ethics of Dangerousness, Mental Capacity, and the Insanity Defense

Mental Disorder and Preventive Detention

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The most far-reaching preventive measure in Dutch criminal law is *terbeschikkingstelling* (TBS, penal hospital order). TBS is a form of preventive detention, which can be imposed on account of the dangerousness of the mentally disordered defendant, in addition to or instead of a prison sentence. The prison sentence is always served first. Crucially, this form of preventive detention is applicable only to defendants who suffered from a mental illness at the time of the crime. Meanwhile, empirical research does not show a strong connection between mental illness and dangerousness. This raises the question whether, from the perspective of dangerousness, it is justified to make a distinction between defendants who suffered from a mental disorder at the time of the crime and those who did not, and to subject only the former category to preventive detention. In this presentation, we first examine empirical data on the relationship between mental illness and risk of recidivism. Second, in light of these empirical findings, we discuss whether distinguishing between offenders with and without a mental disorder at the time of the crime is justified in the context of preventive detention. Third, we consider preventive detention in countries like Germany and Norway, where preventive detention does not always require the presence of a mental illness. Finally, we draw some conclusions regarding the justification of unequal treatment of mentally ill offenders in the context of preventive detention.

Clinical Decision-Making in Relation to Involuntary Treatment in Forensic Hospitals: Results of a Qualitative Study in North-Rhine Westphalia, Germany

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Since changes in the law in 2017, involuntary treatment in forensic psychiatry in Germany can be initiated not only to avoid or reduce dangerousness to self or others, but also to bring about "the capacity to be discharged" (Entlassfähigkeit). This capacity is not specified further in the law except for a reference to the patient's insight into the necessity of voluntary medication. To gain insight into clinical decision-making, normative justification and legal procedures in relation to involuntary treatment in forensic psychiatry, we examined four cases in which an application was filed for involuntary treatment with the aim of bringing about the capacity to be discharged. For each case, we conducted two interviews with two members of the treatment team who were either involved in the decision-making process leading up to the application for involuntary treatment or closely involved in the treatment of the person concerned. The first interview was conducted

shortly after the submission of the application for involuntary treatment and the second interview three months after the first application of medication. We asked mental health professionals about their views on the clinical decision-making process, the normative justification, the legal procedures and the clinical effects of involuntary medication in the case at hand. The data from the interviews was complemented with the anonymized application forms and progress reports of the examined cases. This presentation will review the implications of these findings.

Dementia in the Courtroom: Assessing the Insanity Defense

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We have seen rising rates of contact between the criminal justice system and dementia sufferers. Cases range from theft to dangerous driving and even murder. The traditional criminal justice process separating those who act willfully and truly pose a danger to society from those who suffer from a mental illness are particularly ill-suited for dementia sufferers. Dementia's diagnosis, progression, and manifestations differ markedly from the more typical mental illnesses to which these processes apply. Some dementia sufferers do end up facing trial for their actions. However, traditional criminal defenses like insanity are a poor fit for such cases. There has been no real attempt to fashion a defense for dementia patients. Instead, attorneys have attempted to squeeze insanity to fit this need. These efforts have been clumsy and do a disservice to the legal system. Dementia is a broad based term covering a large range of symptoms and behaviors, each affecting criminal culpability differently, leading to consistency concerns. A new defense must be devised. This presentation explores the basis of the insanity defense and its inadequacy as a defense for the looming challenge of dementia patients facing criminal prosecution and suggests a new approach.

Reforming the Insanity Defence to Comply With Article 12 of the Convention on the Rights of Persons With Disabilities

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Article 12 of the Convention on the Rights of Persons with Disabilities protects the legal capacity of a person with a disability. This article has also been interpreted to require the abolition of any criminal defence which negates responsibility based on a mental disorder, such as the insanity defence. The proposed abolition of the insanity defence is a radical departure from the criminal law's traditional approach to criminal responsibility and has thus far been resisted or ignored by States Parties. This presentation considers whether it is possible to modify the insanity defence to achieve the aims of the C.R.P.D. without the necessity of abolition. It will be argued that the defence could be compliant with Article 12 by replacing the evaluative and volitional limbs with an excuse that focuses on the defendant's ability to generate alternative choices. It will also be noted that the ability to raise the defence must be limited to the defendant, and the defence must be precluded in circumstances where there has been moral fault.

47. Forensic Psychology : Evidentiary Issues

Terrorists' Behavior: A Forensic Psychological Perspective

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There is a consensus among researchers that *social learning* in the form of systematic manipulations is the basis of terrorist behavior. The prerequisite and a cognitive component of terrorist behavior is the presence in the mind of a potential terrorist of a clear, consistent and completely or partially *dehumanized image of the enemy*, in relation to which terrorist behavior and related cognitive processes are adjusted by the organizers of terror. During recent decade and for the first time in this field, a forensic psychological perspective has evolved in exploration of psychology of terrorists' behavior and a new paradigm – forensic psychology of terrorist behavior – was added to the field. One of the research goals within this new paradigm is to identify both fluid situational, behavioral and salient dispositional characteristics to reliably predict the instances of terrorists' behaviors in a multitude of settings and populations: from political extremists to school shooters. Some factors have been previously studied and there is a consensus among researchers on their role in the terrorists' behavior. Some others are still hypothetical constructs although they are the object of many controversies in experts' opinions. In this presentation we will discuss some of them in order to gauge the extent to which forensic psychologists are able to evaluate them both in person and remotely.

Terrorist Evolution of Ideologies

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To uncover the mind of a terrorist it is important to understand the progression behind what drives an individual to get involved in violent acts. Terrorists commonly endure a journey where their life circumstances influence the process of ideological development. The process of ideological development begins with social and economic deprivation, leading to inequality and resentment, which develops into blame and eventually a reaction. Several ingredients are molded together to develop political terroristic ideologies include the role of sympathizers, different cognitive styles, social functioning levels and self-esteem. Similarly, to help explain the genesis of murder committed by a student school shooter it is important to understand the overall picture of contributing factors. School terrorists do not possess a unity of specific demographics but instead attain similar characteristics and motives for carrying out their attack. Students experience several life strains both at home and at school which in turn inflicts negative emotions. Eventually, such strains tend to get prolonged and intense which incubates towards crime. Understanding how extremist's ideas develop is vital to countering threat. Based on such analysis prevention strategies are recommended.

The Flaws in Eyewitness Identifications

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Data suggests that faulty eyewitness identifications represent the leading cause of wrongful convictions (McMurtrie, 2007). Despite research indicating that several factors can reduce the accuracy of these identifications, eyewitness testimony is the main form of evidence used by the American Criminal Justice system. Psychologists have provided evidence regarding this approach's limitations, including how memories may be reconstructed, or manipulated to "fit in" with existing knowledge and expectations. Studies have shown that memories are impacted by social values, perception and prejudice, and therefore, many people may perceive the same event differently. Research on brain functioning and mental state has indicated that people miss stimuli and details in the environment regularly which results in poorer recall. Flaws in estimating time and intensity, in addition to implications for real eyewitnesses are discussed, as information tends to be largely overestimated and incorrect. Theories developed by pioneers in eyewitness identification research such as change blindness, inattentional blindness, weapon focus, and others, will be explored. Practical implications for police officers, juries, and lawyers are set forth based on prevailing information and empirically supported assumptions. This research aims to bring to light flaws in eyewitness identification while considering ways to achieve the most accurate reporting from witnesses.

Evidentiary Admissibility of Neuroimaging - Washington v. Doe (2021)

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Anne Bremner, *Attorney-at-Law, Frey Buck Law Firm, Seattle, USA* (abremner@freybuck.com)

Mr. John Doe was charged with Murder in the First Degree related to the homicide of his wife in the Spokane, Washington area. Mr. Doe had a well-documented prior history of Bipolar Disorder and suffered an assault several years earlier which involved a prominent fracture of the medial and inferior aspects of his left orbit. Immediately after the homicide he drove into a parked police car, with its lights flashing, located in the middle of the road. When apprehended, late on a winter night, he was wearing only underwear. Authorities and emergency room personnel documented an altered mental status. The forensic psychiatric evaluation of Mr. Doe included neuropsychological testing, brain MRI with volumetric quantification and Quantitative Electroencephalogram (QEEG). Washington is a "Frye" state, with a more conservative standard than "Daubert" states. The neuroimaging was used in furtherance of a mental health defense in the guilt/innocence phase of proceedings. No evidentiary challenge was brought. The opposing expert psychologist categorically found no basis for any mental health defense. A hearing was held before a judge, resulting in an adjudicated NGRI (not guilty by reason of insanity). The role of neuroimaging in mental health defenses, and the considerations attendant with it will be addressed.

48. Health Data and Mental Health

Legal Novelties in Deep Phenotyping for Psychiatric Disorders

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Researchers have been evaluating how data gathered from multiple novel sources (smartphones, wearables, social media posts, text messages, and the like) can be combined with more traditional data sources (health records, clinical interviews, MRI scans) to diagnose and treat severe psychiatric disorders. These data streams can be processed through machine-learning techniques to identify factors that may anticipate the likely onset of symptoms of severe mental illness, with the goal of guiding earlier and more effective clinical and/or behavioral interventions. For example, smartphones and wearables can track a patient's GPS location, sleep and wake cycles, skin temperature, and use of certain language or imagery in social media posts and text messages to predict the patient's future behavior, such as a relapse into manic or depressive episodes. The collection and use of such data raises difficult questions regarding the return of research results to the patient, obtaining proper informed consent, and maintaining data privacy and security. The presentation will discuss the ongoing work of a project I joined to develop consensus legal and ethical considerations to guide deep phenotyping research, funded by an NIH Bioethics Administrative Supplement grant via the McLean Institute for Technology in Psychiatry. Given the speed of developments in this area and the fractured legal and regulatory jurisdiction over these practices, consensus guidelines are needed to safeguard patient interests and validate the uses of deep phenotyping research.

Causes and Consequences: Bias in our Mental Health Outcome Measures

Teneille Brown, *University of Utah* (teneille.brown@law.utah.edu)

The ill-planned and drastic lockdowns that governments imposed during the COVID-19 pandemic fostered public debates about whether societies should prioritize the economy *or* health. Unfortunately, this framing assumed that the two are diametrically opposed. Evictions, unemployment, poverty and lost health insurance are all already triggering mental health crises in the U.S.—the effects of which will last for decades. The project subject to this presentation seeks to better understand how our choices about what governments measure impact our assessments of causation and moral blame. Aside from quantifying more extreme proxies like increases in overdose deaths, domestic violence arrests, and insurance claims for mental health visits, in the U.S. we are likely insufficiently capturing the overall net negatives on mental health from the pandemic, such as modest but widespread increases in anxiety, substance use, and depression. Research shows that attributions of causation can be heavily biased by the perceived morality of actors, as well as the data we gather and how broad we cast our net. In other words, causation is not an objective, discoverable act of nature, but is influenced by social norms, cognitive biases, and morality. There is a strong human (and legal) tendency to focus on proximate and direct

causes, and to ignore predictable, long-term consequences when making policy decisions. We also focus on blunt endpoints like death, rather than significant reductions in well-being. This can create a feedback loop, where we selectively measure only what we find morally salient, which in turn feeds into a biased assessments of causation when evaluating our policy choices. This presentation will explore possible biases in assessments of causation in the context of the mental health effects of the COVID-19 pandemic.

Virtual Reality-Based Psychiatric Therapy: Legal Questions

Jennifer Chandler, *University of Ottawa* (jennifer.chandler@uottawa.ca)

Increasingly immersive virtual reality offers possibilities for psychiatric treatment, including forms of exposure therapy for anxiety or avatar therapy for psychosis. These new treatment modalities raise key questions regarding risk and consent, therapeutic deception, patient confusion and iatrogenic harm. At the same time, they offer remarkable possibilities for assisting patients in safe and controlled environments, and, with the inclusion of artificial intelligence, to expand access to otherwise cost-prohibitive therapies. Intriguing questions are posed for the law about the nature of harm and reality, how to handle fluctuating capacity, and the legality of acts or content in virtual worlds that would be illegal in the real world. Should virtual worlds be used for harm reduction, allowing a space for behaviours that would be harmful and strongly discouraged "in real life"? These issues will be discussed in the presentation.

Femtech at Work: Designing Regulation to Mitigate Women's Mental Health Risks

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As biometric monitoring becomes increasingly common in workplace wellness programs, there are three reasons to believe that women's mental health will suffer disproportionately from the data collection associated with it. First, many forms of biometric monitoring are subject to gender bias, among other potential biases, because of assumptions inherent in the design and algorithms interpreting the collected data. Second, the expansion of femtech in particular creates a gender-imbalanced data source that may feed into existing workplace biases against women unless more effective safeguards emerge. Finally, many femtech platforms encourage the kind of information sharing that may reduce women's reasonable expectations of privacy, especially with regard to fertility data, thus increasing the risk of health data privacy invasion and associated risks of anxiety and depression. This triple threat to women's mental health may be offset somewhat by the benefits of health data collection at work and may be remedied at least in part by both legislative and nonlegislative means. The current trend toward greater health data collection in the wake of COVID-19 should provoke a reexamination of how employers collect and analyze women's health data to reduce the impact of these new gender bias drivers.

49. How a Statewide Behavioral Health Provider Prepared for a Pandemic

Organizational Pandemic Response Strategy

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Disaster is not new to California, especially with some of the most destructive wildfires in the state's history that have occurred just in the last years. As a result, Crestwood Behavioral Health, Inc. has approached disaster planning from a broad perspective, engaging with federal leadership, working with HHS and incorporating EPA-related fire preparation and trauma mitigation for disasters. Early in February 2020, as COVID-19 was starting to spread, Crestwood participated in conversations with federal entities including the EPA, HHS, and FEMA where we learned this was developing into the disaster of our lifetime. This enabled Crestwood to analyze our pandemic plan, our resources, and the need for enhanced preparation. At a national level, the planning for a multiyear pandemic had started. Crestwood immediately implemented our pandemic plan, which included creating a committee of leaders and experts in infection control, trauma, mental health and organizational change. Through Crestwood's COVID-19 pandemic response plan, our trauma-informed Pandemic Response Committee (PRC) was formed to strategize and implement policies and procedures for prevention, mitigation, treatment, communication, and education efforts. This session will provide a road map for an organizational statewide approach that was used during the COVID-19 pandemic and can be applied to other disasters for behavioral healthcare system of services.

Pandemic Response Organization

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Crestwood relied on the fundamentals of infection control and resilience as our pandemic response plan was implemented in our campuses across the state. Crestwood's approach was multipronged and needed to be tailored for specific communities, as we learned this virus was zip code and social determents dependent, versus a national or statewide trending and included: (1) Creating a communication plan and strategies, (2) Establishing a PPE resources plan that included gloves, masks, face shields, gowns to filtration machines and movable walls. This required procurement, storage, and deployment of supplies (3) Creating a technology strategy to support our accounting and operations staff to work remotely from home and to create virtual services across all of our programs (4) Creating our data tracking system and updating as information on the pandemic changed and tracking and data points continued to evolve and (5) Implementing our Human Resource plan immediately across the organization and revised as the pandemic unfolded with the

socio-economic phenomenon of the "great resignation," requiring Crestwood to build up employee-focused tools and wellness interventions. This session will provide the tools and planning strategies that enabled Crestwood to navigate the COVID-19 pandemic effectively.

Organizational Pandemic Response Implementation

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During the COVID-19 pandemic, Crestwood's Pandemic Response Committee (PRC) met daily with our campus Administrators across the state and mobilized the organizational support for campus leadership teams. The PRC also met with staff via Zoom at our 36 programs to update them on COVID-19 information and answer their questions. The PRC mobilized the recovery support team to connect with the people we serve, and this evolved into a statewide persons served storytelling series. Crestwood's pandemic response strategies included: (1) Prevention of COVID-19 and response to outbreaks through surveillance, adherence, reporting, quarantining, screening, PPE, resources, educational support, communications, and support, (2) PRC daily contact with campus leadership and daily reporting with transparent communication which enhanced trusting relationships with campuses, (3) Communication system to alert staff of any potential exposure through email, (4) Audit system, (5) Admission and visitor screening, holds, and tracking, (6) HVAC systems serviced with full disinfecting and assessment of air purification units, (7) Education of staff and persons served on COVID-19, including flooding the environment with posters, flyers, weekly newsletters and reminders. Providing tools for distance learning, individual activities – work pads, screens, games, (8) Rewarding staff's efforts for prevention, mitigation and navigation of COVID-19.

Sustainable Pandemic Response Supervision and Support

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Crestwood Pandemic Response Committee's (PRC) ongoing and long-term support involves providing the protection and adherence to COVID-19 protocols to safely navigate the ending of this pandemic. Crestwood's intention is to keep staff and persons served as safe as possible as services reopen, and communities transition to opening up. The interventions include proactive preventive measures such as vaccination, symptom screening, hygiene, masking indoors, and increased awareness of infection prevention control. This includes protocols for suspected or confirmed COVID-19 exposure at campuses, travel and ongoing surveillance. The organization's PPE acquisition and storage is maintained and monitored by the PRC. The PRC's role has also included research throughout the pandemic. This phase of the sustained support will include research for any new threats and the necessary proactive steps to protect the organization from COVID-19 and future pandemics.

50. Indigenous Epistemologies and Approaches to Research and Practice

Indigenous Frontline Practice as Resurgence

Sandrina de Finney, *University of Victoria* (sdefinn@uvic.ca)

This presentation will extend attendees learning on land- and water-based pedagogies to outline broader debates about upholding resurgence in front-line practice with Indigenous children, youth and families. "Indigenous frontline practice as resurgence" shares key learning from an Indigenous land- and water-based institute facilitated by faculty mentors and knowledge keepers from local First Nations in western Canada. The purpose of the institute was to convene a circle of Indigenous graduate students and faculty to engage in land- and water-based learning and meaningful mentoring connections with Indigenous Old Ones, Elders and knowledge keepers. Students participated in land- and water-based activities, circles and a writing workshop, and were invited to develop and share culturally grounded frameworks to inform their frontline practice with children, youth, families, and communities. Drawing on a storytelling approach to share our learning from this institute, this presentation will explore the praxis and challenges of resurgence in deeply damaging colonial contexts. Our individual and collective reflections on Indigenous land-based pedagogies focus on local knowledges, our own diverse perspectives and frontline work, and ethical land and community engagements as integral to resurgent Indigenous practice. The stories stemming from the institute amplify our integration of Indigenous ways of being and learning, with a focus on local knowledges and more ethical land and community engagements as integral to Indigenous post-secondary education.

S'TENISTOLW Means Moving Forward: Transforming Indigenous Education Through Collaboration

Kundocq. Jacquie Green*, University of Victoria* (jlgreen@uvic.ca)
Naadli Todd Ormiston, *Northern Tutchone/Tlingit, Camosun College* (ormiston@camosun.bc.ca)

S'TENISTOLW is a SENĆOŦEN term which translates into 'moving forward'. In this spirit, the presenters will discuss their role in the organization of a conference, held every three years, to advance Indigenous education in British Columbia, on Turtle Island. This conference is designed to honor educators and to center revitalization and the need for self-determination within Indigenous education. They will share examples of how Indigenous education is at a sacred turning point, with increased possibilities for transforming Indigenous post-secondary education. They discuss the role of knowledge sharing through publishing as one way of documenting approaches to the being and doing of Indigenous post-secondary education. Transformational leaders hold particular forms of knowledge and dispersing these knowledges in a mindful way is critical for considering student success, for connecting with communities, and for promoting strong

Indigenous identities. The presenters will discuss processes of embedding Relationality, Living our Values and Indigenous Pedagogies in Indigenous educational settings .

"The United Nations Declaration on the Rights of Indigenous Peoples: A Pathway to Indigenous Health and Well-Being"

John Meehan, *University of Toronto* (john.meehan@utoronto.ca)

Adopted by the United Nations in September 2007, the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) outlines the "minimum standards for the survival, dignity and well-being of the indigenous peoples of the world" (Article 43). Although initially opposed by four settler states – Canada, the United States, Australia and New Zealand – these nations have reversed their position and begun the challenging process of implementation. With the passage in June 2021 of Bill C-15, the *United Nations Declaration on the Rights of Indigenous Peoples Act*, Canada committed itself to bringing its domestic law in line with UNDRIP, following similar responses from provincial governments. This paper will examine three key areas in which UNDRIP seeks to promote Indigenous health and well-being, namely: the redress of attempts at "forced assimilation or destruction of their culture" (Article 8), the protection and revitalization of Indigenous cultures, languages and spiritual traditions (Articles 11-13) and Indigenous control of education (Article 14). By placing Canadian initiatives within the context of responses in the United States, Australia and New Zealand, we will examine how such measures are helping Indigenous communities regain control of key determinants of physical, mental and spiritual health.

Trauma-Informed Lawyering in the Practice of Aboriginal Law in Canada

Maria Lucas, *Barriser-and-Solicitor, Ottawa, Canada* (maria.jc.lucas@gmail.com)

Trauma-informed lawyering is a do-no-further-harm, relational approach to the practice of law. Traditionally, lawyers are trained to separate emotion from the law to ensure competent legal analysis. However, this approach to the practice of law contributes to the dehumanization of the legal system and risks perpetuating harm against clients who have already been traumatized. This outcome is particularly acute in the Indigenous-Crown context in Canada. There Indigenous peoples' relationship with the Crown is unique, though complicated and often tenuous because of the history and legacy of colonization. As a result, the practice of Aboriginal law tends to be heavily contextualized by trauma. This paper seeks to explore the implications of a trauma-informed approach to lawyering in the Indigenous context in Canada, with a particular focus on the practice of Aboriginal law. In doing so, this paper seeks to demonstrate how lawyers can be "humble healers" in an adversarial system and work to advance reconciliation.

The Implications of Pandemics in Indigenous Country in Settler-States

Catherine Richardson*, Concordia University* (catherine.richardson@concordia.ca)

This presentation will address the implications of the pandemic for Indigenous people in Canada. The discussion will be contextualized by highlighting the underlying social inequalities and unequal access to health care, the realities of colonialism, violence against women, and the particular consequences for Indigenous communities. While issues such as poverty and the inequality of resources vulnerabilize Indigenous communities, the ongoing disregard for Indigenous people, as indicated by Canada's sluggishness to implement the recommendations of numerous reports and government Inquiries, means that Canada remains a colonial settler-state where the well-being of all citizens is not considered an equity-based imperative. This presentation discusses the implications of inactions, such as Indigenous communities banning outsiders from entering their territory.

51. Indigenous Law and Community Well-Being

Who is Failing to Protect Whom?

Catherine Richardson, *Concordia University (*catherine.richardson@concordia.ca)

In Canada, as well as in other western nations, child protection inquiries are guided by a policy and principle called "Failure to Protect." In cases of wife/spousal abuse and violence towards women who are mothers, the victims of unilateral violence are responsibilized and held accountable for the violence of men/male partners. Therefore, in court hearings, whether related to cases of child custody or child protection, mothers face child removal because they are labelled "unfit". Psychological pathologizing by professionals renders mothers as "traumatized" or too distressed to parent, regardless of context or levels of support. In similar ways, mothers who plan for safety during visits with a violent father, often court-ordered, are accused of being "an alienating parent." Increasingly, mothers who are deemed as failing to protect or as alienating are losing their children, who are then placed in state care or in the home of a violent father. For Indigenous mothers, this further constitutes a human rights violation as the state is "failing to protect" Indigenous women from colonial and male-perpetrated violence. Implications will be discussed in this presentation.

Decolonizing Education as a path to Indigenous Well-Being

Lindsay Morcom, Queen's University (morcoml@queensu.ca)

The education system in Canada has been used as a tool for Indigenous genocide and aggressive assimilation. Federally, the most well-known assimilative education policy is the residential school system, which was brought into law through the Indian Act in 1884 and continued until 1996. Indian day schools ran under separate policy but with the same assimilative goals, and attendance at either a residential school or an Indian day school was made mandatory in 1920. Both systems continued until the end of the 20th century. Provincially, the education system in Ontario has, and

still does, demonstrate systemic and epistemological racism, resulting in a failure to meet Indigenous students' needs, and incomplete education for non-Indigenous students. Pre-service teachers must grapple with the damage that has been done through education while also considering how to work within a system that is deeply change-resistant. Dr. Morcom will talk about creating safe Indigenous education classrooms for both Indigenous and non-Indigenous students through the application of Indigenous philosophies and teachings such that they may consider their positionalities, ask difficult questions, and ultimately consider their roles in moving forward in decolonization and Indigenization as teachers and as individuals accountable to one another and to the land.

Indigenous Law and Community Well-Being

Louise Southalan, *University of Melbourne* (louise.southalan@unimelb.edu.au)

This presentation explores some power issues in detention health research and policy. Who has the power to decide what is important in detention health, and to frame, identify, interpret and measure this? Given the complexity of these systems, all of us are constantly making important choices about this. Our choices reflect our values, habits, assumptions, biases or explicit decisions about power. When these decisions are left unexamined or where examination is delayed or resisted, systems and decision-makers can be blind to key insights, and blind to the fact that they are blind. This can render important knowledge invisible. What sort of structural shifts are required to make the invisible visible in detention health research and policy, and how is this done in concrete terms? This presentation discusses several current examples where the nature of epistemic power and justice is at the forefront in detention health policy and research, and which have general practical application: (1) First Nations Data Sovereignty work by an Aboriginal organisation; (2) A lived experience led charity which structures governance and collaborations to embed intentional reflections on power; and (3) Micro-ethical decisions which researchers and policy makers make, sometimes unconsciously, and are critical to allowing the invisible to become visible.

52. Innovations in Medical Education with Special Populations

Design and Implementation of a Pilot Client Navigation Program for Asylum Seekers in South Florida

Jordan Brooks, *University of Miami* (jab639@miami.edu)

Asylum-seekers suffer numerous physical and psychological health issues following persecution in their origin countries. Substantial socioeconomic, political, and cultural barriers also deter this population's access to medical assistance in host countries and pose a significant health hazard. The Human Rights Clinic of Miami (HRC) is a student-run clinic providing pro bono

forensic medical evaluations to asylum-seekers in South Florida for use in their case for legal residence. After evaluation, HRC historically gave asylum-seekers an untracked referral for relevant healthcare. In order to evaluate client access and barriers to healthcare, HRC initiated a pilot client navigation program (CNP). HRC consulted academic literature, a panel of lawyers, and student-run CNPs at other clinics to determine the feasibility and steps of CNP implementation, alongside possible ramifications on clients' legal cases. Retrospective, observational data from the HRC client database regarding the prevalence and associated risk factors of physical and psychological trauma were used to further inform CNP design. Here, we present the structure, logistics, goals, and consent processes instituted in the initial phase of data collection for the pilot program. While CNP effectiveness remains undetermined, CNPs are a logical method to quantify referral utilization and address the complex issues asylum-seekers face in accessing care.

Empowering Medical Students to Navigate Microaggressions and Difficult Conversations in the Learning Environment

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Medical students are often confronted with microaggressions and other uncomfortable conversations while in the learning environment. There is limited opportunity for legal action in addressing the impact of microaggressions because, by definition, they rarely meet legal thresholds for discrimination or harassment. Our institution created a case-based approach to improving student resilience and increasing faculty awareness of microaggressions in the clinical setting. The aim of this study was to develop and evaluate this curriculum. Four realistic scenarios based on experiences of medical students were developed to implement a training for incoming clinical students and their core faculty. Standardized patients were used to effectively portray discriminatory and/ or challenging faculty, residents, and patients. A one-hour training with complementary cases was presented by a senior student to faculty. IRB-approved surveys were administered and statistically analyzed to evaluate for efficacy. Students had greater mean confidence scores for responding to microaggressions immediately and at six-months after the sessions ($p<0.05$). Faculty showed improved mean confidence and understanding of the definition of a microaggression ($p<0.05$). This approach had similar results to other studies, with the additional benefit of training faculty with the same scenarios. We believe this method helped

bridge the gap between students' notions of discrimination and faculty understanding of microaggressions.

Code Rise: An Unorthodox Educational Approach to Human Trafficking

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This presentation will explore Code Rise. Human trafficking is the world's fasting growing form of international crime. Hospitals are an effective yet under-valued strategy for trafficking intervention. Being a high health-risk population, many victims interact with healthcare systems and yet the majority of time, victims go unrecognized by healthcare providers. Secondary/tertiary prevention begins with redefining medical education. Disease diagnosis is achieved by pattern recognition. We must train physicians to not only recognize traditional disease patterns, but also the patterns of non-traditional psychosocial diseases (ie. human trafficking). Evolution of diagnostic thinking begins by training the untrained eye, future physicians – medical students. Code Rise is a medical student organization focused on educational and awareness projects for human trafficking in hospitals and the greater community. The initiative's success can be attributed to two factors: First, recognition of the multifactorial complexity in human trafficking. The initiative fostered a melting pot of unorthodox collaborations; from launching awareness strategies with ride-sharing apps to world class art expositions (Art Basel 2019). Secondly, the effectiveness of empowerment - shifting the mindsets of young professionals that they can be effective agents of change. Empowerment and innovative creativity yielded effective outcomes for human trafficking awareness that can be adapted to other cities and psychosocial diseases.

From Simulated Start to Finish - How One Institution Teaches Patient Safety to New Physicians

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The US Department of Health and Human Services estimates that hundreds of thousands of preventable deaths occur each year in the United States due to medical errors. Analysis of root causes show that 2/3rd stem from failures of communication and during transitions of care. Patient safety culture relies on efforts brought to new physician generations. Our Institution created the Intern's Patient Safety Week to provide educational content on medical errors, analysis of root cause and medical handoff techniques. This year, a novel approach was developed to provide participants an experience where they were immersed in a simulated patient safety event which stemmed from a serious medical error, its aftermath, patient/family disclosure vs. notification and the process by which such an error would be investigated (i.e. the mock root cause analysis) through use of simulation and simulated professionals. The course faculty contend that their course

is novel in its style to introducing the culture of patient safety to new physicians and its potential applicability to a wide array of medical professionals. This presentation will provide an overview of the Jackson Memorial Hospital Patient Safety Week that has educated 14 medical specialties and around 200 interns every year for the past 15 years.

A Novel Student-Run Model for Ethically and Emotionally Challenging Discussions

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Difficult Conversations, a medical student organization, aims to address the discomfort and unpreparedness many physicians feel when engaging with ethically and emotionally challenging topics. End of life, sexuality, and race are topics that can be intimidating to approach but are relevant on a daily basis in the life of a physician. To provide medical students with the foundation to reflect, engage, and develop comfort within these areas, Difficult Conversations begins with a small-group, student-led discussion and concludes with a panel of individuals with lived experiences for each topic. Small-group discussions give medical students a safe space to have an open dialogue in which they can share their own beliefs and gain perspective. These discussions are complemented by panels, which include physicians and patients, to provide students with context to inform their understanding of the topic. The results of this novel model are overwhelmingly positive with evidenced value, affirmative feedback, and strong attendance. Ultimately, Difficult Conversations provides medical students with the opportunity to become more comfortable with the difficult conversations that are had throughout a career in medicine, thereby creating better informed and more emotionally in-tuned physicians.

53. Insanity Defences Throughout the Criminal Process

The Insanity Acquittee and the Ineffective Assistance of Counsel

Dennis Feld, *Attorney-at-Law, Garden City, USA* (dbfeld@nycourts.gov)

The principle that an individual should not be held blameworthy for any criminal conduct directly resulting from that person's deficit of reason or intention caused by mental disease or defect, is a benchmark of American jurisprudence. However, the person entering the Mental Health System as an insanity acquittee is subject to both a legal presumption of continuing mental illness and dangerousness, and the psychiatric construct that the best predictor of future behavior is past behavior. This conflux of theories justifies the extended, if not indefinite, duration of the forensic patient's psychiatric commitment, brings about harsh conditions of confinement, and allows the

prosecutor to challenge any granting of liberties proposed by the acquittee's clinicians long after the criminal charges are dismissed. Recent case law has acknowledged these dire consequences, finding ineffective assistance of counsel for failure of acquittee's counsel to vigorously pursue the least restrictive track statutorily available to the acquittee. Any concession of dangerousness by defense counsel only prejudices the acquittee, and does not excuse defense counsel even when made in the belief that placement in a forensic psychiatric setting serves a therapeutic instead of punitive purpose.

Overcoming Barriers to Freedom: Prisoners with Mental Illness

Katherine B. Davies, *Attorney-at-Law, New York, USA* (kbdavies@nycourts.gov)

In 1980 the United States Supreme Court ruled prisoners with mental illness cannot constitutionally be involuntarily committed to a psychiatric hospital without receiving notice and an opportunity to be heard before enduring psychiatric confinement which carries a stigma greater than that which follows a felony conviction. In New York state, once prisoners with mental illness reach their release date, they are frequently involuntarily committed to a psychiatric hospital instead of being released into the community, with their new confinement grounded on their past bed criminal behaviour rather than current mental status. After spending years incarcerated and looking forward to finally re-entering society, these individuals are now forced to navigate their way through the Mental Health system for an indefinite period of time and with a multilayer of clinical forensic review. Even though these individuals are no longer criminally incarcerated, they often face additional barriers and restrictions that other civil psychiatric patients do not. This session will explore the different laws governing the involuntary hospitalization of prisoners, the barriers that these individuals face, and how their due process rights can be protested.

Square Pegs in Round Holes: Application of Not Criminally Responsible on Account of Mental Disorder with Accused with Disabilities

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The Not Criminally Responsible on Account of Mental Disorder (NCRMD) verdict in Canada has come under scrutiny most recently with the homicide case involving a van attack that killed 10 people and seriously injured 16 in Toronto, Ontario. The individual found guilty was diagnosed with autism spectrum disorder but his defence arguing the impact of his condition and impairments were not successful in convincing the court that he was not criminally responsible. The overwhelming majority of NCRMD cases in Canada include those deemed with mental illness. The case raises important questions about disability, mental disorder under the law and the high legal threshold to meet for a successful NCRMD in Canada. We discuss the significant challenges accused with disabilities experience within the criminal courts where the more common pathways

are diversion or withdrawals of charge(s). We examine the limited cases of individuals with disability successful in a verdict of NCRMD within the Canadian context, make comparisons internationally, and discuss the implications for accused, victims, and members of the public.

Automatism in Canadian Case Law

Laeticia Eid, *University of Toronto* (laeticia.eid@camh.ca)

Automatism, in Canadian law, is defined as a state in which a person is doing something, but is not aware of what it is they are doing. Those who claim a defence of automatism claim they did not possess the criminal intent, the mens rea, to be found criminally responsible for a crime. Automatism is an alternative pathway to a finding of not criminally responsible or an acquittal, and has been the subject of much controversy over the years, and specifically in 2020 went a Court of Appeal decided that Automatism could be a viable defence for violent crimes in those who are intoxicated to the point of becoming "automatons." In this presentation, I hope to review the defence of automatism and the different causes in case law, review the distinction between insane and non-insane automatism, and review Section 33.1 of the Criminal Code of Canada and the recent Ontario Court of Appeal decision regarding automatism.

The Insanity Acquittee and the Role of the Independent Psychiatric Examiner

Melodie Foellmi, *Consulting Forensic Psychologist, New-York, USA* (mfoellmi@gmail.com)

Determining whether a criminal defendant found not responsible by reason of mental illness or defect ("insanity acquittee") has a "dangerous mental disorder" is a psycho-legal task, which is heavily reliant on the observations of clinicians working within the secure hospitals. Secure hospitals often recommend retention even for individuals who have no significant violent history and have reached clinical stability. Independent evaluators can play an important role in questioning the status quo and helping to move lower-risk individuals to less restrictive environments. This presentation will discuss the process of independent evaluations for insanity acquittees, including identifying clinical challenges that impede release to less secure environments, as well as the use of clinical methods to identify cases where further retention may not be justified. It will present a case example, where an insanity aquittee with no history of physical violence was found to have a dangerous mental disorder by his having started a fire due to poor frustration tolerance. Hospital clinicians used examples of aversive, but non-violent, behavior to keep this client retained in a secure setting for years. When the distinction between aversive and violent behavior was made, it became clear that there was no justification for further retention. Implications for practice will be reviewed.

54. Integral Ecology and the Foundation of Bioethics

Returning to the Roots of Bioethics

Jason Eberl*, Saint Louis University* (jason.eberl@slu.edu)

Pope Francis's encyclical on the environment, Laudato Si', addresses ecological concerns among a range of ethical issues regarding human life, health, and well-being. This widened scope returns "bioethics" to its origin in the work of Van Rensselaer Potter, which referred to the integration of scientific and normative reasoning to address both medical and ecological issues, understanding both arenas to have a direct impact on human health and survival – biology and the biosphere viewed as intrinsically linked. This link coheres with a Thomistic understanding of the natural world and the interrelationships therein. While Thomistic natural philosophy has traditionally placed human beings at the top of a pyramid of being, Francis's call for a wider scope of moral concern, while not displacing the interests of human beings, places them alongside those of other animal species and the planet as a whole. Bioethics, while not denying the value of the interests of the anthropoi, should move away from purely anthropocentric concerns. This change in focus calls for a reorientation of both our ethical engagement with ecological issues and what legal apparatus is necessary or appropriate—Francis, e.g., has called for the creation of a global authority to enforce large-scale ecological regulations.

Integral Ecology and the Failures of Humanist Philosophies

Jeffrey Bishop*, Saint Louis University* (jeffrey.bishop@slu.edu)

COVID-19 is only the most recent crisis that defies easy solution. It can be seen in many lights. It can be seen as a problem of viral mutation, or a mechanism of the evolutionary process. It can be seen as an inflammatory response of human biology to viral infection. It can also be seen as a failure of public health within countries, or a failure of border control, or a failure of international law and cosmopolitanism in international relations. Each of these ways of sizing up the problem falls short of the reality because of the limitations of humanist philosophy. In this presentation, I will briefly describe the shortcomings of humanist approaches, especially the impossibility of law to solve the problem. I will also argue that a holistic reading is required, which the various humanisms cannot achieve. I will argue that the world's religions are practiced at seeing the world and its problems as irreducible to humanist frameworks. As an example, I will appeal to Pope Francis's Laudato Si' and his appeal to "integral ecology." I will argue that religions generally and Pope Francis's Christianity specifically are the social location that have the capacity to imagine the irreducible whole.

On the Problem of Ableism and Bioethical Theory

Joel Reynolds, *Georgetown University* (joel.reynolds@georgetown.edu)

The goal of this presentation is to better understand how principles involve idealizations that can undermine biomedical practice from achieving the aim of justice as fairness. After briefly laying out the history of principlism in bioethics and its critiques, this presentation will argue that the literature on ideal vs. nonideal theory has largely missed a primary issue for normative theorizing: what I term conditioning principles. Focusing on the normative dimensions of biomedical practice, it will contend that ableism is one such principle. Through an analysis of the debate between Eva Kittay, Peter Singer, and Jeff McMahan, it will show how conditioning principles such as ableism are especially liable to generate epistemic injustice, especially contributory and hermeneutical injustice. The presentation will close by discussing how the problem of conditioning principles might best be addressed in the field of bioethics and the practice of medicine, including implications for health law.

55. International Comparisons of Dispositions of Insanity Acquittees

Conditional Release of Insanity Acquittees within the Context of Criminalizing Individuals with Mental Illness in the United States

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Within the criminal justice system in the United States, institutional mental health services have been veering in divergent directions. In recent decades, defendants found not guilty by reason of insanity have been channeled into time extended and service intensive treatment programs including ample hospital treatment, graduated security step-down procedures, risk-assessment-informed dispositional decisions, conditional release and proactive community treatment. A growing number of outcome studies demonstrate the success of these programs in reducing relapse, rehospitalization, revocation of conditional release and criminal and violent recidivism. In contrast, four states no longer have an insanity defense, one has an insanity defense/verdict with the possible consequence of imprisonment, at least eight jail-based competence restoration programs circumvent hospital care, and many inmates with severe and worsening psychosis have no access to hospital care until and unless they are found incompetent to stand trial or not guilty by reason of insanity or are diverted into a community treatment program, often after months of delay and neglect. Implications will be discussed in this presentation.

NGRI Acquittees in Lebanon: Imprisoned Nonetheless

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Forensic mental health services are a necessity for some individuals involved in the criminal justice system. Such services involve two generally independent functions: assessment and treatment. The Lebanese code tackles the rights and protections given to a mentally disordered defendant in the criminal justice system, but only to a limited extent. The penal code recognizes an insanity test that has a cognitive and a volitional component; one of those components must be met in order for a defendant to be adjudicated not guilty by reason of insanity (NGRI). Per statute, defendants adjudicated NGRI are then committed to a psychiatric institution until they are proven to be "cured" in a court of law. However, based on our review of several cases, there does not seem to be a uniform process regulating the use of the insanity defense. Furthermore, procedural steps vary between cases. In most cases, the insanity defense was unsuccessful; nonetheless, the defendant's diagnosed mental illness was sometimes used as a mitigating factor to reduce the prison sentence. Based on our findings, we explore in this presentation avenues for potential improvement in the Lebanese forensic mental health system to better protect the rights of mentally-disordered defendants while upholding the safety of the general public.

A Look at Insanity Defence Trials

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Previous research has demonstrated gender differences in jury deliberation in a variety of types of trials; a separate body of literature has shown that individual juror decision-making in insanity defence trials may differ as a function of juror gender. The current study combines these areas of interest by examining the role of gender in jury deliberations in insanity defence trials. Ten juries (ranging from 5 to 11 jurors, total $N = 83$) deliberated a trial involving a male defendant invoking the defence of Not Criminally Responsible on account of Mental Disorder (Canada's version of the insanity defence). Text-based analysis of the deliberation transcripts using Linguistic Inquiry Word Count software reveals a number of interesting trends and significant differences as a function of gender on overall word count per juror, number of positive and negative emotion words used, need for affiliation/power/achievement, and proportion of words spoken in deliberation. Relationships between individual-level attitudes (insanity defence attitudes, punishment orientation) and these measures of deliberation participation/content will also be discussed.

Moral Foundations and the Insanity Defence

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There is a longstanding culture of hostility against the insanity defence in Canada, where jurors are often hesitant to find defendants Not Criminally Responsible on Account of Mental Disorder (NCRMD). While this hesitancy is in part attributable to misinformation about the defence, it might also be seated in moral intuitions about fair punishment. In this mixed-methods study, Canadian jury eligible participants ($N = 83$) completed a measure of punishment orientation, read a fictional murder case involving a claim of NCRMD, then took part in 45-minute deliberation sessions. A summative content analysis of these data will be discussed in the presentation. First,

hierarchical linear modeling analyses revealed that punishment-prone mock jurors were less likely to defer to the authority of the defence psychiatrist. Second, a qualitative description of key-word flagged utterances (using the Moral Foundations Dictionary) revealed that mock jurors relied on moral intuitions about authority, harm, and fairness in justifying their positions. Findings imply that mock jurors' decisions stem partially from moral conceptualizations of insanity rather than the evidence alone.

56. International Perspectives on Psychopathy

Neurochemistry of Antisocial Personality Disorder and Psychopathy

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Magnetic resonance imaging has been the dominant neuroimaging technique to better understand brain structure and function of antisocial personality disorder (ASPD) and psychopathy. However, positron emission tomography (PET) is an invaluable tool that can probe the neurochemistry of these conditions in the living human brain. This presentation will focus on recent PET studies of ASPD and psychopathy that have investigated monoamine oxidase-A (MAO-A), a brain enzyme involved in the catabolism of amine neurotransmitters, and the endocannabinoid system, which has shown to play a role in a variety of cognitive processes, as well as aggression and violence. Implications for new treatments for ASPD and psychopathy that involve MAO-A and the endocannabinoid system will be discussed.

Psychopathy and the Criminal Law in the USA

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Psychopathy and the severe personality disorder have for centuries been discussed as potentially excusing conditions under the insanity defense. Nonetheless, such conditions have been statutorily disqualified for the insanity defense and the insanity defense has become increasingly unavailable even for defendants with psychotic disorders. The United States Supreme Court recently found that abolition of the insanity defense in the State of Kansas was constitutional (Kahler). Four states have abolished the insanity defense. Once a defendant is found NGRI, he or she may encounter the "paradox of psychopathy". The Supreme Court has found that an insanity acquittee can no longer be involuntarily hospitalized if his insanity qualifying condition, usually a psychotic condition, has resolved, but he remains a danger to others because of an antisocial personality (Foucha); yet measurements of psychopathy continue to be used as predictive measures of future dangerousness which support continued involuntary hospitalization. Moreover, Arizona's recently enacted insanity verdict explicitly allows transfer of insanity acquittees, no longer "insane", but still dangerous, from the forensic hospital to a prison facility for the remainder of the individual's sentence. Finally, states with sexually violent predator laws may detain individuals whose risk of future sexual offenses is due to a mental abnormality for which psychopathy or personality disorder may qualify.

A Moral Images Task in Psychopaths: Can They Distinguish Moral From Emotional?

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The moral knowledge of psychopaths is a topic that has been debated since Cleckley's introduction of the term. Research in the last decennium has shown that psychopaths show similar results to non-psychopaths when tested on moral dilemmas, and therefore tend to know right from wrong, but choose not to act according this knowledge. A recent replication of these findings will soon be published by our group. As a further extension of this line of research, we performed the Moral Images task, as developed by Harenski and Kiehl, on both psychopathic and non-psychopathic offenders and healthy controls. In this task, moral pictures, emotional yet non-moral pictures and neutral pictures are shown, with participants have to answer the following questions: Is this a moral transgression? How severe is the transgression? and How affected are you by this picture? The test battery further also included the Reactive-Proactive Aggression Questionnaire and the Basic Empathy Scale. Results of this study will be discussed during the presentation.

57. International Perspectives on the COVID-19 Pandemic in Prisons and Secure Mental Health Services

Legal and Policy Changes in UK Secure Mental Health Services During the Covid-19 Pandemic

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This presentation will track the rapid legal, policy and clinical adaptations that took place in an English forensic psychiatry and prison mental health service, that enabled clinicians to continue to provide a safe and effective service to patients during the 2020 Covid-19 pandemic. Using actual clinical scenarios, the authors will explain the legal, practical and ethical challenges that arose during the pandemic and the efforts made by clinicians, managers and patients to respond to them. Particular issues discussed will include the management of infected patients, the isolation of new admissions, the balances that had to be struck between protecting staff and patients from infection whilst continuing to provide effective care. Particular problems arose out of the management of self-induced choking incidents in female secure services, presenting the service with dilemmas

that they had never previously faced. The authors will conclude by summarizing the lessons learned during the crisis and the longer lasting impacts on the care provided to patients with severe mental health problems in prisons and secure services in the UK.

The Impact of COVID-19 in Judicial Proceeding in Israeli Mental Health Board

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This presentation discusses the impact of COVID-19 in civil commitments on mental health patients appearing before the mental health board and tribunals. It will discuss the effect of virtual judicial proceedings on all the parties, its advantages and disadvantages. We will discuss the court jurisprudence on that matter and see whether they are adequately appropriate to deal with. The presentation will outline the effect of the pandemic COVID-19 effect on patients in regard to several issues – first as a part of the mental illness itself, secondly in regard to the medical diagnose made by the psychiatrist which is done by virtual technical means and not by the conventional means and its impact on the legal proceedings in civil commitments and finally the inability to rehabilitate due the pandemic and the lack of means in the community.

Bolivia, its Prisons and Mental Health Services in the Time of Covid-19

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Two months before the world's first case of Covid-19 was reported, Bolivia entered a short period of extreme social and political unrest following national elections. As the number of Covid-19 cases grew in March and April 2020, the Government implemented measures in the justice system to protect the health of the most vulnerable prisoners. Meanwhile mental health professionals faced the challenge of working in high-risk environments with limited access to personal protective equipment. By August 2020 Bolivia was the only lower middle-income country listed among the twenty countries with the highest Covid-19 death rates worldwide. At the same time, the country faced a "second peak" of social and political unrest which affected the capability of the health service to respond to the health burden of Covid-19 causing an unprecedented level of uncertainty among mental health professionals and academics interested in prison psychiatry practice and research. This presentation adopts an ecosystems approach to discuss the degree to which the health and justice systems would have the capacity and capability to respond to the pandemic. A description will be given of how the Covid-19 outbreak was managed in the country's largest prison.

Psychiatric Patients Committed at the Portuguese Prison Hospital at the Times of Covid-19

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Covid 19 pandemic has monopolized society and healthcare resources all over the world since the beginning of the year 2020. The approach and impact of the taken measures were not the same in different countries. The prison environment and thus the mental health of prisoners was not spared by mental health policies and epidemiological strategies. In the only Portuguese Prison Hospital, the creation of a specific unit for quarantine of every admitted patient, according to the Portuguese general directorate of health, the organization of a structure that admits patients positive for SARs-CoV-2 and the restructuring of the patient observation circuit in the context of the psychiatric prevention, are just a few challenges that led to critical multidisciplinary reflection. These circumstances fostered physical and logistical restructuring, forcing changes in hospital dynamics and service management, especially in the Psychiatric Acute Commitment Ward. This presentation is intended to show that the largest movement of patients registered in the Prison Hospital was through psychiatric admissions under court orders, demanding a special role in the continuity and quality of the care provided to psychiatric patients, as well as to all the prison population in need all over the country.

58. Intervention Research for Emerging Adults

Multisystemic Therapy for Emerging Adults (MST-EA): Clinical and Delivery Model Overview

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Emerging adulthood is a unique developmental period spanning 16 to 26 years of age. Criminal behavior peaks during this phase of life, especially among emerging adults (EAs) with serious behavioral health conditions (i.e., mental health and/or substance use disorders). Surprisingly, there currently is not a single evidence-based intervention for this high-risk group. MST-EA was developed in response to that service gap. Multisystemic Therapy for Emerging adults (MST-EA) is an adaptation of standard MST, a well-established intervention for criminal behavior in adolescents. The goals of MST-EA are to reduce criminal recidivism and support EA functioning in school, work, independent living, and relationships, while ensuring treatment of co-occurring behavioral health problems. To date, MST-EA has been delivered in various locations, with

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referrals including juvenile and adult justice system-involved clients, youth aging out of foster care, prison re-entry populations, and young adults in supported housing programs. This presentation will provide a detailed clinical description of MST-EA, including its core interventions, service delivery model, and how it differs from standard MST. The presentation also will detail the quality assurance mechanisms used to ensure high model adherence among all MST-EA teams.

Multisystemic Therapy for Emerging Adults (MST-EA): Reducing Recidivism and Improving Behavioral Health

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Criminal behavior is highest during emerging adulthood for the general population, and especially among individuals with mental health and substance use disorders. Astonishingly, there are no interventions with evidence of efficacy to reduce recidivism specifically among emerging adults, with or without behavioral health conditions. Multisystemic Therapy for Emerging Adults (MST-EA) was developed to address this specific gap in services. MST-EA, an adaptation of standard MST, is an intensive intervention for young people aged 17-26. To date, MST-EA has been delivered in a handful of locations, with referrals including juvenile and adult justice system-involved clients, youth aging out of foster care, prison re-entry populations, as well as young adults in supported housing programs. In this presentation, the goals of MST-EA will be described, along with the service delivery model and interventions employed within MST-EA. The current state of MST-EA research also will be presented. Specifically, an open trial, program evaluation, and alpha testing of MST-EA vocational coaches have been completed. Currently, MST-EA is being examined in two NIH-funded randomized controlled trials in various locations.

Task-Shifting the Treatment of Substance Use in Emerging Adults: Probation Officers Conducting Contingency Management

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Justice-involved emerging adults have high rates of substance use and typically lack access to evidence-based practices (EBPs), particularly in rural communities. Task-shifting, or redistribution of tasks downstream to an existing workforce with less training, may be an innovative strategy to increase access to EBPs. A pilot study was conducted to determine if Probation Officers (POs) can accurately deliver an EBP as a means to intervene on and/or prevent substance use disorders among justice-involved emerging adults. The overarching purpose was to increase justice-involved young adults' access to an EBP, specifically Contingency Management

(CM). This study collected preliminary data on whether CM for Emerging Adults (CM-EA), as delivered by POs, could be used to reduce and prevent the development of more severe substance use. The pilot project recruited 10 POs across two counties in the U.S. and trained them to deliver CM to their substance-using young adult clients. CM-EA will be described and data from this pilot will be presented, with a discussion of the planned next steps in this program of NIDA-funded research. It will be argued that this work has the potential for increasing emerging adults' access to an EBP immensely as POs operate in every jurisdiction in the U.S.

Engaging Emerging Adults as Partners in Research

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Involving individuals who have "lived experience" within the development and implementation of research is increasingly recognized as a priority, particularly as a method to address health disparities. This includes research addressing the behavioral health of youth and young adults involved with justice systems. These individuals are a highly stigmatized group, rarely invited as partners in research. This presentation will describe the development and activities of three community boards that are closely involved in shaping research on mental health, substance use, and justice system issues. The first partner board is comprised of 18-26 year-olds with lived experience of mental illness that was initiated 10 years ago to help guide research focusing on school and work success for youth and young adults with serious mental health conditions. The second two partner boards were recruited and launched in early 2021. One is comprised of emerging adults in recovery from opioid or polysubstance use, and the second is comprised of adults in recovery from opioid or polysubstance use with histories of justice system involvement. Combined lessons from these three groups can inform other researchers' much needed efforts to include these youth and young adults in research that impacts their lives. Findings and implications will be discussed in the presentation.

59. Judicial Discretion in Courts Near and Far

The Facts of Life: Life Sentences in the U.S. District Courts

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Alongside capital punishment, sentences to life without parole are one of the most distinctive aspects of the American system of criminal punishment. In fact, more offenders are serving life sentences today than were held in all U.S. prisons in the early 1970s. Unlike the death penalty, though, virtually no empirical work scrutinizes the decision to impose a life sentence. The current study uses logistic regression analysis and structural equation modeling to analyze several years of recent federal sentencing data and to investigate discretionary and structural sources of inequality in life without parole sentences. The analysis reveals large disparities in eligibility for a life sentence and in the imposition of life imprisonment, but finds these differences are largely

attributable to structural elements of the federal sentencing system, such as mandatory minimum sentences, guidelines departures, and type of disposition. Findings are discussed in relation to ongoing debates over the growing role that life imprisonment plays in American exceptionalism in punishment.

Giving Medical Advice to Mental Health Patients

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To determine the objective standard of care of a psychiatrist in medical negligence cases, where there are genuine differences of opinion in diagnosis and treatment, the courts will defer to a respectable body of medical opinion on the acceptability of the doctor's conduct under the Bolam test, subject to the requirement of logic of the medical opinion under the Bolitho addendum. For the standard of care in giving medical advice to patients generally, the UK Montgomery test based on patient autonomy and disclosure of material risks to patients was applied with modifications by the Singapore Court of Appeal in 2017. This court decision was, however, overruled by a Singapore legislative enactment in 2020 that is based on peer professional opinion under the Bolam-Bolitho framework. At the same time, it requires the professional opinion to incorporate the modified Montgomery approach. The presentation will analyse this fresh approach vis-à-vis mental health patients: depending on the mental health conditions, how would the assessment of the reasonable patient and material information be made? When may the psychiatrist exercise therapeutic privilege to withhold disclosure? To what extent is the notion of patient autonomy and participation in decision-making on health matters relevant to mental health patients?

The Impact of A (Religious) Conviction, Value or Personality on the Duty to Mitigate Damages

Lies D'Hondt, *University of Antwerpen* (Lies.DHondt@uantwerpen.be)

The Belgian Court of Cassation had to decide on 25 May 2021 on a case in which the victim, given an avoidant and passive personality, refused residential treatment for her anxious and depressive feelings. The Court of Cassation ruled that the refusal to undergo the treatment does not constitute a fault and that the wrongdoer must compensate the entire damage. The Court situated this decision within the principle that 'the wrongdoer must take the victim as he finds him'. In this presentation, I will examine the impact of the fact that the refusal to mitigate the damage is based on a (religious) conviction, value or personality. These aspects seem to raise the limit for the breach of this duty. The link with the 'eggshell skull doctrine', as in the judgment of the Court of Cassation, may also be relevant for this assessment. During this presentation, I will refer to the views that apply on this matter in Belgium, France, the Netherlands and the United States.

The Changing Role of the Judge

Albert Kruger, *Retired Justice of the High Court of Bloemfontein, South Africa* (albertkr1946@gmail.com)

Half a century ago judges were in many jurisdictions regarded as demigods. There was very little oversight over work done by judges. The judge who was an advocate for many years finds the dispute natural and does not automatically veer towards mediation. It has now become the practice in many courts that a pre-trial conference chaired by a judge must take place before a trial date is allocated and the matter is set down for hearing. At that pre-trial conference the parties must indicate what steps have been taken to settle the dispute. Court cases are by their nature confrontational and there are often only losers. A meaningful settlement, guided by a mediating person, also a judge, can help to resolve the problems between the parties on the long term. Many judges today realise that mediation and settlement will usually lead to a better outcome, financial and otherwise, to the parties than protracted litigation, with one party winning and the other losing.

60. Lacan and Law: Contemporary Appropriations

Expertise and Psychoanalysis, Freud and Lacan

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Notwithstanding the history of attempts to align psychoanalysis with science, its insights would not likely qualify as admissible expertise in contemporary courts—if a psychoanalyst testifies as an expert, he or she would likely do so as a psychiatrist or psychologist. Indeed, there is a controversy within the psychoanalytic community over whether analysts should claim scientific authority. Even as Lacan was optimistic about the scientific status of psychoanalysis, he identified science as a discourse in denial of its subjectivity—it "has no memory [and] forgets the circuitous path by which it came into existence." Terry Phillips distinguishes "Freud the confident Enlightenment scientist" from the "post-Freudian Freud," who knows that "to be an expert on the unconscious is a contradiction in terms." However, Leon McRae's recent paper entitled "Blaming rape on sleep," makes a case for psychoanalytic intervention in rape trials involving sexsomnia. The conventional legal defenses of automatism and insanity (a recognized medical condition) do not capture the defendant's condition. As a result, courts fail to require the sexsomniac to take measures to stop victimizing others or face punishment. As explained in this presentation this compelling intervention is, nevertheless, not likely to gain traction because it relies on analytical categories at odds with consensus science.

The Womanish Man and the Mannish Woman

Carla Spivack, *Oklahoma City University* (cspivack@okcu.edu)

Early 17th-century London saw a spate of cross-dressing by both sexes. Some "cross-dressers" became famous: "Moll Cutpurse" was notorious for her stage performances in male attire, a life of crime and other exploits. King James I, preachers and pamphleteers excoriated cross-dressing as promiscuous and immoral. Women who dressed like men were accused of "baseness, unnaturalness, shamefulness, and foolishness;" at the behest of James I, preachers echoed this sentiment from the pulpit. For Jean Howard, their discourse reveals a "sex gender system under pressure." Indeed, Jacobean culture was rebounding from forty years of female rule, and Elizabeth's biological gender caused profound cultural anxiety. The crisis over cross dressing constituted a response to the perceived threat to gender hierarchy under Elizabeth I; ultimately, today's hysteria over transgender rights similarly reflects anxiety over the loss of gender markers and boundaries. The disappearance of the semiotic determinacy of dress threatens the accessibility of the Symbolic order and raises the terrifying specter of the Real. "Bathroom hysteria" reveals the salience of Lacan's interpretation of the gendered bathroom signs; in this presentation I speculate about how this crucial "difference" will gradually evolve as gender roles change, and what this evolution means for how we think of psychoanalysis and culture.

Imaginary Father and Families

Allison Tait, *University of Richmond* (atait@richmond.edu)

Seminal to Lacan's thinking about family relationships and the symbolic order is the figure of the father. The father consists of a multiplicity of iterations – real, symbolic, and imaginary – and each instantiation of the father is embedded within the family in a different way. Likewise, laws regulating the family are given substance and shape by visions of what the father has been, may be, or should be. Family governance rules have been, both historically and still sometimes currently, built according to specification for the symbolic father as a site of expression for generative, patriarchal power. Real and imaginary fathers, however, also inhabit and exist within the space of the family home, their positionalities intermediated by the presence of the symbolic father. Family homes with absent fathers are also subject to the domineering presence of the symbolic father, his amorphous animation emblazoned with the imprimatur of the state. This presentation concentrates on the questions of when and how Lacan's fathers appear within family governance rules and how Lacan's multiple fathers not only abide alongside one another in the family home but also generate dissonance within the family and between family and state.

61. Legal Liability Issues Consequent to Trauma Experienced by Youth in Public Services Facilities

Michael Lindsey, *Southern Methodist University* - Discussant

A Trauma Experience: Healing and Recovery

Eumon Hervey, *National Vice President, Schools for Catapult Learning, Jacksonville, USA* (ehervey3@yahoo.com)

My current position is Associate Professor of Education at Southern University at New Orleans. I've had several senior leadership positions in education (Campus CEO, Executive VP, Provost, Superintendent, Asst. Superintendent, Executive Director, Associate Professor). And I've also done entrepreneurial and pioneering work in establishing a community college, a private elementary school, county library, two not for profit community organizations, and small business development. I have five earned academic degrees (e.g. bachelor, 3 masters and doctorate). However… I am also a victim – an adult male survivor of childhood sexual abuse. This, I believe, has made me an effective change agent in complex situations and tenacious in face of adversity. I had to learn these navigation techniques because of those to whom I looked for guidance were also perpetrators. My presentation will share insights from these experiences.

Protecting Trauma-Affected Incarcerated Youth through Systemic Transparency and Accountability

Laura Cohen*, Rutgers University (*lcohen@kinoy.rutgers.edu)

This presentation will address the outrage over the murder of George Floyd and other Black men and women by police officers in the United States that has led to widespread calls for greater transparency and accountability in law enforcement. Little attention has been paid, however, to the often insurmountable wall of confidentiality laws and limitations on legal responsibility that surround and protect the prison system, and particularly youth prisons, from public scrutiny. As a result, incarcerated youth, who are disproportionately children of color and have experienced disproportionately high rates of childhood trauma, seldom receive essential mental health treatment and rehabilitative programming. They also are retraumatized by the conditions and day-to-day harms associated with confinement, often without legal recourse. This presentation will focus on strategies for compelling the youth legal system to be more transparent, accountable, effective, and fair by exploring legal and procedural barriers to justice. The discussion will draw on international human rights law, U.S. domestic law, critical race theory, and case studies, among other sources, and look to other countries for possible solutions.

Psychatric Abuse, Trauma, and Malpractice

Delane Casiano*, Consulting Psychiatrist, Philadelphia, USA* (delanecasiano@gmail.com)

This presentation will address the following issue: African American children are at very high risk for complex trauma exposure. Black children living in racially and economically segregated communities are more likely than children in other communities to live in poverty, to be placed in foster or substitute care, to be exposed to both familial and community violence, to lose a loved one to violent death, to have a family member incarcerated, to experience contacts with police and

the justice system, or to be homeless. When children are physically injured, witness violent episodes, or have friends or loved ones who have been killed or injured, they must then every day navigate streets that are constant reminders of traumatic events. Cases of individual exposure to trauma do not occur in isolation. In addition to the high rates of exposure to trauma and other types of adversities, African American children and families must cope with the effects of historical trauma and the intergenerational legacy of racism. In spite of progress, the legacy of slavery can be found in many areas of American society. There is increasing evidence that the direct experience of racism and race-based stressors is a strong predictor of emotional distress, psychiatric symptoms, and the development of PTSD. In addition to the direct services psychiatrists provide to our clients and their families, psychiatrists also provide expert consultation in resolving legal disputes.

Legal Liability Issues Faced by Psychiatrists

Napoleon Higgins*, Consulting Psychiatrist, Houston, USA* (psychonap@hotmail.com)

This presentation will address legal liability issues faced generally by psychiatrists, and particularly as legal liability affects the practice of psychiatry when ethnic minority youth are exposed to trauma in habilitation and/or the provision of services. Psychiatry is defined as a branch of medicine that deals with mental, emotional, or behavioral disorders. Due to its very nature, psychiatric practice differs from that other medical specialties, which minister primarily to bodily ills and discomforts. Medical malpractice laws vary from state to state, but all are grounded in the legal concepts of tort law. A "tort" is a civil wrong for which the remedy may be obtained, usually in the form of monetary damages. In general, in any malpractice action, four elements must be proven. These elements have been commonly referred to as the "4Ds": duty (to the patient), dereliction (i.e., negligence) of that duty, damages, and direct causation. This presentation will discuss these areas of potential psychiatrist tort liability: negligent diagnosis; drug therapy; suicide; injuries to third parties; privilege and breach of confidentiality; duty to warn; commitment; and, negligent psychotherapy. While although often the psychiatrist is not the direct provider of services; liability may inure to them based on their consultative capacities.

62. Legal, Psychological and Political Resistance

Religious Liberty Derangement Syndrome

Nomi Stolzenberg, *University of Southern California* (nstolzenberg@law.usc.edu)

A rash of cases claiming the right to be exempt from COVID-19 regulations exhibit symptoms of what *might* be called religious liberty derangement syndrome – a conception of religious liberty that has become completely unhinged from its original theoretical –and theological– foundations. The roots of this syndrome lie in a chronic form of psychological and political resistance to modernity which the COVID-19 pandemic has laid bare. The presentation analyzes how the contagion of resistance to scientific and government authority has spread within and between

religious communities, and from religious communities into the courts; and the different psychological and legal strategies employed to defend the claim of a right to act in ways that threaten the lives of others. It is argued that these strategies represent an inversion of the original "pro-life" theology of humanism upon which the principle of religious accommodation rests, which allows the proponents of that anti-life theology to depict themselves as the party of life. Finally, the presentation grapples with the problem of pathologizing resistance to governmental and scientific authority and the difficulty of distinguishing "healthy" from "unhealthy" forms of resistance, with particular attention to the stigmatization of Black resistance to COVID regulations and the need to think simultaneously about religion and race.

Gendered Resistance In a Time of Resistance to Gender

Naomi Mezey, *Georgetown Law School* (mezeyn@georgetown.edu)

The 2017 Women's March was a global demonstration of gendered resistance to the electoral victory of an admitted sexual harasser against the first female candidate for US president. The Women's March was followed by the MeToo movement, which has offered a technology of mass exposure of and resistance to one of the most systemic forms of misogyny—the casual acceptance of women's assumed sexual availability to men. Much subtler forms of systemic misogyny are just beginning to be exposed and resisted. For example, London protests in March 2021 have explicitly rejected the "standard" terms of female safety—that women's own choices about when and where to walk, what to wear, and how to behave are what ensure their safety and their lack of culpability if they are harmed. But gendered resistance travels in multiple directions. Trump's election and the British debate about the right to public space are both indebted to another kind of gendered resistance, that of male anxiety about perceived losses of masculine privilege and power. This presentation asks what to make of these vectors of gendered resistance precisely when sex and gender as binary categories are themselves the basis of increased resistance by queer activists and academics.

Resisting the Liquid Lie: Truth in the Age of Cheap Speech

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The US Supreme Court has held it unconstitutional for the federal government to penalize false statements of fact absent evident material harm. In the context of recent assaults on fact, that position appears hopelessly naïve. Especially in the "cheap speech" landscape of the internet, the meaning and value of truth grow ever more difficult to assert and protect. Resistance to lies requires friction, and yet as Byung-Chul Han argues, we now associate freedom of information less with truth than with the glassy world of smooth, level information transfer, resulting in the accumulation of opinion rather than the assessment of falsity. What modalities of friction and resistance (e.g. defamation lawsuits; reforms to tech liability protections; critiques of algorithmic distortions) play out in these liquid speech contexts? In the age of COVID and its battles between science and superstition, are attempts to locate a ground for asserting the independent value of truth frustrated by the Court's libertarian turn in First Amendment doctrine? And how should we

understand our own, perhaps unconscious, resistance to that truth-project? What are the pleasures of the lie in a liquid world? These questions will be explored in the presentation.

63. Lessons Learned from COVID-19 Quarantine About Trauma

Interpersonal Violence During the Pandemic

Lenore Walker, *Nova Southeastern University* (walkerle@nova.edu)

The rise in domestic violence reports during the COVID quarantine that soared to at least three times the national averages across the world could have been predicted. High stress, major life changes, children out-of-school, forced quarantine, fear, people dying, shelters filled, no visitation at hospitals, jails overcrowded with the coronavirus and protests against police violence make a perfect combination to escalate abuse in families. All the usual interventions that protect women and children have been unavailable and suicides and murders have risen. Newer safety plans and interventions became necessary to develop and disseminate via social media. It became important to teach how to recognize rising anxiety and techniques to reduce the tension in some cases and in others using strategies to avoid shutting down activities and becoming depressed. Another immediate strategy included helping each member in the family find their own safe space in their home, even if it is a chair, a corner, or a pillow on the floor and utilize time-out procedures when stress levels begin to rise. Support groups were formed for other mental health professionals and were distributed on social media. Many of those involved sat on video-conferencing platforms providing assessment and consultation using telehealth for forensic clients. The presentation will discuss these measures.

Social Media to Help Deliver Services to Interpersonal Violence Victims

Giselle Gaviria, *Nova Southeastern University* (gisellegaviria@gmail.com)

Interpersonal violence in the family is reportedly occurring at least three times as much during the pandemic as was reported previously in 2019 all over the world. In Latin America there are spikes in helplines in places like Buenos Aires, Santiago and Mexico City for example suggest over 20 million women and girls suffer physical and sexual violence each year. Countries in Asia, Africa, Australia, Europe all report similar increases in domestic violence and decreases in child abuse reports. Governments have been forced to recognize what those working in this field have known all along; family and gender violence victims need support, especially legal and mental health interventions. Social media has been used to deliver such services internationally. Examples will be provided such as live Facebook and Zoom calls that reach workers in many different countries. Newer APPS have been developed and available on smartphones that can help people reduce anxiety, find calm, and prevent sliding into depressions. New play therapy techniques for children are available in different languages. In many cases communication among professionals across

different countries has improved, making it important to support and help the helpers. The presentation will discuss these initiatives.

Virtual Domestic Violence Service Provision during COVID-19

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In response to the COVID-19 pandemic, domestic violence services have been required to shift to virtual delivery models, as the rates of domestic violence have simultaneously tripled. As a result, the dynamics of domestic violence interventions must qualitatively shift to accommodate the ethical, legal, and treatment implications of virtual service provision in addition to the increased need for services. Confidentiality, privacy, and safety planning protocols must be actively modified to account for in-home, synchronous and asynchronous individual and group interventions when domestic violence is present. This presentation will review ethical and legal issues related to virtual domestic violence services, in addition to practical technology considerations for clinicians and forensic practitioners. Particular attention will be given to domestic violence group facilitation, which is a powerful mitigator of the isolation experienced by survivors that has been exacerbated by the pandemic quarantine. Implications for trauma reduction and post-traumatic growth in a post-pandemic society will be explored.

TJ Trauma-Informed Court Suicide Prevention

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As pioneer of America's first specialized problem-solving mental health court in the United States, I understood the need to establish a trauma informed court. The Broward County Mental Health Court is dedicated to the safe diversion and decriminalization of people arrested on non-violent criminal offenses. In 2016, the Court declared itself a "Zero Suicide initiative Court" based upon the rise in suicide rates in the U.S. Based upon the research, the Covid-19 pandemic has led to increased anxiety, depression, chronic stress and substance use due to economic uncertainties, fear and social isolation. This presentation will discuss the conditions which underlie the rise in suicide risk, and how the court integrates suicide prevention, awareness, and crisis response into court process.

Managing the Additional Complications of Co-parenting During Covid-19

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Covid-19 has created more than a physical health challenge for individuals and families around the world. It has also created a global mental health crisis. Anxiety, depression and substance abuse have doubled in the last year. Social isolation, confinement in homes with partners that do nott get along and financial worries have led to a three-fold increase in cases of domestic violence and divorce. During this same period, our legal system became paralyzed as courts shut down and could deal with only the greatest emergencies. A positive outcome has been the increased utilization of the Collaborative Divorce process and the use of neutral mental health coaches, trained in mediation and collaborative divorce. The Collaborative Divorce process includes formal training using a specific approach. This presentation will describe the collaborative divorce process and contrast it to the typical court process when couples divorce. Working individually and in teams including attorneys and Guardians Ad Litem, psychologists and other mental health professionals are helping families resolve the enormously increased stressors placed on families of divorced, divorcing and separated parents during Covid and remain out of the non-existent courts, saving families lots of money, too. This process has actually been facilitated by the use of Telehealth, since teams can gather remotely, with greater efficiency and decreased financial burden.

64. Leveraging Strengths to Improve Outcomes for Complex and Vulnerable Populations

Understanding Aggressive Behaviour, Anger, and Violence in Children and Adolescents with Neurodevelopmental Differences

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How we interpret and respond to behaviour is predicated on how we understand it. However, our present understanding of aggressive behaviour, perhaps especially for complex and vulnerable populations such as children and adolescents with neurodevelopmental differences, is limited. As such, the purpose of this presentation is to enhance our understanding of aggressive behaviour by providing a comprehensive outline of the conditions and underlying mechanisms that drive aggressive behaviour for children and adolescents with neurodevelopmental differences, with a specific focus on Fetal Alcohol Spectrum Disorder (FASD). This will include the introduction of an understanding model, and discussions on how the brain, environment, affect, and their unique integration lead to aggressive behaviour for these vulnerable populations. A responding model that specifically targets the conditions and mechanisms driving the aggressive behaviour will also be introduced and discussed. This review will enhance our understanding of aggression by clarifying the conditions and mechanisms driving the behaviour, through a neurodevelopmental lens. This information can be mobilized to support and/or inform intervention practices by strengthening caregivers' and clinicians' ability to understand, interpret, and specifically target the mechanisms driving the aggressive behaviour—ultimately then improving our ability to respond and promote healthy outcomes for these vulnerable youngsters.

Meeting Them Where They're At: Social Skills Training for Adolescents at Risk Using a Gaming Format

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This presentation will discuss a study that responds to a community identified need to examine a gaming intervention approach to social skills development for adolescents at risk. This study was completed in partnership with Level Up Gaming League, a community organization that uses tabletop role playing games (RPGs) to support the social development of at-risk youth. This presentation will discuss this new area of study, as this is the first empirical investigation of the effectiveness of tabletop RPGs for building social interaction and reasoning skills. RPGs may assist youth to develop and enhance skills in ways that are less resource intensive to develop, to deliver, and to revise/tailor for the needs/ interests of specific populations. A more comprehensive understanding of the game play process is necessary to inform how to best evaluate outcomes for youth at risk. Specifically, this presentation will focus on: 1) What are the core components of intentional game play? 2) What are meaningful ways in which social and reasoning skill outcomes can be measured and identified, within a current community-based intervention, without significantly disrupting the intervention delivery? We will discuss the ways in which game play processes can help impact and evaluate outcomes for youth at risk.

Psychotropic Medication Algorithm for Treatment of FASD/NDPAE

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Psychopharmacological treatment of the consequences of prenatal alcohol exposure (PAE) lags behind the advancement in psychosocial interventions. There is an over representation of mental disorders among individuals diagnosed with Fetal alcohol spectrum disorder or neurodevelopmental disorder due to prenatal alcohol exposure (FASD/NDPAE).Complexity, comorbidity and lack of funding are responsible for the slow speed of development. No current regulatory agencies have approved any medications specifically for the deficits associated with FASD/NDPAE, despite its recognition in the diagnostic and statistical manual for mental disorders. A number of retrospective, case series studies and cross over randomised clinical trials have identified stimulants, dopaminergic antagonists, adrenergic agonists and antidepressants as conferring various levels of efficacy when administered among individuals with FASD. A systematic review concluded that the current evidence does not support a particular psychotropic agent as the drug of choice. Many individuals with FASD receive psychotropic medications and sometimes, in large doses with negative outcomes. To address the gap and improve functioning

using psychotropic medications, an international panel combined the current evidence and their experience in the field to develop an algorithm by consensus. The algorithm simplifies the treatment targets and supports reduced polypharmacy.

The Impact of Social Support on Positive and Negative Mental Health in Youth with FASD

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It is well-documented that youth with fetal alcohol spectrum disorder (FASD) are more likely to experience mental health challenges than their peers without FASD. Perhaps accordingly, much of the research conducted in this area to date has focused on uncovering factors that contribute to (risk factors) or protect against (protective factors) mental illness in this population. While this work is important, there is also more to mental health than just the absence of mental illness. *Positive* mental health, which refers to a state of wellbeing in which one feels good about and functions well within their life, is also crucial to consider when conceptualizing overall 'mental health' as focusing on mental illness alone can serve to further stigmatize and disempower individuals with FASD – especially as many of the risk and protective factors that have been identified are inaccessible as points of leverage for youth experiencing mental health challenges (i.e., are prenatal or early environmental factors). This presentation will thus focus on the results of a novel study examining the impact of a dynamic and potentially modifiable factor, perceived social support, on the positive *and* negative mental health of youth with FASD.

Mentoring Youth in Care: Policy and Practice Implications

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Improving supports for youth who are in care of the child welfare system is a critical concern. In Canada, youth in care are at significantly higher risk, relative to their peers, for poor outcomes across virtually all domains of health and wellbeing as well as severed ties to families, peers, and community. Aligned with this elevated risk, youth in care often face trauma and are vulnerable to justice system involvement. Mentoring has been found to be a successful, low-cost intervention for youth that has the potential to mitigate these risk factors, but evidence regarding mentoring youth in care is fragmented. To identify and map the literature in this area, a scoping review was conducted. The academic and grey literature was reviewed using relevant search terms, and studies were selected based on specific inclusion and exclusion criteria. Based on the findings of this literature review, the benefits and challenges of supporting youth in care through mentoring will be discussed. In addition, promising practices for mentoring children and youth in care will be shared along with policy implications relevant to the systems that serve this population, with the ultimate aim of taking steps to inform interventions and improve outcomes for this population.

65. Liability and Mental Health

The Personal Civil Liability of the Person with Mental Disorders

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Persons with mental disorders may cause damage and could be civilly liable in case of an accident. Two different cases should be distinguished. First of all, this damage may occur without any prior link between the perpetrator and the direct victim. We will have to study the rules of tort (or non-contractual liability): is the mental disorder a ground for excluding responsibility? Second, damage may occur with a prior link between the perpetrator and the victim. Then we will have to study the validity of the contract: did the mental disorder exist at the time the contract was concluded? If so, the contract may be cancelled. If not, the contract is valid but the mental disorder may occur throughout the term of the contract. If it prevents a proper performance of the contract, can a person with mental disorder be held liable?

Liability for People Suffering from Disorders

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As anyone, a person with a mental disorder may cause a damage to others. In that case, the question is to know how the law deals with this situation. It may be problematic in that case to hold the person with mental health liable for damage. That is why the victim may look to see whether a supervisor is liable. The liability of a supervisor can differ throughout the legal system. This lecture will present French rules which are very favorable to victims. It will be explained that persons who are statutorily obliged to supervise are liable for damage caused by the supervised person even if they can prove that their supervision was not negligent. But rules can change when the one who takes charge of the patient is not designated by the law or the judge. Actually, the most important question is to know what is the legal basis of the link between the people suffering from disorders and the supervisor who can be a physical or a legal person.

Mental Health and Employer Liability

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Burn-out, bore-out, brown-out… Over the past few years, new words appeared for defining suffering at work. Indeed, even if the connection between suffering and work has been going on since the dawn of time, it is obvious that it has evolved towards new forms. Yet, when reading the article L. 4121-1 of the French Labor Code, the employer is required by law to take appropriate measures to protect employees' physical and mental health. The employer must not only mitigate the risk, he or she must also avoid it. This is, therefore, an obligation of results. All the actions that jeopardize the physical integrity and mental health of the employees at work are generally referred

as « psychosocial risks » (or PSR). As will be seen later in this review of the law and jurisprudence, the general civil and criminal liability of any employer may be engaged in case of failure.

The Role of Psychiatric Evaluation to Establish Criminal Responsibility

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The insanity defense is one of the most controversial issues in criminal law. A forensic evaluator is expected to perform a retrospective evaluation of the defendant's state of mind at the time of crime, to ascertain the presence of a mental disease or defect and to further verify the existence of a possible relationship between that state of mind and the criminal behavior. In France, the judge orders a psychiatric evaluation to identify a psychiatric pathology, having an indirect or a direct link with the commission of the facts. Irresponsibility is discussed when the acting out was inspired or even ordered by a schizophrenic pathology, an acute psychotic disorder, an acute bipolar disorder, a paranoid psychosis or a mental confusion. The expert must specifically identify the clinical elements of mental illness, detail it and give the diagnosis according to the data acquired from science, specifying the existence of the symptomatology which may have influenced the passage to the act.

Specially Adapted Hospital Units (UHSA): A Debated but Essential Psychiatric Care Device for Inmates Suffering From Mental Disorders

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Established by the « Programming and Guidance for Justice » Law of September 9th, 2002, Specially Adapted Hospital Units (UHSA) are the most recent development of the penitentiary psychiatric sector. Together with the progressive emancipation of care facilities from the Prison Service, they enlarge wisely the technical platform offered to inmates suffering from mental disorders, promoting a more equal healthcare offer in prison environment compared to free society, and allowing especially freely accepted full-time psychiatric hospitalization of inmates. In May 2010, the first UHSA ever opened in France started operating on the site of Le Vinatier Hospital Center, near Lyon. As a noticeable ideological change in the habits of French psychiatry, UHSA may lead to fears of segregated healthcare and also a more randomly use of the insanity defense, which would take us back to the foundations of our psychiatric discipline. These fears appear all the more acute as our changing penal system tends to associate more and more often preventive security measures with historical repressive models, while the psychiatric sectors are facing chronic and growing financial and staff recruiting difficulties.

66. Management of Mental Health Issues

Accuracy and Completeness of Mental Health Act Forms Applied to Involuntary Patients

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The accuracy and completeness of Mental Health Act forms applied to involuntary patients in an inpatient unit is of paramount importance not only for legal but also for patient safety reasons within a hospital. This presentation will discuss the retrospective study of 250 patient charts from January 1, 2014 to March 31, 2014. Chart review provided a total of 224 Form 3, 4, 30, and 33 certificates with an overall error rate of 13.19% completion. Of those physicians who completed these certificates, the error rate was 11.63% if a resident physician were to complete and 19.23% if a staff physician were to apply the form. For physicians, there is a legal and moral responsibility to ensure the accuracy of such documentation both ethically and practically as well as a responsibility to the patient and their rights under the Mental Health Act. This presentation will discuss implications of this study.

Contribution of Epigenesis Towards the Etiology, Prevention and Treatment of Post-Traumatic Stress Disorder

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PTSD is a chronic, highly debilitating and heterogeneous psychiatric disorder. PTSD is characterized by uncontrollable re-experiencing (flashbacks, nightmares, and intrusive memories), hyper-arousal, avoidance behaviour and negative alterations in cognition and mood. Occurrence of trauma(s) precipitates this disorder. Prevalence is between 7.8-8.7% in spite of the majority of people (90%) having suffered from trauma(s) during their lifetime. This raises the question as to whether those with PTSD have different biological processes than the majority of trauma sufferers who remain resilient and do not suffer from PTSD. Epigenesis has become another important path for finding the biological basis of PTSD. Epigenesis describes the interaction of genetics and environmental factors. Epigenesis dysregulation clarifies the molecular pathways by which environmental and genetic interaction produce gene expression and alterations associated with PTSD. The interaction and relationship of DNA methylation and traumatic experiences causes the occurrence of PTSD. Epigenetic changes are different in PTSD sufferers than those who are resilient and non-PTSD sufferers. Epigenetic changes can reveal the etiological basis of PTSD and can pave the path for the prevention and treatment of PTSD sufferers. Epigenetic changes in PTSD cause impairment in health and functional capacity, posing legal challenges for occupational safety and health regulations.

Physical Health Issues in Substance Use Disorder

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SUD is prevalent in people with offending behaviour. 70% of offenders in the federal correctional system have indulged in problematic use of alcohol and other substances during the 12-month period prior to their incarceration according to Canadian national prevalence data About 1 in 2 people in Canadian prison system, living in federal correctional institutions have alcohol use disorder. 48% of Canadian federal prisoners have been affected by SUD, other than alcohol. In provinces like Saskatchewan, up to 93% of provincial offenders are diagnosed as having SUD. The epidemiological studies in the legal system of countries like England and Wales, New Zealand and places like Maine prison support these findings. Alcohol and Substance Use Disorder (SUD) predispose individuals to physical health complications including cardiovascular, hepatic, renal, metabolic, gastrointestinal, respiratory, infectious disease, sleep disorders, endocrine, reproductive disorders and traumas. It is prudent for clinicians dealing with this vulnerable patient population to be aware of these issues, so that they can liaise effectively with their medical colleagues, in order to provide a succinct care to these individuals with co-morbid physical and substance use. This talk focuses on prevalence, and latest evidence-based studies, highlighting the need to provide an effective clinical care.

67. Medicalization and Minorities

Medical Stereotypes

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Medical understandings have long informed how law treats vulnerable minorities. The perception of Asian-Americans as contagious during the ongoing COVID-19 pandemic, of women suffering psychological harm from abortion, and the ignoring of the health needs of black and brown people during the pandemic, have informed legal policy. These policies thus rely on, what this Article calls "medical stereotypes," that stretch back in their current from to the nineteenth century, and have long affected the law. This Article is the first to theorize these stereotypes as a unified phenomenon, and to offer a coordinated solution to disrupt these stereotypes in the law.

Sex Assigned at Birth

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Transgender rights discussions today often turn on the distinction between "gender identity" and "sex assigned at birth." Gender identity is a person's own internal sense of whether they are a man, a woman, or nonbinary. "Sex assigned at birth" means the M or F designation that doctors ascribe to infants based on genitalia and is marked on their birth records. Sex assigned at birth is intended to displace the concept of "biological sex." With this definition, LGBTQ rights lawyers wish to convey that "biological sex" is not a simple binary concept and that gender identity is also a biological phenomenon. The "assigned at birth" terminology also invokes philosophical arguments

against assigning roles to individuals at birth. It taps into the moral intuition that a person's genitalia and health data are private matters. But surprisingly, this idea has failed to gain legal traction. While the Supreme Court's recent Bostock decision uses the terminology "sex assigned at birth," the distinction between that concept and "biological sex" seems to have gotten lost. This Essay asks why the concept of "sex assigned at birth," which has so much theoretical appeal, has so little legal utility. It concludes that definitional debates cannot resolve moral questions, and that redefining terms is no substitute for staking claims in the registers of equality, liberty, and dignity.

Whither Equality? How Colonial Era Dehumanization of Black Americans Must Inform Medical Practice Today

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Health equity describes the condition in which everyone in a society has an equal opportunity to be healthy. Equality, therefore, is a necessary condition precedent to achieve health equity. Although legal scholars admit the language of the US Constitution laid the foundation for legalized racial *inequality* from the dawn of our republic, they do not understand why or how the constitution produces health inequity today. This presentation introduces the psychology of blatant and subtle dehumanization explain how constitutionalized inequality has created the enduring legacy of health inequality in America. Blatant dehumanization is the denial that another person or group is endowed with the basic attributes of being a human. Subtle dehumanization – infrahumanization – is an indirect or implicit psychological process that denies a person or group shares traits that are unique to humans. The U.S. Constitution codified both psychological dispositions towards black people from the nation's inception. Every failed attempt to Constitutionalize racial equality has further embedded the dehumanization of black Americans, and the principle of white superiority in our laws and consequently in our medical system to this day. This presentation explores the imperative for health and legal experts to collaborate in legally dismantling structural, racialized, dehumanization - "structural racism" - in order to achieve health equity.

68. Mental Health Policy: Contemporary Challenges (1)

Non-Economic Costs of Fraud to Victims

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Recent research on the emotional impact of financial fraud has consistently found that victim's perception of the emotional impact of fraud victimization is more severe than the victim's perception of the financial losses across fraud types. The majority of individuals in a study of Madoff victims reported anxiety, depression, sleep disorders, health related problems, and increased use of prescription medications. This research has demonstrated that a catastrophic

financial event can result in a clinical picture very similar to PTSD. Financial fraud victimization has been linked to physical symptoms such as poor health, poor sleep and poor quality of life secondary to the high level of stress experienced by victim. Victims often blame themselves. Families may blame the victim for squandering resulting in unexpected financial burdens. The change in social support can result in decreased quality of life. We will present data from a mixed methods project that includes survey data as well as in depth, in person interviews with fraud victims to better characterize the non-economic impact on victims of white-collar crime important to establish for damages in civil litigation.

Privacy and Security under PHIPA and OHSA: Issues of Dual Compliance in High-Secure Psychiatric Hospitals

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This paper analyzes the existing tensions between privacy legislation and occupational health and safety concerns, using a large, tertiary high-secure forensic psychiatric hospital in Ontario, Canada as an example. While acknowledging that safety is a priority where there is a risk of violence, the Personal Health Information Protection Act (PHIPA)'s framework for privacy protection was not designed to address, and may not be compatible with, the operations and requirements of high-secure psychiatric hospitals. In particular, PHIPA prohibits the disclosure of personal health information (PHI), prescribing narrow circumstances in which a risk of violence can be disclosed (*i.e.*, s.40, PHIPA; the "circle of care"). At the same time, proceedings against psychiatric hospitals under the Occupational Health and Safety Act (OHSA) demonstrate the scope of a hospital's legal duties when workplace violence is a risk. We point out issues of dual compliance that arise under concurring legislative regimes for privacy protection and workplace safety. We argue that PHIPA provides little guidance to high-secure forensic psychiatric hospitals on how to protect PHI when the risk of workplace violence is elevated. We conclude by suggesting ways for hospitals to address staff safety.

Mental Health and Criminal Justice in New Zealand: A Human Rights Critique

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The 2018 Government Inquiry into Mental Health and Addiction in New Zealand identified unmet needs and developed wide-ranging recommendations for a better mental health system for Aotearoa/New Zealand, including suggested reform of the Mental Health (Compulsory Assessment and Treatment) Act 1992 and the establishment of a Mental Health and Wellbeing Commission. The Inquiry identified the prison population as disproportionately at risk of unmet

mental health needs, but did not delve into a review of mental health in the broader criminal justice system. This presentation will build on the findings of the Inquiry by identifying selected areas of policy and practice relating to mental health in criminal law and sentencing, policing, and corrections in need of reform to prevent potential human rights abuses and the miscarriage of justice. The discussion will consider the Bill of Rights Act 1990 and New Zealand's international human rights obligations against the interests of the individual, the community and the state.

Managing the Clinical Care and Supervision of Forensic Patients Across International Borders

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Forensic teams are faced with challenges regarding continuity of care and risk management when forensic patients under the jurisdiction of a review board in one country express a wish to move or return to another country (often their country of origin). These challenges also arises when a forensic patient is at risk of deportation upon absolute discharge because all routes to citizenship in the country in which they are currently receiving treatment have been exhausted. We propose to address these challenges by discussing two case studies of forensic patients under the jurisdiction of the Ontario Review Board ("ORB"). In one, the treatment team supported the patient's wish to return to the United States. In the other, the treatment team recommended the patient move back to India while under the jurisdiction of the ORB. In both cases, the plan of the forensic team was to support the patient's move and transfer the patient's psychiatric care (including risk management) internationally, while the patient remained under the jurisdiction of the ORB. This presentation explores the similarities and differences between these cases, and the relevant considerations for similar circumstances.

69. Mental Health Policy: Contemporary Challenges (2)

Perspectives in Use – An Interdisciplinary Epistemology for Approved Mental Health Professional Practice (England, UK)

Caroline Leah, *Manchester Metropolitan University* (c.leah@mmu.ac.uk)

The presentation will explore how AMHPs' 'perspectives in use' were enacted in MHA assessments in England and how comparison can be made to other international contexts where hybridisation is present in the mental health workforce. The Hybrid Identities Project (HIP) investigated the professional identities of ten multi-professional Approved Mental Health Professionals (AMHPs) from mental health social work, nurse and occupational therapy primary professional backgrounds as hybrid professionals. Data was generated through thirty semi-

structured interviews, over a period of two years examining professional hybridisation and identities. Conceptualisations of hybrid professionals, who work within mixed structures, such as health and social care organisations, includes an understanding that such professionals could apply a breadth of professional perspectives. The HIP found that AMHPs enacted a spectrum of legal, social and psychiatric perspectives contextually in their relationships with other professionals e.g. psychiatrists when they undertook Mental Health Act assessments. This indicated epistemological hybridity, conceptualised through a new term of 'perspectives in use'. Differing perspectives enabled inter-professional working, and the breadth of knowledge gave participants as hybrid professionals' scope to crosscut other professionals' boundaries and traditional schemas for understanding mental health presentations, through language that was 'borrowed' from various professional fields.

The Least Restrictive Principle Within the England & Wales Mental Health System

Sarah Vicary, *Open University* (sarah.vicary@open.ac.uk)

In England & Wales there have been attempts to see mental disorder transcend a purely medicalised construction and label, to be balanced by an understanding of the consequences of difficult social circumstances being applied. The use and benefit of such social responses, including engaging with family and friends, increasingly frame and underpins policy in this regard. Conflated with the social approaches or perspectives, this approach is referred to in some jurisdictions as applying the least restrictive alternative. It is, for example, the second of five legal principles highlighted in the final report of the 2018 Independent Review into mental health legislation in England and Wales. Despite this, the Review makes little attempt to explain what is meant by least restriction in either theory or practice, and it is this gap, which this presentation seeks to address. It will do so in the context of two jurisdictions, the one from which it said to originate, America, and the one which now uses it to underpin its current mental health legislation, England and Wales.

Financial Stability and Mental Health

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Financial instability can give rise to a financial crisis, as was seen in 2008/2009 with the global financial crisis. The main focus of the Financial Sector Regulation Act of 2017, enacted on 1 April 2018 in South Africa, is the promotion and maintenance of stability in financial markets. In the Act the elusive concept of financial stability is described as financial institutions being able to provide financial products and financial services without interruption and are capable of continuing to do so despite changes in economic circumstances. Financial stability furthermore is dependent upon the general confidence in the ability of financial institutions to continue to do this. This "confidence" is subjective and depends on "feelings" or perceptions of people. When a country is financially stable, this contributes to good mental health of the citizens of the country. To support the mental health of people, the impact of financial instability on their mental health has

to be considered. This presentation will explore the link between the effect of financial instability on mental health, as well as the connection between the views of people and the effect thereof on financial stability.

Whose Rights Are These Anyway? Experiences of Nearest Relative Under the Mental Health Act 1983 (England and Wales, UK)

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The Mental Health Act 1983 for England and Wales complies with Article 5 of the European Convention of Human Rights (ECHR) by providing intended safeguards to patients who are detained, or likely to be detained for treatment by empowering their relatives to intervene. One such potential safeguard includes the power to order their relatives discharge from hospital and thereafter apply to Mental Health Tribunal if needed. This relative is called the Nearest Relative and is identified by an Approved Mental Health Professional to fulfil this legal role. There has been little research to date as to the experiences of the Nearest Relative. In this qualitative study, twenty Nearest Relatives were interviewed from across four local government areas using semi-structured interviews. These participants voluntarily opted-in the study after being introduced to it by the Approved Mental Health Professionals that were leading the Mental Health Act assessments. Emerging findings suggest that participants were not fully informed of their rights, and when rights were communicated to them by professionals, it was during the assessment when they could least absorb them. Furthermore, Nearest Relatives were uncertain as to where they could gain support and legal advice if needed. The presentation will explore how findings from the research undertaken could be used to build better professionals practice when the proposed introduction of the new Nominated Person, (to replace the nearest relative), is introduced by mental health legislative change in England and Wales.

70. Mental Health and Corrections: Education and Practices

Mental Health Training for Correctional Officers: A Systematic Review

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People with mental illness are overrepresented in correctional facilities. Correctional officers often lack training to respond to inmates with mental illness. Training could improve officer knowledge, skills, and attitudes toward inmates with mental illness. We conducted a systematic review of mental health training for correctional officers to identify key factors related to success. Medical and criminal justice databases were searched for articles describing mental health training programs for correctional officers. Studies that included a measurable outcome on correctional officer knowledge or inmate mental health were included in a final analysis. The review adhered to PRISMA guidelines. Of 1492 articles identified, 11 were included in the analysis. 6 described mental health education programs, 2 described skill-specific programs, and 3 described suicide prevention programs. Programs reviewed mental illness, practical skills, and included didactic and experiential teaching modalities. Improvements were shown in knowledge, skills, and attitudes with prior mental health attitudes, knowledge, and work experience not correlating with improvements. Officers were more receptive to facilitators with correctional or lived mental health experience. Experiential teaching was preferred to didactic teaching. Regression occurred several months after training which suggests a need for ongoing education and systems change within correctional institutions to ensure sustainability of improvements.

Addressing the Mental Health Needs of Inmates through Education for Corrections Officers

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In Canada, there has been an increase in rate of incarceration of individuals with mental disorder. Front-line officers play a central role in dealing with mental health struggles of inmates. Nonetheless, the training that officers receive is considered inadequate. A needs assessment was undertaken and a course was delivered to officers at the TSDC and Vanier Centre for Women (VCW). Curriculum included mental health awareness; risk assessment; communicating with inmates; self-care. Simulations provided the opportunity for participants to identify mental illness, assess risk, and de-escalate situations. Participants' ability to assist individuals was established using pre- and post-measures. Satisfaction surveys, three-month follow-up and focus groups at nine months showed impact of training. Results were promising, 92% of participants at TSDC and 88% at VCW expressed satisfaction and 62% at TSDC and 68% at VCW intended to change practices. Analyses of change in knowledge and confidence scores showed statistically significant improvement in all measures. Three-month follow-up at TSDC showed 75% have applied training to a "moderate or great extent". Focus groups showed improved ability to identify inmate struggles. Training informed by needs and provides skills practice can help officers better meet the mental health needs of inmates. Implications of these findings will be discussed in this presentation.

Measurement of Symptom Severity in Custodial Settings: The Development and Clinical Utility of the Clinical Global Impression – Corrections (CGI-C)

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The CGI-C (Jones et al., 2019) is a clinician rating instrument designed to quickly assess the overall symptom severity of mental disorder in correctional settings, adapted from the widely-used CGI (Guy, 1976). The CGI-C is a tool that can be used by members of a multidisciplinary team, demonstrating high inter-rater and test-retest reliability. The CGI-C has also been found to be a valid tool for the assessment of severity of symptoms demonstrating good concordance with the Brief Psychiatric Rating Scale-Expanded (BPRS-E) (Jones et al., 2020). Concurrent validity was established by examining correlations between the two scales in a sample of male and female inmates at two remand facilities. Inmates received triage assessments, including the BPRS-E and CGI-C, as part of standardised assessment following referral from correctional staff. Results found that the CGI-C scores and BPRS-E scores among persons in remand settings were significantly correlated for both men and women across diagnoses. Additional analyses will be described, exploring symptom severity changes over time using the CGI-C. These include group-based trajectory analysis to detect underlying groups with distinct trajectories, probability and predictors of group membership as well as trajectories of individuals incarcerated in the longer term.

Overview of the Forensic Early Intervention Service (FEIS) and the STAIR Model

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The Forensic Early Intervention Service (FEIS) was created in response to the growing pressures faced by the correctional and forensic mental health systems to provide timely access to acute mental health services for individuals on remand. FEIS consists of a multi-disciplinary team that offers ongoing assessment and support to clients at risk of being unfit to stand trial or who pursue a not criminally responsible defense. FEIS is built on the STAIR model of service delivery in jails/prisons. STAIR stands for: Screening, Triage, Assessment, Intervention, and Re-integration. STAIR describes and integrates essential components of a jail/prison mental health service, linking function to epidemiologically-derived detection and intervention targets. The STAIR model outlines the key service elements required for the delivery of mental health services in correctional settings, and provides healthcare administrators and service providers a benchmark against which to measure. This presentation provides an integrative look into the history of FEIS, the STAIR model, and novel research findings about the development and application of measurement tools for mental health clients in correctional settings.

Development of a High Needs Service Pathway between Corrections and Hospital

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The Forensic Early Intervention Service (FEIS) in collaboration with the Centre for Addiction and Mental Health (CAMH) and the Toronto South Detention Centre (TSDC) developed an innovative pathway to support the most mentally unwell within a Correctional environment; the High Needs Service (HNS) bed helps clients who are in need of urgent assessment, treatment, and stabilization. FEIS offers ongoing assessment and support to clients at risk of being unfit to stand trial or who pursue a not criminally responsible defense. Remand clients who are referred into the FEIS program and meet specific HNS selection criteria are then flagged, identified, and queued for the HNS bed. Acute clients are designated as the next candidate once the current client is discharged from the HNS bed. This presentation provides insight into the HNS bed development, referral pathway, assessment and discharge processes. Since the HNS bed opening in March 2018, pre and post data will be shared reflecting the clients' clinical presentation, and an individual case study will be presented highlighting the positive trajectory of an HNS client.

71. Mental Health, Well-Being and Inclusivity: The Power of Public Criminology

'People do not Watch Data': Student Sex Workers and Mental Health – The Impact of Film on Public Debate and Professional Practice

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The Student Sex Work Project (TSSWP) was a social enterprise (2011-2015) which sought to achieve many goals that social scientists hold dear. Noteworthy amongst these were the achievement of high quality and inclusive research and the empowerment of research participants. Furthermore, the project had a vision of social justice where student sex workers were able to actively participate in the research process, present and explain their own realities and enter into dialogue and influence professional practice, particularly by steering change through education and training (something that is traditionally lacking for sex workers who instead, far too often, experience judgement and exclusion). Reflecting on the positive impact of film-making on research participants, the paper presents one of the project's short films to illustrate the potential of a public criminology approach to challenge commonly held assumptions and draw attention to the negative impact of stigma and the mental health needs of sex workers.

A Picture Says a Thousand Words: Using Pictorial Narratives to Support Desistance and Mental Well-being

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Through the positive development of personal agency and improved mental health, studying in a Higher Education setting has been identified as a potential 'hook for change' for those who wish to desist from criminal offending behaviour. Yet, Higher Education can feel an unwelcoming place for those with a criminal record and complex mental health issues. Set against this backdrop, this presentation draws on research carried out in Swansea, Wales to explore the aspirations and barriers to accessing Higher Education with members of the 'Include Hub' who were at risk of offending/reoffending. The study adopted an anti-oppressive ethos and was underpinned by hybrid approach of participatory action and community engagement and learning. It worked with Hub members as partners and sought to empower and encourage aspiration by carrying out research through 'doing with' rather than, 'researching on' participants. Specifically, this presentation discusses one aspect of the project – the use of a Pictorial Narrative Approach. The presentation showcases the Pictorial Narrative Analysis and reflects on the potential of this innovative data collection methodology as an approach to develop positive and inclusive data collection approaches that seek to enhance the mental well-being of those involved in the research process.

Children's Mental Health: Exploring the Ways that Rights, Participation and Pro-Child Approaches Can Promote Positive Outcomes

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The mental health of children rightly remains a critical focus of policy. Regrettably, poor mental health has been associated with a potential increase in criminogenic factors such as substance use and anti-social behaviours. It is also associated with decreased engagement with protective factors such as involvement in education and pro-social activities, for instance, sports. Whilst States are spending record sums on mental health, evidence concerning the efficacy of service provision is contested, raising questions about the appropriateness of policy directives, practice and, critically, the extent to which patients, especially young patients, are listened to when decisions are made about the nature and extent of their 'treatment'. Reflecting upon research undertaken with a mental health charity in Wales, insights will be shared about how using pro-rights, participative and child-focused approaches to address serious mental health conditions in children have created transformative impacts. In particular, the ways that seeing mental health through social and rights-focused lens' have led to improvements in prevention, reductions in criminogenic factors and the empowerment of children will be considered. Whilst changes have already been created through this work, the ways that public Criminology can be harnessed to bring these to a wider, global audience will explored in this presentation.

72. Modern Topics in Forensic Assessments

Norbert Konrad, *Free University of Berlin* - Discussant

Differentiating Delusional Disorder from Shared Conspiracy Theories in the Assessment of Adjudicative Competence

Weare Ashley Zwemer, *Clinical Psychologist, Chesapeak PC Source, Maryland, USA* (DrZ@psc-va.com)

With the increase in political polarization and news silos in recent years, forensic examiners will more frequently encounter defendants whose inaccurate and bizarre, but shared, beliefs impact their rational and factual understanding of their legal circumstance and guide their decisions in developing a defense. The presenter will describe a hypothetical case, derived from actual evaluations, and discuss clinical factors he found relevant to making that differentiation: the nature of the belief system itself; the extent to which central premises are shared by a larger population; the impact that belief system has on the defendant's legal decision-making; the degree of choice a defendant may have exercised in developing the belief system; the extent to which a defendant elaborates on this world view to make himself a central protagonist in the narrative; and the defendant's amenability to treatment or restoration if found incompetent. Beyond the role of forensic examiner, the presenter will pose the question: What is the judicial system's responsibility

in trying an individual whose fervently held but inaccurate beliefs preclude his mounting an effective defense?

Addictive Criminal Behavior: A Motivational Analysis

Sergei V. Tsytsarev, *Hofstra University* (psyszt@hofstra.edu)

Serial criminality – a very complex phenomenon – has been analyzed from a variety of perspectives. In modern forensic psychology a motivational perspective on behavioral addictions focuses on craving as a core construct. In a series of publications, including our presentations at the IALMH conventions we examined the ways our motivational model could be applied to many kinds of addictions: from substance abuse to compulsive aggression, power, and gambling. In this report we will present the further evolution of the model of normal and abnormal cravings and discuss the ways it can elucidate both the initial onset and the maintenance of serial behaviors. Both behavioral and social learning mechanisms as well as a dynamic of various motivational forces will be presented to add some new knowledge to understanding of the nature of serial criminal behavior.

Profile of Individuals Awaiting Risk Assessment and Therapeutic Destination

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Risk assessment is essential in determining the therapeutic indication for individuals who have committed illicit acts and have been committed to compulsory court-ordered hospitalization. In São Paulo (Brazil), there is a deficit of evaluations, with many defendants waiting their therapeutic destination in common prisons. To analyze demographic, psychiatric, and criminal variables of individuals waiting such definition, an analysis of 705 forensic reports (carried out from 2009 to 2019) was performed. The analysis of the report was authorized by a local Judge and with the consent of the University´s Ethics Committee. The data was tabulated and analyzed. More than 83% of those individuals did not have a stable union; 63% of them were either illiterate or did not complete fundamental education; more than 52% committed violent crimes; 74.5% were criminal repeat offenders; while almost 60% had ceased dangerousness. And the therapeutic destinations were divided as follows: 53% ambulatory (restrictive), 41% hospitalization (detention), and 6% with other defined destinations. Among other results obtained, which emphasize the vulnerability of this population, who must have their rights guaranteed, for example, the right of periodic and timely assessments, determining better referral for their case.

73. Multidimensional Approaches to Violence and Aggression

Mitigating Sentences of Lone-Actor Terrorists: Distinguishing Fanatics from Psychopaths

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Terrorism is motivated by a wide range of underlying reasons, ranging from retribution to pushing an agenda to just wanting to hurt people. Although this is clearly of interest in trying to prevent terrorism, it can also be quite important once the terrorist is caught and a decision is being made about what punishment they deserve. This presentation will focus on how the motivation behind terrorist acts can play a role in sentencing of convicted terrorists. Special focus will be paid on differentiating between fundamental religious beliefs, delusions, and psychopathy. This presentation will reveal how the different characteristics and motivations of terrorists can be addressed in court and what impact those factors might have on the sentences levied against convicted terrorists.

The Internet and Social Media as Enabling Forces in Lone-Actor Terrorism

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The internet and social media often function as critical enabling forces in the development of lone-actor terrorists today. This presentation will review several aspects of information and communications technology that contribute to its relevance in lone-actor terrorism. Using hypothetical cases drawn from recent attacks, it will discuss ways in which the internet and social media relate to knowledge- and skill-building, attack planning and logistics, social needs and the reinforcement of extremist beliefs and radicalization, ideological propaganda and misinformation online, conflict escalation and violence incitement, and the provision of outlets for the leakage of violent or terrorist intent, potentially enabling intervention before an attack takes place. The presentation will also address several recent trends relevant to the intersection of lone-actor terrorism with modern information and communications technology, such as the rise of right-wing extremism in the west and its promotion through social media, as well as the development of artificial intelligence tools that may facilitate pre-attack detection and counterterrorism in the future.

The Jihadi Network on Social Platforms: Analysis and Evolution of a Dispersed Information Ecosystem

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The digital ecosystem in which disseminators and recipients of radical Islamic content interact has been growing and evolving in the last few years. Within that framework, the major social platforms play an important role, not only for propaganda purposes, but also to strategically redistribute followers traffic by the use of outlinks and regenerate accounts when removed. The analysis of the Jihadi network on Socials will focus on the content shared and the core groups forming specific clusters with the scope to show how remaining visible, on the surface of the web, is essential for the Jihadi movement, and how a strategic use of dozen of platforms ensures the needed resilience to avoid takedown and resurge after law enforcement operations. At the same time, the continuing need for secrecy and back-up is keeping high the interest in decentralized and smaller platforms creating even more challenges in the fight against online terrorism.

Interpersonal And Institutional Betrayal: The Role of Hatred and Its Mitigation

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Hate-driven interpersonal or intergroup discrimination, hostility, and violence are significant concerns in our society. Hatred is a complex and multifaceted phenomenon and can be generated in several ways, one of which is through betrayal. The experience of betrayal may result from broken trust or violation of social rules or expectations. If the resulting harm or cost is perceived to be significant, hatred may ensue. It may be explicitly aimed at the person causing the harm, or it could include others associated with this person; in this case, we talk about interpersonal betrayal. A sense of betrayal can also stem from the experience of being hurt or let down by society, in which the resulting hatred will be more diffuse and could be directed at society in general or towards specific groups within society; in this case, we talk about institutional betrayal. This presentation explores the specific features of interpersonal and institutional betrayal and how they can generate hatred. Furthermore, the impact of different ways hatred can be reduced will be discussed, focusing on retributive vs restorative reparation strategies. Which of these strategies is likely to be most effective at mitigating hatred? What are their benefits and limitations?

The MeToo Movement: Who Is It Good For?

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Sexual violence survivors, social activists, practitioners and policy makers are calling the MeToo movement a turning point in the arena of sexual violence and the women's movement. With remarkable developments in collective disclosures, previously silenced survivors of sexual violence are now making public disclosures about abuse/assault and harassment. With extensive

coverage and support offered through social media like the #MeToo campaign, these disclosures are fueling unprecedented public discussion. In Canada we have been investigating how this phenomenon is unfolding and what this means by asking: What is the nature of "collective" sexual violence disclosures as a social change phenomenon and what impact are these disclosures having in Canada and globally? Who benefits and what barriers continue to exist? What role do legal systems and policies play in the aftermath of disclosing sexual violence? In our study we have found that while disclosures are on the increase, legal systems and policies lag behind in responding to sexual violations equitably or in preventing sexual abuse. The presentation will discuss future implications for practice and legal reform.

74. New Approaches in Legal Capacity Law and the UN Convention on the Rights of Persons with Disabilities (CRPD)

Implementing the Right to Decide: A Framework for Supporting the Legal Capacity of Persons with Severe Disabilities

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According to some interpretations, Article 12 of the UN Convention on the Rights of Persons with Disabilities requires the abolition of all substitute decision-making regimes and their replacement with substitute decision-making giving effect to the will and preferences of persons with disabilities. This issue has been one of the most controversial in international human rights law, because there is no agreement on how persons with severe disabilities, including severe mental illness, can make their own decisions. As a result, there is a wide divergence between the UN Committee on the Rights of Persons with Disabilities and states which are unwilling to implement Article 12 by abolishing their guardianship systems. This presentation provides a novel approach to incorporating all persons with disabilities in a unique Modified Support Framework. I accept that some persons cannot make their own decisions, but argue that this does not mean that guardianship is necessary in their case. Rather, the proposed model ensures that anybody will be able to use support to the extent possibly. It thus performs better than guardianship or existing models of supported decision-making by providing a set of rules which produce the best overall outcome for all persons affected.

Is there a Need to Revise Codes of Research Ethics in view of the CRPD?

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The main purpose of ethics regulation of human subjects research has always been to provide protection to research subjects. Certain groups, such as persons whose capacity to consent to research is impaired, have been viewed as vulnerable to exploitation and harm, and therefore in need of particular safeguards. Persons who cannot provide free and informed consent may only be enrolled in research projects if certain criteria are met. These are, roughly: the project has the potential to directly benefit the research subject; research of comparable effectiveness cannot be carried out on individuals capable of giving consent; and authorization has been given by a suitable third party (a legal representative or an authority). Recently, these safeguards have been criticised for being over-protective, hindering important research from being conducted and violating human rights law, such as the Convention on the Rights of Persons with Disabilities (CRPD) – a convention which grants persons with disabilities wide-ranging rights to autonomy and participation in society. This presentation discusses the specific norm-conflicts between the CRPD and codes of research ethics, such as the Additional Protocol to the Oviedo Convention concerning Biomedical Research, Declaration of Helsinki and the CIOMS guidelines.

May Compulsory Mental Health Care be Justified under the CRPD?

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Whether or not the Convention on the Rights of Persons with Disabilities (CRPD) outlaws compulsory mental health care is a contentious question that influenced much of the legal debate over the CRPD's impact on mental health care since the treaty entered into force. According to one position, defended by the CRPD Committee, among others, compulsory mental health care at a closed ward in a psychiatric hospital necessarily violates the right to legal agency and prohibition of discrimination. According to the competing position, supported by the vast majority of states, compulsory administration of treatment and care is sometimes necessary to protect health and life and, if coupled with appropriate legal safeguards, it is compatible with the CRPD. In this presentation, I disagree with both of these positions and suggest that the scope of permissible compulsory care can be identified using proportionality reasoning tailored to fit the discrimination context. I outline a framework that can assist decision-makers to design principled and evidence-based mental health care regimes and discuss why I believe that compulsory mental health care to prevent violence against others violates the prohibition of disability-based discrimination.

Guardianship Reforms in Hungary and its Impact on Legal Practice

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This presentation analyses guardianship reform in Hungary, the introduction of supported decision making, and its impact on judicial practice. We first assess the transformation of the legal regulation. The adoption of the new Hungarian Civil Code has clearly had a significant effect on court decisions, as it made it compulsory to designate the categories of decisions to which a partial

restriction on legal capacity applies. However, the change in regulation also implies a change of attitude that is considerably less apparent in the cases. In the context of international human rights expectations, any limitation of legal capacity should be applied in as limited way as possible, and only in the most necessary cases. In the examined cases, the efforts of the Curia (the Hungarian Supreme Court) to reinforce this change of attitude in court practice may be detected but they are not extensive. The spirit of the UN Convention on the Rights of Persons with Disabilities (CRPD) is just partially reflected in court practice, and supported decision-making is not seen by courts as a real alternative to guardianship.

The Purpose of Support in the Exercise of Legal Capacity – Article 12 at a Crossroads

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The provision of support to persons with disabilities is central to article 12 of the CRPD, and takes a prominent place in the literature on this article. What the purpose of support is supposed to be is however still unclear, beyond the broad one of ensuring that persons with disabilities can exercise their legal capacity on an equal basis with others. One natural suggestion is that it is to ensure that persons with decision-making difficulties are able to meet requirements set forth in domestic legislation for legally valid decision-making. Some interpreters of article 12 may not be comfortable, however, with permitting states parties to set forth such requirements, in which case one would need to identify some other role for support. Whatever the precise purpose of support is taken to be, whether any given support form can serve that purpose is an empirical question, and it is only in relation to this purpose that one may assess whether legal reforms, or various support arrangements, are effective. So far, however, the literature contains little such ends-means reasoning. In the presentation we elaborate on this problem.

75. Perspectives on COVID-19 (1)

Moral Injury and Moral Resilience Among Healthcare Workers During the COVID-19 Pandemic

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The COVID-19 pandemic placed unprecedented strains on the United States healthcare system, putting healthcare workers (HCWs) at increased risk for experiencing moral injury (MI). MI is characterized by exposure to events that violate one's core moral values and beliefs in ways that erode integrity, moral capability, and perception of basic goodness. Moral resilience (MR), the ability to preserve or restore integrity, has been proposed as a resource to mitigate the detrimental effects of MI among HCWs. We investigated the prevalence of MI among U.S. HCWs, the

relationship among factors that predict MI, and determined whether MR can act as buffer against it. In a sample of 595 HCW's, the overall prevalence of clinically significant MI in HCW's was 32.4%; nurses reporting the highest scores. Moral injury among HCWs was significantly related to: MR score, Ethical Concerns Index score, religious affiliation, and having ³20 years in their profession. MR was a moderator of the effect of years of experience on MI. HCWs are experiencing MI during the pandemic; the relationships with mental health and burnout requires further exploration. Moral resilience offers a promising resource to moderate the detrimental impact of MI alongside healthcare system transformation and provision of mental health services.

Lawyer Wellness and Ethics in Vulnerable Client Representation During and After Extreme Social Disruption

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The COVID-19 pandemic has deeply disrupted society, and the legal profession was not spared. On the contrary, pandemic disruptions have presented unique challenges to lawyer wellness and the ethical representation of clients. These challenges may be especially acute for lawyers working with vulnerable clients who were disproportionately impacted by economic and workplace stresses, physical and emotional isolation, substance abuse, and reduced life expectancies. The pandemic further is producing a small generation of lawyers whose legal education itself was defined in significant part by remote learning experiences, including in clinics and externships. The American Bar Association recently reported that the pandemic presents a "unique opportunity to re-evaluate and reimagine all aspects of the practice of law." This paper will explore critical issues for post-pandemic client representation, with special attention to the mental health impacts of the pandemic on the lawyer-client relationship. The paper will frame this inquiry as a legal ethics question, exploring how the pandemic experience has created new challenges to, but also new opportunities for, effective client representation. This paper also will examine these issues through comparative lens, looking at client representation in several legal systems.

A Global Pandemic's Role in Limiting Immigration to the U.S.

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International migration was dramatically altered across the globe with the onset of the pandemic caused by the novel coronavirus. Most countries imposed severe limits on immigration and visitation in legitimate efforts to stem the spread of COVID-19. However, some nations sought to leverage the pandemic to advance other agendas that are not focused on public health. This presentation will focus on the approach taken by the United States to manipulate public health concerns caused by the pandemic to advance the Trump administration's anti-immigrant agenda. In particular, the presenter will focus on the U.S. government's use of orders from the federal agency Center for Disease Control (CDC) to selectively limit immigrants from coming into the United States on both immigrant (permanent) and non-immigrant (temporary) visas, and to eliminate the opportunity for persons fleeing persecution to seek asylum within the United States.

The presentation will address how these new barriers dramatically impact the mental health of refugees and other immigrant groups, including those who are stopped at the border, and forced to remain in Mexico for indefinite periods. This presentation will also explore the contradictory approaches taken by the U.S. with respect to expelling noncitizens who had been living in the United States during the pandemic without testing them for exposure to the virus, while at the same time precluding immigrants from entering the United States purportedly to prevent further cases being introduced to the U.S.

76. Perspectives on COVID-19 (2)

Today's COVID-19 Crisis in the USA Informs Strategic Planning for Tomorrow's Mental Health and Forensic Services

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The world was unprepared for COVID 19. As of this day (January 2021), we in the United States are still reeling from this plague and its social and economic impact. With intensely polarized media and politics, one must strain to dispassionately peer through the fog of today's crisis to anticipate and plan for tomorrow's pestilential threat. Yet peer and plan we must, especially for the patients, forensic and civil, we are dedicated to serve. We continue to cross-titrate viral precautionary measures against supporting a healthy economy. Although vaccines and therapeutics were developed in record time, we continued to rely on a variety of social distancing and barrier methods to protect patients and mental health care providers in both hospitals and outpatient clinics, with heavy reliance on remote audio-visual technology. Prisoners were released in large numbers to reduce contagion and many were re-arrested in the community after committing new crimes. More contingency resources will be identified and stockpiled (ventilators, etc.) for future contingencies. Finally, in the age of unrelenting downsizing and closing of state mental hospitals, including forensic facilities, the concept of flexibly responsive hospital capacity may warrant studied consideration.

Substance Use Disorders in Times of the COVID-19 Pandemic and New "Dark" Trafficking Avenues: A "Perfect Storm" Looming?

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Our lives and communities have been besieged by COVID-19 for over two years, with limitations and restrictions aimed at stemming the spread of SARS-CoV-2. Nonetheless, it is still not fully understood how serious an impact the emergency has had on those with substance abuse issues. The presentation aims to address an extraordinarily alarming development: forced isolation resulting from pandemic-related restrictions, its impact on drug users, and to what extent substance abuse and trafficking have been affected as the pandemic unfolded. Furthermore, the new avenues of drug dealing cannot be overlooked, given how pandemic restrictions have caused millions to

spend more and more time online, hence law enforcement responses need to be redefined by the new ecosystems in which crime organizations increasingly operate. Such dangers are further magnified when increasingly widespread and accessible New Psychoactive Substances (NPS) get in the picture, due to their elusiveness and unpredictable effects. Dark web-based marketplaces do not offer any protection to customers or vendors, posing an extraordinary danger to users. As the criminal element becomes increasingly entrenched in impervious environments such as the Dark Web, and the enemies of public order and health are now "floating in the ether", drug screening, testing and enforcement strategies need to rely on thoroughly multidisciplinary efforts to counter the novel, utterly dangerous dynamics of drug abuse and trafficking.

The Impact of COVID-19 in Italy: A Lesson for Evidence-Based Recovery and Prevention in Forensic Psychiatry Settings

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Italy is the first European country severely to be hit by the COVID-19. The COVID-19 outbreak in Italy had a strong impact also on the Italian forensic psychiatry facilities, the REMS (Residences for the Execution of the Security Measures). According to the Inter-Agency Standing Committee (IASC) guidelines for "*Mental Health and Psychosocial Support*" during emergency situations, a wide variety of strategies should be used, such as identifying vulnerable groups, preventing long-term negative outcomes, adopting participatory approaches, and building on existing resources. Addressing the organizational gaps and the long-term clinical outcomes in forensic psychiatry settings was one of the key challenges for the public healthcare system in Italy during the COVID-19 pandemic. In our REMS, an initial problematic aspect was presented by the lack of scientific evidence for psycho-rehabilitative treatments. The challenge of the COVID-19 pandemic calls for the implementation of telepsychiatry technology as an integrated modality for the management of the inpatients. Telepsychiatry may be effectively applied to the administration of assessment measures and delivery of psychotherapy. As shown, such tools may increase the self-management skills of less severe inpatients. In addition, they may be helpful for staff meetings, thus in improving the staff communication when in-presence meetings may not always be possible.

77. Philosophical, Cultural, Medical and Legal Considerations in Consciousness and Brain Death

Eastern and Western Conceptions of Consciousness Applied to Robotics and Artificial Intelligence

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"Social robots" differ from other types of robots, in that they are designed to engage with humans and produce an emotional connection. Worldwide, some such robots have already been designed to provide certain interactive administrative tasks: as hotel check in clerks, for example. Social robots have a particular appeal for potentially assisting the world's growing elderly population, potentially as companions. A common objection to designing sociable robots to function as friends and companions holds that robots are "empty" inside and incapable of subjective states like caring. This presentation will continue to challenge this objection and argue against this objection by appealing to both Eastern and Western beliefs. It will argue that the objection assumes we can tell that humans are conscious and robots are nott, yet skepticism about other minds casts doubt on this claim. It will also suggest that caring relationships are not binary but instead, occur along a continuum.

Diagnosing and Discussing Brain Death: Medical Facts and Family Challenge

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Legal and medical brain death determination in the United States follows specific guidelines and must meet certain criteria. Yet families still experience confusion about brain death determination, how it is done, and what their rights are with regard to organ donation. These issues have become particularly acute in the time of the COVID-19 pandemic, when families may not be able to be present with loved ones for whom withdrawal of medical intervention and/or organ donation is being discussed. Lacking their "own eyes" to better assess and understand their loved ones' medical situation, families find it especially hard to process information regarding these issues. Additionally challenging are the different ethnic and religious concepts of death and dying in a multicultural society. This presentation will address the procedures and requirements for brain death determination, and describe how a discussion might be approached with families regarding discontinuing life-sustaining medical interventions and/or organ donation.

Opting Out of Brain Death in the United States

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Although the determination of death by whole brain criteria may appear firmly established in the United States, and both health care organizations and organ procurement organizations claim that "all religions" support the concept of brain death for the purpose of discontinuing medical interventions and/or proceeding to organ donation, this is not entirely true. Several notable cases will be explored in the United States that posed startling questions about the "medical legitimacy" of brain death as a concept, and that succeeded in mounting legal challenges to brain death as a legal definition of death. Several cases have led to evolving legislation and advocacy to require informed consent from surrogate decision makers for brain death testing to proceed, and will present challenges to health care providers and donor families into the future. An increasing social movement is allowing families to "opt out" of "brain death" criteria in determination of death.

Traumatic Brain Injury, Coping, and Education Outcomes in a Sample of Incarcerated Adolescents

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Adolescents in the juvenile justice system disproportionately experience lifetime traumatic brain injury (TBI). Coping has shown to be an important factor in predicting outcomes following a TBI. The current study is the first to examine the relationship between TBI, coping strategy, and educational outcomes. Study participants (N=227) came from a non-probability sample of youth in two residential facilities in Pennsylvania. Educational outcomes of interest were aspirations and expectations for school and academic self-efficacy. Coping was assessed with the Coping Strategies Inventory. STATA 14 was used to conduct multiple linear regression and mediation analysis within a Monte-Carlo framework to determine total, direct, and indirect effects using bootstrapped standard errors. Initial regression models found TBI was associated with lower levels of academic self-efficacy but showed no statistical relationship to aspirations and expectations for school. In mediation analysis, the use of avoidant coping strategies mediated a significant portion of the total effect between TBI and academic self-efficacy. Study results suggest that interventions that target avoidant coping strategies may be effective at promoting education involvement by incarcerated youth with TBI. Next steps for future research into TBI and coping will be discussed.

78. Police Use of Deadly Force in the United States

"He's Acting Strange": Mental Health & Police Uses of Deadly Force

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In the United States, officers shoot and kill approximately 1,000 people every year, and studies suggest that a sizeable percentage of that population—as much as 40%—are suffering from extant mental health conditions. In all likelihood, officers shoot at, but do not fatally injure, many more people who struggle with mental health issues every year. The current legal structure provides little reason to be optimistic that the situation in the United States will improve. The legal regulations that governing policing and the use of force do little to incentivize police agencies or individual officers to adopt evidence-based approaches that reduce the likelihood that officers will use deadly force. This presentation will briefly discuss the legal framework established by the Constitution, federal law, and state law, identifying inflection points where changes to statutes or doctrine could significantly reduce police uses of deadly force without increasing the danger to officers or the public. It will identify several contemporary administrative practices that some

agencies have adopted or are experimenting with and discuss how such practices could be incentivized by law.

Advancing Technology in Public Safety Without Sacrificing Privacy for Marginalized Groups

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In a post-COVID world, surveillance techniques may keep first responders just behind the "front lines," offering them and the individuals they are engaging in surveillance or investigation less likely to engage in contact that could turn violent for either the suspect or the officer and even remain healthy. Law enforcement agencies and the communities they serve should be able to utilize technology to advance the interests of public safety. Facial recognition, body-worn cameras, predictive police policing, gun-shot detection software, and aerial surveillance are just some of the 21st century technologies that law enforcement can employ. At first blush, these technologies seem to offer less intrusive means of surveillance and investigation. However, upon closer examination, the combination of all of these technologies, and their use in already vulnerable, underserved communities create another set of issues. Of more concern is that these technologies are often employed in the absence of community consent. This presentation will describe how the totality of the "new" technology is creating a new set of accountability issues that policy makers must address.

Beyond Black and Blue: How Neoliberalism Structures the Black Lives-Blue Lives Debate

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Many scholars have expressed marked dissatisfaction with the Fourth Amendment jurisprudence on deadly force, asserting that it gives officers and departments an unfair pass. In the press and public, this has manifested as a crusade to secure the prosecution of more officers for more serious crimes. However, it may be a mistake to focus on prosecuting individual "bad apple" officers and limiting defendant-officers' use of self-defence. As criminal defendants, officers are entitled to individual rights and defenses that undercut their individual culpability. This individual culpability focus has already been incorporated into Fourth Amendment jurisprudence, which is meant to address the very different issue of whether the state violated the Constitution, resulting in doctrine that renders the Fourth Amendment toothless. Those on the black-lives-matter side of the debate unintentionally reinforce this neoliberal approach that undercuts structural change when they characterize civilian killings as an exclusive function of individual choice rather than of the faulty departmental policies of badly screening, arming, and deploying (disproportionately in neighborhoods of color) high-risk officers.

Policing the Mentally Impaired

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This presentation will focus on the victims of police abuse who at the time of their encounter were laboring under a significant mental impairment. Family members often call the police seeking assistance. Unfortunately, police officers are mostly ill equipped either by training or temperament to resolve the conflict without using lethal force. I will draw upon my 40 plus years of civil rights handling many mentally impaired cases to illustrate that lives can be saved if officers were better trained and had alternative techniques available. I will explore the different interventions that have been successful and those that have not been. I will also discuss the tremendous negative impact on families calling for assistance when the person is killed by the police.

79. Prison Mental Health Care

Dealing with Sexual Offenders in Germany

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In Germany, sexual offenders are subject to special legal regulations, which are based on the concept of criminal responsibility: Offenders who are not criminally responsible and not considered dangerous are hospitalized, if at all, in general clinical psychiatric institutions. If serious offenses are anticipated from offenders who are considered to have at least diminished criminal responsibility, they are admitted, regardless of therapeutic prospects, to special forensic psychiatric security hospitals under the authority of the health ministry. Offenders dependent on psychoactive substances with sufficiently good therapeutic prospects, independent of being declared not or diminished or full criminal responsible, are admitted to special drug treatment facilities of forensic-psychiatric secure hospitals which are also under the authority of the health ministry. All other sexual offenders, including individuals with schizophrenia who are considered criminally responsible despite their illness, may be sentenced to prison, if no milder sanctions like a fine are ordered by the court. In individual cases, it may depend on coincidental constellations whether a sexual offender is committed to a forensic psychiatric or penal institution. Within penal institutions most of the sexual offenders are offered treatment in "Sozialtherapeutischen Anstalten". There are special legal regulations for sexual offenders housed in preventive detention after having served their prison sentence. In some cases mandatory outpatient treatment after release is possible. Implications of this option will be discussed.

Prevalence of Opioid Dependence and Opioid Substitution Treatment in the Berlin Custodial Setting: A cross-sectional study

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Among prisoners, substance use is highly prevalent, including opioid dependence. Opioid substitution treatment (OST) has been established as an evidence-based, first-line treatment for opioid dependence. Despite high prevalence of opioid dependence, conclusive data regarding its prevalence and the OST practice in German prisons is scarce; rather, the existing data widely diverges concerning the rates of inmates receiving OST. We conducted a cross-sectional survey of all detention facilities in Berlin. On the date of data collection, a full census of the routine records was completed based on the medical documentation system. Extracted for each inmate were sociodemographic data (i.e., age, sex, and non-/German nationality, whether inmates experienced language-related communication barriers), information about OST, comorbidities (HIV, HCV, schizophrenia), and the detention center, as well as the anticipated imprisonment duration and sentence type. This presentation will show that the prevalence of OST remains a major health issue in the custodial setting. It will be argued that OST implementation must be especially intensified among male, non-German, opioid-dependent prisoners with a short detention period. Treatment itself must be diversified regarding the substances used during OST, and institutional treatment differences suggest the need for a consistent treatment approach and the standardized implementation of treatment guidelines within local prison's standard operating procedures. Testing for infectious diseases should be intensified among opioid-dependent prisoners to address scarcely known infection statuses and high infection rates.

The Role of Childhood Harm and Mental Illness on The Risk of Victimization of Incarcerated Men

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While victimization is common inside prisons, much remains unknown about the predictors of violence against incarcerated men. An array of individual and system variables has been used to predict prison-based victimization but the evidence remains mixed and dependent on theory selection, sample size, and data availability. Often ignored in these studies is the robust correlation between childhood and adulthood victimization and mental illness and adult victimization. To test the impact of model specification on predictor significance, this paper includes the usual set of demographic, criminological, and system variables along with variables for childhood abuse – measured by type and latent class– and mental illness and depression symptoms using a sample of 6,964 incarcerated men. Over half or more of men reported some type of childhood harm and over one-quarter experienced in-prison victimization. Traditional variables of age, race/ethnicity, offense type, and perceived crowdedness, in most models, remain significant predictors of prison-based victimization, although the size of the coefficients generally diminish with the addition of childhood abuse and mental illness variables. Mental disorder, current depressive symptoms, and child abuse significantly predict all types of prison-based harm, with childhood harm class being the largest single predictor of in-prison, resident-on-resident sexual and physical victimization.

Management of Cognitive Impairments in the Aging Prison Population.

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Research indicates that inmates tend to age faster than members of the general population in the community. Depression and various kinds of dementia are among most common mental disorders of elderly inmates but considering that many of these patients may have multiple medical co-morbidities, the possibility of them become delirious is also very high. These diseases may present with cognitive impairments, and it usually requires a team of medical and mental health professionals to recognize and effectively manage these conditions. We propose these patients to be managed by a team of different levels of mental health professionals in close collaboration with the medical team. The source of referrals for this program is either result of screening (psychometrist or QMHP), or a direct referral by another specialist, or a custody. The process initially involves use of psychological tests to rule-out delirium and then confirm/rule out presence of major cognitive disorders. If the presence of delirium is ruled out in the patient, he/she will be enrolled into mental health chronic care clinic, and the physical health physician will act a consultant to co-manage patients' medical conditions if they are present in the patients.

80. Protecting Children and Parents

Recurrent Misinformation Regarding Parental Alienation Theory

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We live in an era of misinformation, misleading presentations, and fake news. Since the 1980s, misinformation regarding parental alienation theory has been published repeatedly in journals intended for mental health and legal practitioners. This presentation reports a specific example of misinformation, i.e., variations of the statement: "Parental alienation theory assumes that the preferred parent has caused parental alienation in the child simply because the child refuses to have a relationship with the rejected parent, without identifying or proving alienating behaviors by the preferred parent." That statement—sometimes called a meme or a woozle—is a false representation of parental alienation theory. The same misinformation occurred in journal articles, books, and presentations by critics of parental alienation 40 times between 1994 and 2020. This presentation relates this trail of recurrent misinformation, which is not trivial; it is a major misrepresentation of basic tenets of parental alienation theory. The presentation concludes with action items, including the proposal that these false statements should be corrected and/or the journal articles should be withdrawn from publication.

The Interests of Parents with Personality Disorder, Children and Practitioners: A Cornerstone for Future Research

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UK law underlines the welfare of children as paramount concern, emphasizing the rights of the child and the responsibilities of parents. This is supported by Articles 3 and 12 of the United Convention on the Rights of the Child. However, psycho-social outcomes for children of parents with personality disorder are poor. Parents with personality disorder report high levels of parenting distress and key barriers to accessing support, questioning the adequacy of treatment for their mental illness. However, clinicians and social care practitioners can feel deskilled, often without interventions to support in practice. This is despite evidence to suggest a significant proportion of mothers involved with child safeguarding, or child protection services, report symptoms associated with borderline personality disorder. The presentation will review literature detailing the prevalence, experience, and outcomes of parenting with personality disorder. Drawing on empirical findings it will suggest the value of a trauma informed social perspective for enhancing the capacity and experience of parents with personality disorder and thereby more positive outcomes for their children. It will conclude by suggesting the importance of further empirical research in this area.

Mental Health, Coercive Control, Parental Alienation and Gaslighting

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In the 1944 film Gaslight, the protagonist deceptively persuades his wife she is descending into insanity. The colloquialism "gaslighting" has entered the legal discourse and is used to describe those who find themselves victims of reality distortions within a coercively controlling intimate relationship. The intersection of domestic violence and "parental alienation" (PA) has confounded researchers because it difficult to determine whether PA is prevalent in dysfunctional family relationships or if the phenomenon is a strategic ploy in legal disputes. Feminist researchers have shown that the abuse suffered by children and the victim parent, usually the mother, has been discredited, dismissed, or greatly minimized by family courts, and the safety of mothers and children are sacrificed in dangerous parenting arrangements that favour the manipulator. Parental alienation exists in some parenting arrangements but should be reserved for these rare and specific cases. At present, many women find themselves in the terrible position of choosing their safety or risking custody when parental alienation is alleged. Judges need to be educated on parental alienation, domestic violence, and mental health interventions to dispel the myth that PA discredits allegations of IPV. Women are being mislabelled as disordered alienators at the cost of their children.

Family Controlled Trafficking in the United States: Victim Characteristics, Systems Response, and Case Outcomes

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Child trafficking is prevalent and poses a serious problem in the United States, particularly in Kentucky. This study used administrative data from Kentucky's child welfare system to identify

case characteristics of alleged victims of child trafficking in Kentucky and trends in case outcomes and system responses. Analyses were based on 698 alleged victims of child trafficking reported between 2013 and 2017. Important findings revealed cases were more likely to be substantiated and/or founded when law enforcement was involved and a forensic interview was conducted, but that having a family member perpetrator predicted that case would not be confirmed. Findings suggest that victims of family-controlled trafficking were more likely to have a higher number of perpetrators, live in rural communities, and be younger. Findings suggest opportunities for research and practice to address child trafficking among overlooked and underreported populations, and emphasize the need for standardized, trauma-informed training across the system of care in order to better prevent and alleviate victimization. To make a significant impact on the reduction of family-controlled trafficking, this study sheds light on the need for enforced penalties for family members as traffickers.

81. Psychiatric Evaluation of Defendants: Multidisciplinary Perspectives

Validation of a New Instrument to Guide and Support Insanity Evaluations: The Defendant's Insanity Assessment Support Scale (DIASS)

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The insanity defense represents one of the most controversial and debated evaluations that forensic psychiatrists and psychologists perform. Despite the variation among different jurisdictions, in Western countries, the legal standards for insanity often rely on the presence of cognitive and/or volitional impairment of the defendant at crime time. Efforts have been made to guide the insanity evaluation and theoretical models, tools and guidelines have been proposed. However, to date, a valid instrument that could be useful to guide forensic psychiatrists' criminal responsibility assessments in different jurisdictions, is lacking. This is a gap that needs to be addressed, considering the significant forensic and procedural implications of psychiatric evaluations. In addition, the presence of an instrument to guide and support forensic psychiatric evaluations could represent a first step towards some standardization that will hopefully promote the exchange of ideas and research findings across jurisdictions and disciplines. This would be a valuable development for an area that is of considerable medical, legal and societal importance, but that regrettably continues to be understudied. The Defendant's Insanity Assessment Support Scale (DIASS) can be useful to support, structure and guide the insanity assessment across different jurisdictions, in order to improve reliability and consistency of such evaluations.

Insanity Defense Evaluations: What is the Value of Neuroscience?

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Many legal systems have an insanity defense, but the form it takes varies considerably across jurisdictions. Still, in general, core components of the defense are, first, the presence of a mental disorder and, second, one or more legally relevant deficits or incapacities resulting from that disorder. Often, the insanity defense evaluation is regarded as a particularly challenging task for a forensic psychiatrist. One reason is that such an evaluation relies to a considerable extent on what the defendant, in retrospect, tells the psychiatrist about her subjective experiences, such as her fears, intentions, impulses, and mood. Reliance on a defendant's own words entails a vulnerability, for instance, because she may not tell the (whole) truth. Some have argued that the use of neuroscience and neurotechnology could provide more objectivity to these evaluations. Others emphasize that, in general, neuroscience and neurotechnology are not ready for use in the context of evaluations of a defendant's sanity. This presentation will consider the usefulness of neuroscience for psychiatric insanity defense assessments. More specifically, it will look at the above-mentioned components of the defense and try to determine the value of neuroscience regarding each of them.

New Technologies for Risk Assessment and Treatment in Forensic Psychiatry: Possibilities and Challenges

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In recent years, in the fields of forensic psychiatry and criminal justice, there has been a significant rise of technologies which revolutionized the way risk assessment is conceived and deployed; among these, artificial intelligence, the use of big data, algorithmic risk assessment and neuroprediction techniques. Increasing interest has been placed in developing tools with an advancing potential to predict violence and future dangerousness, analyzing vast amounts of data and identifying neurobiological risk factors for criminal behaviour. However, while these tools hold great potential, they are still far from perfect, and their possible misuses have been extensively debated. At the same time, less has been discussed about their possible use to inform treatment options. Besides being merely predictive tools, new technologies could be used in correctional rehabilitation and reintegration programs in meaningful ways; for instance, virtual reality and augmented reality technologies are showing promising results. This presentation will provide an overview of new technologies for risk assessment and rehabilitation in the domains of criminal justice and forensic psychiatry, assessing possibilities and challenges, as well as possible future directions.

82. Psychopathy Assessments and Psychiatric Ethics

Professional Ethics and Psychopathic Assessments

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Forensic psychiatrists and psychologists identify as subspecialists of the medical community and, as such, subscribe to a set of professional ethics grounded in medicine that reflect their unique role as practitioners within the courts. In this role, forensic psychiatrists often draw upon the PCL-R assessment tool to determine whether an individual has psychopathy. This presentation will argue that the use of this tool violates the professional ethics that forensic psychiatrists inherit in virtue of being a subspecialty of medicine. As subspecialists, forensic psychiatrists and psychologists ought to use their knowledge towards the ultimate goal of medicine to "make whole" the patient. This ultimate goal entails the principle of primum non nocere, or first do no harm. While subspecialties like forensic psychiatry may adopt more nuanced ethical frameworks to reflect variations of their specific practice, these altered frameworks must not be in direct violation of the fundamental principles such as primum non nocere. The PCL-R, however, directly violates this fundamental principle because of the potential harm that accrues to the patient following assessment. This presentation will propose that forensic psychiatrists ought to either refrain from performing the PCL-R assessment or cease to self-identify as members of the medical profession when acting in their role as forensic psychiatrists.

Is a Psychopathy Assessment Violating Basic Psychiatric Ethics? On the Ethical Perils of Assessing Psychopathic Offenders

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Psychopathic personality, or psychopathy, is a psychiatric syndrome associated with callous personality traits and chronic antisocial behaviors. During the past two decades, psychopathy assessments have become part of standard assessment batteries in forensic settings, utilized to inform various decisions such as risk assessment, juvenile transfers, rehabilitation strategies, etc. Recently, however, researchers have raised doubt about the clinical reliability and utility of psychopathy assessments, which in turn has triggered a growing debate about their ethical justification. The presentation will add to this discourse, arguing that forensic psychiatrists should immediately halt the use of psychopathy assessments because these tools seem to clearly violate basic ethical principles and guidelines in forensic psychiatry. In particular, it will demonstrate that the way psychopathy assessments are used almost always has no benefit to the patient being assessed, and that there are de facto and potential harms directly associated with its intended use. It will conclude by discussing alternative forensic assessment strategies that are ethically justified and may achieve some of the same clinical goals that usually motivate the use of psychopathy assessments.

The Moral Quandary of Diagnosing Psychopathy

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A diagnosis of psychopathy can have profound effects on a person's life, not only in the way they are regarded by the people around them, but also when it comes the legal justice system. Here, the diagnosis is typically seen to be an aggravating factor (unless a biological explanation is also provided, Aspinwall, Brown, and Tabery 2012). This often leads to longer and more severe prison sentences. It can also affect later parole decisions because clinicians judge a person with the diagnosis more likely to reoffend (Rockett, Murrie, and Boccaccini 2007). Given the severe consequences for the person, is it morally justifiable for psychiatrists to use the diagnosis? Some raise concerns about the clinical validity of the diagnosis, others worry that unlike other diagnoses, 'psychopathy' is used, not to help the sufferer, but to further disadvantage them. I show how these concerns can be addressed and why we might want to hold on to the practice of psychiatrists diagnosing 'psychopathy'.

The Psychodynamic Diagnostic Manual-2 for the Assessment of Psychopathic, Malignant Narcissistic and Sadistic Personality Syndromes

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The Psychodynamic Diagnostic Manual-2 (PDM-2) was developed to add a contrasting, person-centered perspective to the conceptualization and diagnosis of psychological dysfunction not found in the ICD or DSM. The PDM-2 enables clinicians to describe overall level of personality organization (Healthy, Neurotic, Borderline or Psychotic), specific personality patterns and syndromes (Axis P), and the patient's mental functioning in a broad array of domains, including strengths and vulnerabilities (Axis M). The Psychodiagnostic Chart-2 (PDC-2) is an instrument for coding PDM-2 data. The PDM-2 and the PDC-2 offer the opportunity to assess the Psychopathic, Malignant Narcissistic and Sadistic Personality Syndromes often found in criminal and political arenas. Psychopathic personalities' central preoccupation is manipulation, Sadistic personalities' central preoccupation is inflicting suffering. The Malignant Narcissistic personality is narcissism (inflation of the self) blended with sadistic aggression—on a continuum with the psychopathic personality. The presentation will outline the features of the Psychodiagnostic Chart-2 (which can be downloaded for free) and how to use it for the assessment of these syndromes.

83. Refugees: A Mental Health Crisis

Social Determinants of Refugee Mental Health

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This presentation will delve into the mental health related factors associated with the resettlement of refugee and asylee populations and will present those social determinants that have had a negative impact on mental health in the age of COVID. Focusing on the Nepalese speaking Bhutanese refugees in my community, this presentation will outline clinical and public health scenarios which the other speakers in this session will address from legal and ethical perspectives. To begin, it will briefly outline the experiences of resettled refugees and asylee populations during traumatic evacuation from one's home, constrained living in a refugee camp, and resettlement in a new host-country that have led to the severe current mental health disparities. Social determinants impacting mental health (economic stability, neighborhoods and physical environment, education, nutrition and exercise, community and social context, health care system, and legal system) will be discussed in the context of the current COVID pandemic and the accompanying increase in racial intolerance and xenophobia. It will focus on what clinicians can do to improve mental health care among refugees and asylees who have been resettled.

A Social Justice Framework for Improving Refugee Mental Health

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This presentation will examine how the COVID pandemic has re-traumatized survivors of violence, oppression, and poverty, and has increased health disparities due to a lack of effective public health communication and absence of cultural humility. It will explain, from an ethical perspective, that while nonprofit agencies, universities, and clinics have made a positive impact on the health of this population since the start of the pandemic, more concentrated efforts in the health care sector to improve access to care, public health policies specific to refugee populations; enforced anti-discriminatory laws are needed from a social justice perspective. These needs, however, cannot be met without incorporating cultural humility into practice along with a justice-based approach. It will present three types of justice-based approaches (Communitarianism, Capabilities Approach, and Classical Liberalism), and argue that a narrative-based capabilities approach can best identify the unique needs of our resettled refugee and asylee populations and best aligns with and enforces the importance of international human rights. It will describe how advocates and ethicists can work with health care professionals, public health experts, and legal professionals to develop sustainable community support, better access to mental health care, and involve refugee and asylee representatives in deliberative, social justice initiatives.

The Impact of Immigration Policy on Mixed-Status Latinx Families

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As of 2019, there were 10.5 million undocumented immigrants living in the U.S., and approximately 58% were from a Latinx ethnic group. For many undocumented immigrants fear of deportation was one of the most common stressors. Changes in immigration policy over the last two decades have led to a significant increase in deportations, which has exacerbated this fear in the Latinx community. Mental health practitioners working with undocumented Latinx individuals

are advised to become familiar with immigration policy changes in order to understand the devastating effects these policies have on the Latinx community. Evidence of these devastating effects can be found in the threat of deportation for mixed-status families. Mixed-status families refers to families where some members are U.S. citizens and others are undocumented. Approximately 9 million individuals in the U.S. were from mixed-status families, 1 million of whom were children. This presentation will focus on what school counselors should know and recommendations when working with Latinx children from mixed-status families. Specifically, how have recent policy changes affected mixed-status families, how do Latinx mixed-status families deal with potential familial separation, what are the mental health implications of Latinx children from mixed-status families, and what disparities exist within mixed-status families.

Challenges of the Psychotherapeutic Interventions of Traumatized Refugees during the Pandemic

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The presentation describes the different aspects of online therapies with traumatized persons during the COVID-19 pandemic. The therapeutic space is different. Instead of three dimensions we are present in two dimensions. No personal reactions are available, only visual and auditive perceptions. The therapeutic setting is a triadic situation: the therapist, the patient and the interpreter. The fourth participant is the trauma, not only the past trauma but the traumatic load of the present: fear of the virus infection. This is a special participant invisibly present in the therapeutic space. The two-dimensional space is less secure giving space to projection and paranoid ideation. Without personal security the traumatic experience can easily activate again. Stabilization takes a longer time. Nonverbal perception is significantly reduced. No eye contact, no feeling of distance, no smell, scent is available. Verbal information arrives in a different way. It means a different role for the interpreters who need a special training on their new, extra tasks. Online therapies mean a special challenge regarding the integration of a working group. There is a danger of atomization and the staff members might feel extreme loneliness increasing the danger of burn-out.

84. Research on Trauma, Substance Use, and Alcohol Use: Using a Diverse Range of Approaches and Populations

Societal Factors Associated with Negative Outcomes in Indigenous Youth with Fetal Alcohol Spectrum Disorder

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In Canada, the incidence of Fetal Alcohol Spectrum Disorder (FASD) among Indigenous youth is estimated to be 1 in 100 live births. No study has looked at societal factors associated with increased prevalence of mental health disorders, suicide, and trouble with the criminal justice system among Indigenous youth living with FASD. To identify societal factors associated with increased prevalence of mental health disorders, suicide and trouble with the criminal justice system in Indigenous youth living with FASD. Data were collected through in-depth interviews with Indigenous leaders (n=50), and caregivers of Indigenous youth, aged 12 to 25 years (n=152), living in First Nation communities and urban centers throughout Canada. Societal factors were identified by qualitative analysis. Societal factors associated with increased incidence of mental health disorders, suicide and trouble with the criminal justice system in Indigenous youth living with FASD were: poverty; inequity in health and social services; and lack of social inclusion in Canadian society and discrimination. Through the words of the participants, the societal factors associated with significant negative outcomes of Indigenous youth living with FASD will be presented. Implications for policy, practice and research will be discussed.

Intricacies Between Complex Trauma, Substance Abuse and Delinquency: Meanings from Youth Narratives

Julie Marcotte, *Université du Québec à Trois-Rivières* (julie.marcotte@uqtr.ca)

Youth aging out of foster care are considered to one of the most vulnerable subgroups of emerging adults (18-30 y-old). According to tenets of complex trauma theories, repeated relational trauma during infancy and adolescence, because they are experienced through a critical development period where children do not have the coping skills to manage and understand what is happening to them, entails a wide range of negative outcomes. In fact, behavior and mental health problems, delinquency and revictimization are often listed among former foster care youth. Also, low self-concept and self-esteem seem to be important features that prevent youth from experiencing positive adjustment in adulthood. Although many studies have demonstrated the associations between complex trauma and these negative outcomes (Herman, 1992; Milot et al., 2018) and associations between substance abuse, delinquency and low self-concept and self-esteem (Moreland et al., 2018), few have been concerned with how youth themselves describe these associations. The presentation introduces results from a thematic analysis of 21 former foster care youth's life narrative. More specifically, results highlight how youth make sense of the complex intricacies between trauma, substance abuse and delinquency and how these intricacies modulate identity development.

Strengths and Limitations of Two Cannabis-Impaired Driving Detection Methods

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Recent cannabis use is associated with an approximate two-fold increase in automobile crash risk, but detecting cannabis-impaired driving remains a challenge. The pros and cons of two types of assessments arising from those used to detect alcohol-impaired driving are discussed in the context of cannabis-impaired driving. Some laws rely on tests to detect whether blood or breath levels exceed a legally defined threshold. These laws rely on clear and consistent relationships across individuals between detectable drug concentrations and the amount consumed, crash risk, or degree of driver impairment. However, unlike alcohol, there is poor correspondence between detected levels of the primary active constituent of cannabis or its metabolites and the amount consumed or its behavioral effects. Field sobriety tests assess impairment on functional tests calibrated to reflect actual driving-impairment and validated to predict traffic safety risk. However, functional tests for cannabis-impaired driving have not been developed or validated, and the degree of impairment resulting from recent cannabis use is difficult to distinguish from other conditions. Although standard field sobriety tests have advantages over tests for cannabis-impaired driving, limitations of both leave cannabis users and law enforcement officials little guidance in assessing an individual's driving fitness after recent cannabis use. This presentation considers general strategies for detecting and preventing impaired driving regardless of the cause would be preferable to establishing specific methods for every situation or substance that could impair driving.

85. Restrictiveness in Forensic Care: Ethical Issues and Treatment Outcomes

Does Forensic Psychiatry Need Specific Clinical Ethics Support?

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Forensic mental health care professionals are confronted with complex ethical questions. In contrast to other medical professions, little is known about the use of clinical ethics support in the field of forensic psychiatry. Describing current clinical ethics structures and identifying needs might help to improve treatment quality of mentally disordered offenders. Therefore, we assessed

the availability of clinical ethics structures in forensic psychiatric hospitals in Germany and compared the structures and responsibilities with general mental health care. Clinical ethics support was available in only 43% of all forensic psychiatric hospitals. We did not find major differences regarding the most frequently requested issues. We concluded that ethics consultation is not yet well established in forensic mental health care although professionals expressed a need for support in ethical decision making. Reasons for that might be a lack of awareness for clinical ethics services or unmet needs for training in clinical ethics in forensic psychiatric hospitals. Further research should focus on how ethics support can be comprehensively implemented in forensic mental health care and how this might improve treatment quality and patient and staff well-being. This presentation discusses the implications of these findings.

Forensic Outpatients' Living Conditions May Add to the Prevention of Further Imprisonment

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Forensic outpatient treatment in Germany helps forensic patients back into society while managing the risk that these individuals present to public safety. In addition to the effects of treatment and control, good living conditions have been hypothesized to help prevent criminal recidivism and a number of studies have examined variables related to poor outcomes including recidivism among former prison inmates and sexual offenders. In order to investigate variables that are likely to reduce the risk of unfavorable outcomes such as subsequent confinement or back-referral to inpatient treatment, data were analyzed from a forensic outpatient data project run by the federal state of Baden-Württemberg. Based on data provided by six forensic treatment units throughout the federal state of Baden-Württemberg since 2015, 61 forensic outpatients were investigated. Information on the patients' working, living, and financial situation as well as information on their social network and relationship status, was used. The predictive validity of these factors on treatment outcome was tested with a logistic regression model. The presentation will discuss the findings, showing a number of a priori differences between the groups, but pro-social leisure activities in an outpatient environment and migration status were the only significant predictors of positive vs. negative outcome.

A Register-Based Comparison Study of Swedish Patients in Forensic Psychiatric Care 2010 and 2018

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This study compared the characteristics of a population of Swedish patients in forensic psychiatric care in the year 2010 and 2018, with the goal of identifying similarities and differences in sociodemographic and clinical outcomes during the study period. Significant changes in patient characteristics and treatment aspects were found, although similarities between the years were more common. Schizophrenia, schizotypal and delusional disorders were the most predominant primary diagnoses characterizing forensic psychiatric patients. From 2010 to 2018 there was also a development in care conditions supporting a shift from inpatient to outpatient care and from first-generation antipsychotic/neuroleptic to second-generation antipsychotics/atypical antipsychotics. More liberty restrictive such as physical restraints and forcible medication diminished while less restrictive coercive measures increased. There was also a decrease in the length of stay in forensic psychiatric care among those treated 2018 compared to those treated 2010, something that emerged as particularly discernible among male patients. In conclusion, the results from this study illustrate the similarities among a Swedish forensic psychiatric population between the years of 2010 and 2018, while also reflecting some changes in patient characteristics and clinical practice during the study period.

86. Risk Assessment (1)

Mass Murder in Switzerland

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Mass murder is the killing of three or more people in one event. Usually, there are three kinds of mass murder distinguished: Public shootings, felony associated ones and familicides. Switzerland is a country with despite a high availability of private and military guns (militia) a very low rate of homicide and a comparably high rate of suicides; this despite a high offer of psychiatric facilities. Between 1972 and 2015 in Switzerland, there occurred 50 cases of mass murder. Researchers got access to the files of 35 cases, for the remaining researchers only had access to the newspaper articles. The majority of mass murders in Switzerland were familicides. Our research team was able to relate different patterns to each kind of mass murder: Familicides were closely linked to suicide, whereas public shootings related to a severe mental disorder of the perpetrator. The perpetrators of felony associated mass murders usually had a low psychosocial standard. Contrary to our expectations, military weapons as means of killing were of minor importance. Implications from this research for future risk assessment will be discussed in this presentation.

Multiple Homicide in England and Wales: A National Consecutive Case Series

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Despite the public fascination, little academic attention has been paid to multiple homicides. Consequently, there is a lack of robust empirical evidence, with few studies of multiple homicide conducted on UK samples. The aim of this presentation is to report the prevalence of multiple homicide in England and Wales; examine the demographic, behavioural, offence and clinical characteristics and criminal histories of the most common typologies, serial murder and mass murder. A national consecutive case-series of homicide in England and Wales, 1997-2018. 12,704 homicide offenders were studied. Four hundred and seventy (4%) killed multiple victims. Most were male, the mean age of all offenders was 31 years. Of the total number of offenders, 47 committed serial homicide (two or more victims) and 57 mass murder (four or more victims), less than one percent combined. Familicide accounted for a third of all multiple homicides. Multiple homicide offenders were significantly more likely to be older, kill their children or strangers, and use arson, or firearms as a method. Low base rates make predicting multiple homicide problematic and difficult to prevent. Understanding the antecedents underpinning violence, e.g. trauma and adverse childhood experiences and improving mental health care in the criminal justice system, is needed.

Involuntary Celibates (Incels), Violence and Mental Disorder: A Narrative Review for Risk Assessment and Clinical Intervention

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In recent years, mass violence associated with men who identify as involuntary celibates (incels) has been of increasing concern. Incels engage in an online community where misogyny and incitements to violence against women are prevalent, often due to the belief that women are denying them a 'right' to sex. Indeed, inceldom can be considered a form of extremism. To date, there has been little research into the mental health of incels and how, in some, this contributes to violence. This presentation considers the associations between mental disorder and inceldom, including the risk factors for incel-related violence. Information released about the perpetrators of incel-associated violence consistently suggests that mental disorder is a contributory factor, with depression, autism, and personality disorder being of particular relevance. In addition, hopelessness and suicidality in incels are key risk factors for violence when combined with fixations on lack of sexual experience, cognitive distortions, and misattributing blame to women for their problems. Some of the difficulties associated with autism may increase an individual's vulnerability to engaging with the incel community. More research is required on the contribution

of personality disorder and psychosis. Recommendations for best practice for risk assessment and clinical intervention will be presented.

Applicability of Two Violence Risk Assessment Tools in a Psychiatric Prison Population

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The risk of violent behavior is known to be higher for patients who suffer from a severe mental disorder. However, specific prediction tools for clinical work in prison psychiatry are missing.In this single-center study, two violence risk assessment tools (Forensic Psychiatry and Violence Tool "FoVOx" and Mental Illness and Violence Tool "OxMIV") were applied to a prison hospital population and subsequently compared. The required information on all items of both tools was obtained retrospectively of a total of 339 patients by evaluation of available patient files. We obtain median and inter-quartile range for both FoVOx and OxMIV, just as their rank correlation coefficient along with 95% confidence intervals (CI) - for the full cohort, just as for cohort subgroups. This presentation concludes both risk assessment tools are applicable as an adjunct to clinical decision making in prison psychiatry.

Attempted Mass Murder During First-Episode Psychosis: A Case Study

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A case of attempted mass murder is presented. The offender, a 17-year-old male immigrant, attacked 7 people with a blunt weapon before he was stopped by the police. He tried then to urge the police to shoot him. Before the rampage, he had tried to commit suicide and set fire to the house of his parents. The following forensic psychiatric report revealed that he was suffering from an acute first episode psychosis during the event. For the purpose of the case study, the offender was interviewed three years after the offense and police and court files were examined. The case is analysed with focus on preattack behaviours under the perspective of threat assessment and implications for threat management are discussed

87. Risk Assessment (2)

Lead Exposure in Criminal Defendants

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Lead is a common heavy metal and one of the earliest known neurotoxins produced by humans. According to researchers, lead's potential impact to human health is higher than any other neurotoxin except alcohol. Thus, it should be considered as a possible etiology or contributing factor when evaluating cognitive functioning across the lifespan, especially in a forensic setting. Lead exposure has been tied to many negative outcomes that can vary according to age of exposure. There is no one specific pattern, and individuals can present with diffuse cognitive complaints, as well as behavioral difficulties, emotional issues, and physical health problems. Common cognitive deficits seen in adults include reduced verbal and visual learning and memory, problems naming, lowered IQ, and difficulties in executive functioning. Emotional and psychological problems can include depression, anxiety, antisocial behavior, aggression, and hyperactivity. During this presentation, we will review routes of exposure, the negative impact on physical and mental health at different points of the lifespan, the difficulties measuring lead in the adult who had exposure as a child, and criminal case studies. Finally, we will discuss the increased risk of exposure to the vulnerable and disenfranchised and the societal implications, including higher rates of incarceration.

Assessing Violence Risk in Violent Offenders with Psychiatric Disorders

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In Switzerland the criminal justice system is increasingly tasking forensic experts to advise on mandatory treatment verdicts, which can be delivered in addition to or in place of standard sentences. The treatments can be outpatient, inpatient, or even indefinite commitment. It is therefore essential to select reliable tools for conducting such forensic evaluations. Little is known about risk assessment tools violence prediction effectiveness in offenders with specific psychiatric disorders. The presented study analyzed the accuracy of three well-known risk assessment tools in offenders with personality disorders. 102 males'offenders were assessed in a Swiss forensic unit with Violent-Risk-Appraisal-Guide, Historical-Clinical-Risk-Management-20 and Structured-Assessment-of-Protective-Factors-for-violence-risk. Violence occurrence after release was recorded within a 18 month follow-up. We used one-factor ANOVAs for descriptive and receiver operatic characteristic (ROC) curves analyses (AUC values) for accuracy prediction. With regard to psychopathology, diagnoses were mainly personality disorders (35%) and substance abuse (30%). About 10% of the offenders had not been diagnosed with any psychiatric disorder. Offenders with personality disorders showed higher violence risk and recidivism rate. Conversely, predictive accuracy was still significant but lower for offenders with personality disorders. Results at one Swiss forensic unit showed that risk assessment tools predicted just averagely future violence in violent offenders with personality disorders. This should be considered for more effective risk management studies and strategies.

Dysfunctional Brain Networks in Aggression

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Anger and anger regulation problems that result in aggressive behaviour pose a serious problem for society. Anger is the emotional drive or motive behind reactive aggression. Elevated anger and the inability to regulate anger are related to problematic and destructive conduct, including aggressive and violent behaviour. Consequently, anger has been defined as a mental health issue by policy makers, with anger regulation as a crucial target in the prevention of violent crime and reactive aggression. It is therefore important to investigate the etiology of anger, and how we can improve aggression regulation. Therefore, we investigated differences in brain responses during emotion (anger and happiness) provocation and regulation between violent offenders and non-offender controls. Results suggests an increased need to regulate during anger provocation, and anger regulation difficulties when explicitly instructed to distract, in violent offenders. The constant effort required for violent offenders to regulate anger might exhaust cognitive resources, ultimately contributing to reactive aggression. Results of this study leading to new insights for treatment interventions, and future research, will be discussed during the presentation.

88. Schizophrenia and Related Challenges

Characterizing Inpatient Care for Adults with Schizophrenia Using the Health Quality Ontario Indices: A Single-Centre Retrospective Cohort Study

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This presentation discusses a single-center retrospective cohort study, one of the first to evaluate the inpatient care provided to persons diagnosed with schizophrenia in Canada. This study examined all admissions for adults diagnosed with schizophrenia over a 6-month period in 2017 to an inpatient psychiatric unit situated in a nonprofit general hospital in Kingston, Ontario, Canada. The Health Quality Ontario standards for the inpatient care of adults with schizophrenia were used to assess the quality of care provided in hospital. These standards if met would be of medicolegal importance if there were complaints about care provided. Standards were determined to have been met by doing a thorough chart review for each patient, reviewing all documentation in progress notes, admission notes, discharge notes and emergency room notes for quality standard completion. The average length of stay per patient was 18.64 days. The treatment at this facility largely focused on medication management of schizophrenia; however, it was found that several areas of care did not meet the standard of care as set by the Health Quality Ontario Quality Standards for Schizophrenia Care for Adults in Hospitals, which was set in 2016. Problematic areas were promoting physical activity and healthy eating (4.9% compliance), treatment with clozapine (13.1% compliance) and cognitive behavioral therapy (9.8% compliance). The study site is fully accredited and attending physicians were all psychiatrists. How pervasive these deficiencies are in other settings is not known.

Ethical Controversies and Challenges in Human Genome Editing

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Human genome editing consists of human somatic cells editing and human germ layer editing. Somatic cell editing utilizes all human cells except reproductive cells. Germ layer editing includes reproductive cells and any changes made by germline editing, are passed through generations. Arrival of CRISPR technology and its increasing utilization has raised ethical concerns and controversies. Somatic cell editing enables cells causing heritable disease to be replaced by normal somatic cells and elimination of heritable disease. At present, the ethical need in somatic cell editing is safety, risk-benefit calculation, protection of vulnerable subjects, informed consent and equity of access. Ethical issues about germline editing are: whether potential benefits outweigh the potential risks, therapeutic need, affordability and equity. The main controversy is intergenerational effects and whether the benefits outweigh the risks of utilizing germline editing. Slippery slope concerns include: allowing basic research in human embryos with germline editing, risk of moving from basic research to the therapeutic stage and allowing basic and clinical research with genome editing of somatic cells to open the door to basic and clinical research on germline editing. In spite of the benefit of resolving human illness, ethical questions, controversies and challenges remain particularly from human germline editing. This presentation will review these debates.

Smoking Cessation in Schizophrenia

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The prevalence of tobacco smoking in the schizophrenia population ranges from 70 to 79%, which is substantially higher relative to the 18% in the general population. Smoking is the leading modifiable risk factor of morbidity and mortality among people with mental illness. Quitting smoking is associated with improved psychiatric symptoms, better quality of life and greater longevity, especially when achieved early in life. For patients with schizophrenia, smoking cessation is more important to reduce 10-year risk of cardiovascular complications than any abstinence-associated weight gain. Prisoners with mental illness are less likely to receive pharmacotherapy for smoking cessation in part due to the low priority or complexity of the task. Predictors of success include less severe nicotine abuse, no recent quit attempts, and early abstinence. Other predictors of smoking cessation success include readiness to quit, smoking initiation in adulthood, male gender, and better cognitive functioning. This presentation reviews current research on this issue. Smoking Cessation programs, including pharmacological and non-pharmacological interventions can significantly enhance the likelihood of smoking cessation in prison and support abstinence post discharge.

89. Scottish Mental Health Law Review

Making Economic, Social and Cultural Rights a Reality in Mental Health Law

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Historically, mental health law in the UK has sought to protect civil rights, and to regulate encroachments on personal liberty and autonomy. It has had little to say about the rights set out in the International Covenant on Economic, Social and Cultural Rights, including rights to the enjoyment of the highest attainable standard of physical and mental health, and to an adequate standard of living. The UN Convention on the Rights of Disabled Persons makes clear that all human rights are indivisible, and must be secured for disabled persons, including people with psychosocial disabilities. The Scottish Government is considering whether and how to enshrine international human rights in domestic law, and has asked the Scott review to consider how mental health and incapacity law can reflect people's economic, social and cultural rights. This presentation will discuss how the review is doing this, including consideration of what rights are of particular importance to people with psychosocial disabilities, how these can be secured without discrimination, and what enforcement and accountability mechanisms can ensure that rights are realized at a time of great economic challenges.

Giving effect to Article 12 Convention on the Rights of Persons with Disabilities in Scottish law, Policy and Practice: What Might or Does it Look Like?

Jill Stavert, *Edinburgh Napier University* (j.stavert@napier.ac.uk)

Scotland's mental health and capacity legislation currently employ capacity and diagnostic thresholds for non-consensual interventions and any related supported decision-making that exists operates within substitute decision-making arrangements. However, the Committee on the Rights of Persons with Disabilities has stated that such thresholds and substitute decision-making prevent the equal and non-discriminatory enjoyment of the right to exercise legal capacity and other rights, including the right to the highest attainable standard of physical and mental health. In order to avoid this the Committee therefore directs that such thresholds and substitute decision-making are abolished and replaced by supported decision-making. This raises a number of conceptual and practical issues surrounding respect for individual autonomy and personhood and providing appropriate support and protection where required in a non-discriminatory manner. With a view to addressing this and making recommendations on implementing Article 12 CRPD the Scottish Mental Health Law Review established a specific Capacity and Support for Decision-Making workstream. This presentation will discuss the workstream's terms of reference, approach adopted and its considerations.

Preliminary Findings and Interim Recommendations of the Review of Mental Health and Incapacity Law in Scotland

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In the spring of 2019 the Scottish Government Minister for Mental Health announced an overarching review of mental health and incapacity law in Scotland. The terms of reference included 'making recommendations that give effect to the rights, will and preferences of the individual by ensuring that mental health, incapacity and adult support and protection legislation reflects people's social economic and cultural rights including UNCRPD and ECHR requirements and….the review will involve consideration of what is required to achieve the highest attainable standard of mental health. This presentation will outline preliminary findings and interim recommendations insofar as possible at that stage of the review.

Involvement of Lived Experience of Unpaid Carers in Review of Mental Health and Incapacity law in Scotland

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In the spring of 2019 the Scottish Government Minister for Mental Health announced an overarching review of mental health and incapacity law in Scotland. The terms of reference included 'making recommendations that give effect to the rights, will and preferences of the individual by ensuring that mental health, incapacity and adult support and protection legislation reflects people's social economic and cultural rights including UNCRPD and ECHR requirements and….the review will involve consideration of what is required to achieve the highest attainable standard of mental health. ' In her announcement the Minister made it clear that persons with lived experience should be front and centre of the Review. This presentation will explain how the lived experience role of unpaid carers of people affected by mental health and incapacity law in Scotland has been involved in the Review, where this has shaped Review findings, and the impact of Carers (Scotland) Act has on rights of unpaid carers.

It's All About Us, Or Is It? The Involvement of People with Lived Experience in the Scott Review of Scottish Mental Health Legislation

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The CRPD (Article 4(3)) states that "In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively

involve persons with disabilities, including children with disabilities, through their representative organizations." The Scott Review of Scottish Mental Health Legislation is taking a human rights based approach to its work. An essential part of this is the participation of people with lived experience of mental ill health/ autism/dementia and learning disability in the work it carries out. This presentation will cover how and why people with lived experience are and have been involved in the review so far. We will give a personal reflection of involvement and include the testimonial of others. We will discuss how lived experience has influenced the review, some of the problems experienced and lessons learnt and how this aspect of the Review could be improved in the coming months.

90. Seclusion and Restraint in Psychiatry: Legal and Practical Issues of Derogatory Measures

Michael Jochananov, *Clinical Psychologist, Deerfield Beach, USA* - Discussant

The Legal Framework of Seclusion and Restraint: An Essay in Normative History

Guillaume Rousset, *Jean Moulin Lyon 3 University* (guillaume.rousset@univ-lyon3.fr)

Seclusion and restraint are interesting objects of study as the legal framework for their use is very specific. Law has long ignored these practices, but this has not prevented psychiatric professionals from using them. The French legislature took up the issue in 2016 highlighting the normative tensions as case law had been used to rule on several complex issues. At the end of 2020, a legislative reform would profoundly modify the legal regime of these practices.. This presentation will conduct a historical analysis of how the law has grasped these issues and attempted to frame them.

Isolation and restraint in French law

Karine Berard, *PsyPro Lyon, Villeurbanne, France* (k.berard@psypro-lyon.fr)

Seclusion and restraint have been used for a very long time, without a legal framework, to stabilize people with serious illnesses and to protect society from their past or future acts. The regulation of these practices involving deprivation of liberty only came about very late through law No. 2016-41 of January 26, 2016, which introduced article L. 3222-5-1 into the Public Health Code. A real paradigm shift has taken place thanks to this text, which allowed patients to protect their freedoms and dignity. Now, seclusion and restraint can only be considered when other, less restrictive alternative measures have been ineffective or found inappropriate and the behavioral disturbances pose a significant and imminent danger to the patient or to others. The presentation will outline and critically review these developments.

Medical Anthropology of Agitation

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In psychiatric semiology, agitation is the expression of a "motor and psychomotor disorder associated with psychic exaltation, achieving a state of excitement with frequent aggressiveness" which falls within the scope of therapeutic urgency. In order to heal, it is necessary to immobilise. However, the law protects all attacks on physical integrity. Is immobilisation then an attack on physical integrity? From a medical anthropology perspective, the analysis of the problem of clinical judgment of agitation shows what the recent "article 84" of the social security finance law of January 2021 does not yet codify the attack on psychological integrity. Indeed, not isolating and/or containing agitation is not to treat, it is to abandon the patient. Psychiatric teams then find themselves caught in a double-bind: for this law, there is a kind of "dangerousness of psychiatry" for the integrity of the constrained body; for psychiatrists, there is a dangerousness for him and for others if the constraint does not restore his psychological integrity. The presentation will discuss this dilemma.

Seclusion and Restraint: Practical Considerations and Feedback

Natalie Giloux, *Consulting Psychiatrist, Bron, France* (Natalie.GILOUX@ch-le-vinatier.fr)

Within the framework of the Ethics Council of our hospital, teams regularly question the use of coercion in psychiatry and coercive measures. These are denounced as abusive and there are even plans to abolish them. How are these measures questioned at the hospital, in which cases are they envisaged, is their practice in psychiatry unavoidable? The presentation will seek to answer this question.

91. Sexting and Sextortion: Law, Theory and Practice

Social Media & Sexting Intervention: A Juvenile Diversion Program

Victoria Beck, *University of Wisconsin-Oshkosh* (beckv@uwosh.edu)
Matt Richie, *University of Wisconsin-Oshkosh* (richiem@uwosh.edu)
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David Jones, *University of Wisconsin-Oshkosh* (jonesd@uwosh.edu)

Between consenting adults, the private electronic sharing of nude photos is generally not illegal. However, when adolescents mimic this adult behavior they are in possession of child pornography which is a crime in the United States. The Social Media & Sexting Intervention Program was created to address the social problem of adolescent sexting. This is a curriculum based diversion program recently established in two counties in Wisconsin. The goals of the program are: (1) assist participants in recognizing that the influence of social media can be positive or negative; (2) educate participants on the destructive power of negative gender stereotypes; (3) help participants to acknowledge the effects social media has on a person's self-esteem; (4) assist participants in developing healthier ways to communicate as well as setting healthier boundaries in relationships; and (5) encourage participants to sustain a healthy online lifestyle amidst influences and societal pressure. The purpose of the current study and subject of this presentation is to provide a preliminary evaluation assessing the cognitive impact of the program. During the past two years, 61 adolescents have been referred to the program. A pre/post-test design was used to assess knowledge gained and attitude changes. Overall, the results indicate that the program is educationally promising. Perhaps just as importantly, the program protects adolescents from an overly punitive justice system.

When Sexting Becomes Sextortion: Understanding Perpetrator Motives and Tactics

Kathryn Seigfried-Spellar, *Purdue University* (kspellar@purdue.edu)

Sextortion occurs when non-physical forms of coercion (such as blackmail, money, deceit) are used to acquire sexual content of the child in the form of pictures, videos, or sexual acts performed on a webcam. Once the perpetrator has the photo, they will then threaten to share that photo if the child does not meet their demands, which may include sending additional sexually explicit content or even money. In many cases, the perpetrator will initiate a conversation on a social media app or online game, then tell the child to start using a different messaging platform to continue the conversation. However, sextortion is not a simple case of "stranger danger." Perpetrators of sextortion may also be a current or prior intimate partner, classmate, friend, or acquaintance. This presentation will discuss the variety of motives and tactics used by perpetrators to coerce a child to send a sexually exploit photo. In addition, several case studies involving sextortion will be presented followed by a discussion on how to address "safe sexting" with pre-teens and teens.

Sexting Among Teens: Reasons to Decriminalize

Stephanie Boys, *Indiana University* (sboys@indiana.edu)

Sexting is the practice of sending nude or sexually suggestive images electronically, made simple and popular by the boom in use of smart phones over the past decade. Sexting is extremely commonplace among adults, with 82% of Americans between the ages of 18-82 engaging in sexting within the last year. Recent studies indicate the practice of sexting is also prevalent among adolescents with more than 1 in 4 teenagers having received a sext and 15% having sent a sext

image. Many states have passed laws to criminalize the sending and receiving of nude photos by teens; however, emerging literature indicates some forms of sexting may be a normal part of sexual development for adolescents. This session will cover various reasons sexting may be a healthy expression of adolescent growth, including sexual maturation, exploration of gender attraction, and comparing of adolescent bodies during development. Finally, specific state laws will be used as examples to discuss modifications to the criminalization of teenage sexting that may be warranted.

Sexting from a Social Learning Theory Perspective

Danielle Crimmins, *Purdue University* (dcrimmin@purdue.edu)

Sexting is defined as sending sexually explicit photos via text message. Sexting has received nationwide media attention due to the social and legal ramifications associated with engaging in this behavior. There is limited research examining sexting behaviors from a criminological theory perspective. Therefore, the current study aims to investigate the relationship between Social Learning Theory and sexting. Specifically, the sending/receiving of nude photos, and the sending/receiving of semi-nude photos. The survey will include Van Oustel and colleagues (2017) Social Learning Theory and sexting scale which was originally developed in Dutch and translated to English for the current study. Young adults in the United States will be surveyed, using an online, anonymous survey. The results will be discussed as well as suggestions for future research and policy implications regarding sexting.

92. Sexuality and Mental Health (1)

Sexual Risk Behaviour Among Mental Health Outpatients

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David Kealy, *University of British Columbia* (david.kealy@ubc.ca)

The present study was developed to examine sexual risk behaviour among patients seeking community-based mental health services, particularly regarding associations with psychological distress, identity, and experiences of childhood emotional neglect. We first hypothesized that sexual risk behaviour would be positively associated with psychological distress and identity dysfunction, and negatively associated with quality of childhood emotional support from caregivers. Next, in an exploratory manner, we examined potential moderation effects of age and gender in these associations. Finally, we hypothesized a mediation model whereby childhood emotional support would be indirectly linked to adult sexual risk behaviour, through identity dysfunction as a mediator. The present study found sexual risk behaviour to be prevalent issue among individuals seeking community-based mental health services, with 13% of patients—or more than one in ten—reporting engagement in unsafe sexual practices at least some of the time. While patients who endorsed such behaviour tended to be younger and single, identity dysfunction was found to be a more robust predictor of sexual risk-taking. Moreover, childhood emotional neglect—parental care with limited nurturance and affection—was found to be indirectly linked

with sexual risk behaviour, contributing to sexual risk-taking through the mediating effect of identity dysfunction.

Sex Offender Grooming Assessment (SOGA): Validation and Implications of a New Tool

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Grooming refers to the process a sex offender uses to desensitization and facilitate contact with a child that will go undetected (Winters, Kaylor, & Jeglic, 2021). To achieve these goals, it is imperative that the sexual offender groom the child victim, their environment, and institutions that come in contact with both (Craven, Brown, & Gilchrist, 2006; McAlinden, 2012). Research has found grooming has as detrimental of an impact on victims as the traditionally defined sex offense, however to date no measure examining grooming behavior exists (Wolf & Pruitt, 2019). In this presentation the psychometrics of a newly developed measure designed to assess various categories of grooming behaviors, the lessons learned when researching grooming behaviors in offenders of child sexual abuse, and ways the Sex Offender Grooming Assessment (SOGA) can be used in assessment and treatment will be discussed.

Psychopathy in Sex Offenders: A Study on a Sample of Apulian Prisoners

Felice Francesco Carabellese, *University of Bari* (felicefrancesco.carabellese@uniba.it)

Sexual offenders constitute a diversified group with mixed specifics, motives and criminal acts. As part of a national project, all sex offenders of Puglia were selected among the prisoners detained in special section of Puglia prisons. Psychopathy levels were measured through the PCL-R. Item 8 of te HCR-20 v.3 was used to evaluate history of traumatic experiences and victimization episodes. Criminological information was also collected. All data were analyzed. From this data emerged the finding that the recruited detainees had received convictions for child sexual acts in 70% of cases (paraphilic disorders). The levels of psychopathy that emerged were in line with those found in other prisoner populations and generally in the medium-low range of PCL-R scores, but prisoners with a history of traumatic experiences had higher levels of psychopathy, as measured by the total PCL-R score and Factor 1 ("interpersonal/affective") especially. This presentation will argue that these findings suggest a possible effect of early traumatic experiences in the qualitative and quantitative levels of psychopathy observed in sex offenders.

93. Sexuality and Mental Health (2)

Social Exclusion, Brazilian Federal Constitution, Sexual and Gender Minorities and Mental Health in Brazil

Tomaz Eugenio Abreu Silva, *University Centre ABC* (tomazeugenio@hotmail.com)

In 2012, the Technical Committees for the Health of the LGBT Population were created. The National Policy on Comprehensive Health for LGBT has as its mark and objective the reduction of inequalities due to sexual orientation and gender identity. Sexual and gender minorities (LGBTQIA+) people have suffered, and still suffer, a serious process of social exclusion throughout history. One of the consequences of this fact is the worsening of the mental health status of these groups and more negative psychosocial effects of the pandemic were reported by participants from Brazil than by their European counterparts. These results can be partially explained by the differences regarding the acceptance of LGBTQIA+ individuals on the two continents. It would be unwise to suggest that a single factor could explain this dynamic. However, it is important to note that conditions worsen for those facing sex discrimination. Their lived experiences have become fundamentally different and more challenging as a result of these changes. The consequences of these circumstances are that one in four young people facing sexual discrimination have attempted suicide. Social exclusion and the feeling of not belonging to groups are relevant factors in the illness and psychological suffering of the LGBTQIA+ population in Brazil.

Negotiating Masculinities: Implications for Support Seeking Behaviours and Well-Being

Jordan Dawson, *Swansea University* (j.l.dawson@swansea.ac.uk)

Masculine identities are said to exist within a hierarchy. The position which men occupy within said hierarchy is influenced by characteristics, behaviours and social roles understood as masculine and feminine. Where an individual's masculinity is challenged by the aforementioned factors, they must negotiate their position by performing in ways understood to be masculine within the given cultural context. Informed by PhD research focused on the reporting behaviours of men who faced harmful behaviour within a sex work context, this presentation considers how these performances, and expectations of the masculine individual, shape how men both require and seek support for various issues, including their physical and mental well-being. The presentation explores how the social pressures related to understandings of masculinity impact physical and mental well-being, including by influencing decision-making and shaping perceptions of self. There is also an exploration of the barriers to support-seeking caused by these cultural expectations of masculinity, and the ways in which men attempt to adhere to them. The merits of public Criminology in influencing social change will be considered throughout this presentation, by focusing specifically on the direct dissemination of this work beyond academic audiences to support services and police forces in England and Wales.

Does the Gender of a Sexual Assault Nurse Examiner Impact Trial Outcomes?

Twila Wingrove, *Appalachian State University* (wingroveta@appstate.edu)
Evelyn Maeder, *Carleton University* (evelyn.maeder@carleton.ca)
Patricia Ferreira, *Appalachian State University* (ferreirapa@appstate.edu)

Sexual assault is a pervasive problem world-wide. While prevalence is difficult to estimate, as many as 25% of women and 5% of men have experienced sexual violence. Due to the traumatic nature of this type of violence and associated specialized health needs, some nurses seek specialized training as Sexual Assault Nurse Examiners to better support victims, as well as provide stronger legal evidence in court. Both field research and experimental research suggests that SANEs are effective at increasing conviction rates in these types of cases. However, most SANEs are female and most of the research has focused on female SANEs. The purpose of this experimental study discussed in the presentation was to evaluate whether SANE gender influences legal outcomes, and whether that influence varies for male and female victims of sexual assault. In addition, because researchers tend to focus on legal outcomes for cases of sexual violence against women, this is one of few studies that explores legal outcomes for cases of sexual violence again men.

94. Social Protection of Vulnerable Workers in South Africa and Southern Africa

Extending Social Protection to Informal Traders in South Africa

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The world of work has changed and this includes its fundamental design, purpose and coverage of employment. Work in the informal economy has increased and in many developing and middle-income countries work in the informal economy is the norm. In South Africa as well as in other developing countries informal economy workers do not enjoy sufficient protection in terms of labour and social protection measures. In countries where the informal economy is increasingly creating a parallel economic world to that of the formal economy, the extension of protection by facilitating the ability of these workers to bargain collectively and the role of national and local governments become increasingly important. Women workers in the informal economy are particularly vulnerable and face discrimination on multiple grounds and levels as gender inequalities in the informal economy cut across race and class lines. Linkages between informality, gender and poverty exists, namely: the poor are more likely to work in the informal economy; more poor women than non-poor women work in the informal economy and that there is a gender gap in earnings and they are less likely to be organised. This presentation discusses innovative ways to extend labour and social protection to these workers and will consider the impact of their vulnerabilities and discrimination on the mental health of these workers.

Social Protection of Migrant Workers in Southern Africa

Marius Van Staden, *University of Johannesburg* (mvanstaden@uj.ac.za)

Migrant workers are insufficiently protected under social protection systems of host countries. Migration also has a profound impact upon the mental health of migrants. There are four main characteristics of social protection in SADC. First, most SADC member states have undeveloped social protection systems, often leaving the most vulnerable, including those suffering from mental health conditions, without any form of protection. Second, there is a serious lack of co-ordination of social protection schemes in the region. Third, there exists administrative inertia and institutional inefficiency in the area of social security delivery within the region. Fourth, migrant workers are excluded from social security coverage. The aim of the paper is to consider how SADC member states address these concerns so as to come to the aid of the most marginalized and vulnerable members society, including those who suffer from mental-health conditions. The paper will investigate the phenomenon of migration in the SADC region and its effect on the mental health of migrants in particular, by analysing key regional instruments relevant to social protection and by investigating the right of SADC citizens to social protection and health care in SADC member states.

Extending Social Protection to Zimbabwean Informal Cross-Border Traders

Louis Koen, *University of Johannesburg* (ljkoen@uj.ac.za)

Within Southern Africa, a substantial portion of intra-African trade is conducted by informal cross-border traders (ICBTs). Despite the substantial economic contribution this trade makes to the economies of Southern African countries, these workers are mostly excluded from social protection measures within their home country as well as the country they are travelling to. The majority of ICBTs within Southern Africa are Zimbabwean women. Many of these women became stranded in South Africa during the Covid-19 pandemic and were ineligible for Covid-19 related social protection measures implemented by South Africa. They were also ineligible to receive social protection benefits from their home country due to the territoriality principle applicable to the social security systems in various Southern African countries. Several of these women became the victims of sexual and gender-based violence (SGBV) as they crossed borders at unofficial points in an attempt to maintain their livelihoods. The aim of the study discussed in this presentation is to explore methods in which social protection can be extended to Zimbabwean ICBTs, within Zimbabwe and when transiting through South Africa. It will do so by investigating the existing social protection available to such workers and critically analysing bilateral agreements on the portability of social security benefits. It then considers the impact of SGBV on these women's mental health and overall well-being as well as the lack of mental health services available to them.

A Consideration of the Legalities of Online Platform Based Domestic Work in South Africa

Kgomotso Mokoena, *University of Johannesburg* (kbmokoena@uj.ac.za)

South Africa is one of the most unequal societies in the world. Coupled with extreme levels of poverty are high rates of unemployment. Domestic work has a firm footing in South African society with domestic workers accounting for almost 6% of the South African workforce. South African law has attempted to address the existing inequalities faced by domestic workers. In 2002, legislation was introduced in order to deem domestic workers to be employees, create a minimum wage and standardized conditions of employment. SweepSouth is a domestic work platform in South Africa. It operates through a mobile application where clients are able to procure the services of a domestic worker. Concerns have been raised around the operating model of the business in that the platform has labelled its "SweepStars" as independent contractors and not employees. This denies workers fundamental rights that all other domestic workers in the country have. This paper will consider platform work in general and its implications for women globally. The writer will consider SweepSouth's model and the employment status of its workers. Lastly, the writer will highlight where platforms fall short with regards to protection of workers and how those gaps can be closed through policy reform. When considering access to maternity protection, the paper will also briefly consider the impact of job insecurity on the mental health of pregnant women in South Africa.

95. Spirituality in Mental Health and Public Policy

Intersection of Spirituality, Health and Social Policy in the African Context

Faith Mwangi-Powell, *Girls not Brides, London, UK* (faith.mwangi-powell@girlsnotbrides.org)

Spirituality and religion (S/R) can exert a beneficial impact on physical and mental wellbeing, providing social support, existential meaning, a coherent belief system and personal moral codes. S/R can be molded by the socio-cultural contexts in which they are practiced. Understanding the interaction between S/R, health and social policy requires an examination of this broad context. In Africa, S/R serves important roles in coping, surviving and maintaining wellbeing. Among the ill, S/R can influence how patients perceive health, disease and others. Social and mental wellbeing is underpinned by social policy, norms and interactions at community and societal levels. For example, child marriage and FGM are social norms with significant impacts on women and girls' mental, physical and social wellbeing. Understanding the interplay between social policy, wellbeing and S/R is key to the holistic care of those served. This presentation explore S/R intersections with health and social policy in African contexts.

Grief and Bereavement During the COVID-19 Pandemic

Lucy Selman, *University of Bristol* (lucy.selman@bristol.ac.uk)

People bereaved during the COVID-19 crisis have faced extraordinary challenges: COVID-19 deaths are often sudden and unexpected, infection control measures have limited contact prior to death, social support and mourning practices have been profoundly disrupted, and the threat of the virus remains omnipresent. In many ways, COVID-19 conflicts with our cultural conceptions of a 'good' death and grief, as reflected and enforced by news media. Bereaved family members may question why they survived when their loved-one did not, feel guilt over possibly transmitting the disease, and a loss of coherence or meaning. Healthcare providers suffer the psychological toll of working in a pandemic in which their colleagues, friends and family members may have died. In this new and challenging context, bereavement services have transformed their support, innovating and adapting to try to meet clients' needs. Dr Lucy Selman will present findings from current research into grief and bereavement during the pandemic.

Religion and Spirituality in Psychiatry: Prevention or Seclusion

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Eva Trapman, *University of Humanistic Studies* (e.trapman@dji.minjus.nl)

The empirical evidence is cumulating about associations between aspects of religiousness and spirituality (R/S) and mental health phenomena. For example, some aspects of R/S seem to protect against depression or promote a better outcome. Other aspects, such as 'religious struggle' are likely to represent aspects of existential distress and may predict depression. The World Psychiatric Association encourages psychiatrists to include matters of R/S in their clinical assessment, research, education, and collaboration, and to refrain from proselytizing (either towards particular religious or atheist convictions). Some potential issues of prevention will be discussed: primary (e.g. education), secondary (addressing religious struggle), and tertiary (taking care of R/S needs of mental health care clients). The urge of attention to R/S in clinical care is illustrated by results of a qualitative study among former clients (N=10) who had been involuntarily admitted to a mental health clinic and also had been secluded in a seclusion room. When asked, in retrospect, about their existential concerns in the seclusion room, they affirmed these concerns (e.g. about death, lack of freedom, isolation and lack of meaning), but also reported a rich variety of R/S experiences, both supportive, and sometimes conflating with symptoms of psychosis.

What Spiritual Care in Health Care Means and Why It Matters

Eric Hall, *President, Spiritual Care Association, New-York City, USA*
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In his treatise "De Anima (On the Soul)," Aristotle teaches that the "psyche"—the soul—is the full actualization of a person, incorporating the body, the purpose, and ultimately the sum total of

the operations of being human. For Aristotle, the body and the soul are not different entities, but distinct aspects of the same thing, with the body being the matter and the soul being the meaning or purpose. For a human then, one's soul is one's essence and purpose, one's meaning and significance. Rooted in such articulations of reality, spirituality and medicine have intertwined for millennia. As modern Western medicine evolved, it emphasized a kind of compartmentalized scientific and physiological approach to disease and treatment. Spirituality and its important role within the lives of patients, families, and health care professionals are often overlooked and undervalued. However, since the early 1990s, there has been a renewed interest in research

96. Stereotypes and Identity

Joy and Pain: The Law of the Land and Black Music of the United States Global Praxis

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The arrival of enslaved Africans marked the beginning of the use of music to counter oppression in the centuries long liberation and civil rights struggles of Blacks in America. It also marked the beginning of music's use in countering the sociological and legally sanctioned abuse, marginalization, and inter-generational trauma disproportionately experienced by them. A long line of laws and legal precedents purposed to seal their fate and institutionalize their exploitation appeared on the horizon, as well. Successive black music genres or African music in the Americas has functioned as culture centered medicine likened to a healing force in response. Each genre has served to reduce the burden of blackness by providing solace for pain and creating feelings of great pleasure and happiness. *Joy and Pain: The Law of the Land and Black Music's Global Praxis* explores this dynamic with focus on rap and hip-hop culture and its precursors, as well.

The Female Gaze in Rape Film: Presenting the Realities of Racism, Sexual Violence, and Post-Traumatic Stress

Julie Aultman, *Northeast Ohio Medical University* (jmaultma@neomed.edu)

In this session, I present my examination of the film narrative, *The Nightingale* (2018), an Australian period film written, co-produced, and directed by Jennifer Kent. The realities of racism, rape and its repetitiveness throughout the film has sent some audiences fleeing from theaters and feeling discomfort and outrage. For the actors and production crew, the scenes were emotionally difficult, and often with lasting effects. And though Franciosi spent time with sexual assault victims to prepare for her role and worked closely with a psychologist, she was traumatized for months after production ended. Kent, as a female director, did not want to present rape from the male gaze, i.e., gratuitous scenes with a woman's naked body, and wanted to present rape from a woman's point of view. The film's timeless portrayal of rape and racism leave us contemplating whether such a realistic narrative, intended to trigger empathy for marginalized and victimized persons, is worth the risks to one's own mental health, including the re-traumatization of victims of sexual violence and racism. The dilemma of preserving the integrity of film to showcase the

reality of rape and racism despite its consequences to audiences and film artists will be presented in this session along with discussions about the intersectionality of race, gender, and social class.

Expanding Gender-Affirming Care: Examining the Gender Identities and Support Needs of People who De/Retransition

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Alex Abramovich, *Independent Scientist, Centre for Addiction and Mental Health* (Alex.abramovich@camh.ca)
Lori Ross, *University of Toronto* (l.ross@utoronto.ca)

Concerns about gender transition "regret" and of "detransition" have sparked recent debates and legal challenges, contributing to new restrictions on gender-affirming medical care (e.g., hormones and transition-related surgeries) in several Western nations. Despite ample population-level data which show gender-affirming care improves the mental health outcomes of transgender and nonbinary (trans) people, and the low prevalence of "regret" and "detransition" (<1%), these rare outcomes are weaponized to limit access to medical transition. Yet the experiences and support needs of people who detransition are scantly studied. To address this knowledge gap, we conducted a constructivist grounded theory study to understand the gender identities, experiences, and care needs of this sub-population. We interviewed people living in Canada aged 18 and older who identify as detransitioners, retransitioners, or who otherwise changed the direction of their gender transition (n=25). Through our analysis, we found divergence in the sample's gender identities and experiences which critically decouple the discursive association between gender transition "regret" and detransition. Participants identified a need to bolster social, legal, and healthcare supports for people de/retransitioning. This study provides data necessary to develop comprehensive gender-affirming care that is inclusive of the needs of people who de/retransition.

The Sovereign Nature of Nature Still Waves: Taking a Cue from Balzac, Bastille Day, and Fine Art

William Wells, *School of the Art Institute of Chicago, Chicago, USA* (dismoved@hotmail.com)

Taking cues from Balzac, Bastille Day and Fine Art, this presentation will revisit the Balzac's quote captured in an epigraph in Harvard's Howard Gardner's Quest for Mind. While a graduate student at the University of Waterloo's Regional and Resource Planning School between 1980-84, some efforts were spent trying to understand the idea of Prigogine's social thermodynamics. The idea of Balzac's reference to the lunatic of the future being able to make sense of the sovereign nature of life is tied deeply to Nature's principles beyond law as currently understood. If there is to be an International Congress concerned with Law and Mental Health, then at what points of intercession will a legal language affirm the LIFE of those humans as citizens. In this presentation,

I will share with the audience my story and art as to how I would create my way off of medications and into a life filled with more questions.

97. Substance Abuse: Concept, Assessment and Treatment Within Forensic Psychiatry

Historical Images of the Substance Abuse Concept in Forensic Psychiatric Assessments from The 1930s: Lessons to Inform Today's Praxis

Malin Hildebrand Karlén, *University of Gothenburg* (malin.karlen@psy.gu.se)

Substance abuse and addiction have historically been, and are still to a considerable extent, value laden concepts fraught with stigma, and other kinds of normbreaking behavior (e.g. aggression), often accompany alcohol abuse. Alcoholism started as a diagnosis with principally physical symptoms in the 1850s. Since then, the addiction concept has evolved, encompassing a range of substances with separate psychiatric diagnoses including mainly psychological and behavioral symptoms, excluding theoretical assumptions of how substance abuse/addiction emerge. These changes affect how forensic psychiatric investigations (FPI) are conducted regarding substance abuse/addiction (e.g. by what methods the concept is considered best illustrated). Due to the stigma associated with addiction, it is important that forensic psychiatric experts are familiar with the concept's history within a legal context, how it has been considered affecting legal problems, to counteract risk of bias within FPI praxis today. In this study, 64 FPI reports made between 1928-1935, were analyzed to illustrate how psychiatrists had assessed the person's alcohol use, which levels that were considered pathological and how the relationship between the alcohol consumption and criminial acts was perceived. The results are discussed in light of historically changing perceptions of 'when to pathologize' (i.e. diagnosing substance abuse), informing today's FPI praxis.

Implementing Structured Screening and Treatment for Substance Use Disorder Among Patients Within Forensic Psychiatric In-Patient Care: Experiences Among Health Care Staff

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Substance use disorder (SUD) is highly prevalent for patients within forensic psychiatric care (FPC). It is difficult to treat SUD under such conditions (i.e. severe psychiatric co-morbidity and

incarceration), but the importance of accurate treatment is vital since SUD is a considerable risk factor for reoffending. Despite this, SUD is not often prioritized within their psychiatric treatment. To enhance SUD-treatment within FPC, a program encompassing assessment instruments and community reinforcement approach (CRA) treatment method were implemented at a secure FPC clinic. The purpose of this study was to explore the conditions for, and healthcare practitioners' experiences with, implementing these instruments and form of treatment within FPC. A thematic analysis of interviews with staff (n=17) showed that participants appreciated and recognized improvements in SUD-treatment due to the interventions. Some hindering conditions during this implementation were also reported and improvements for future implementation processes were suggested. Enabling and hindering conditions identified were largely in line with findings on barriers to implementations in other care contexts, but some FPC-specific conditions emerged. Unifying staff attitudes towards SUD and establishing a shared foundation of knowledge of SUD and addiction was considered by staff to offer substantial benefits towards improved implementation of SUD interventions within FPC.

Voluntary and Involuntary Intoxication and Psychiatric Defences

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Alcohol is estimated to be involved in around 80% homicide cases. In England and Wales, the psychiatric defence of diminished responsibility (which is a partial defence to the charge of murder and reduces it to manslaughter) might be available where the alcohol dependence syndrome exists. The threshold for this is high however and certain criteria, as established through case law, should be met. Being intoxicated in itself is not enough to meet the conditions of a partial defence to murder. This session will look at the history of alcoholism, voluntary and involuntary intoxication and diminished responsibility through English case law. Whilst recent case law sets out the issues that should be taken into consideration by juries when involuntary intoxication is present, there remains uncertainty about how this should be applied in certain cases. International comparisons will be made and cases vignettes will be presented to illustrate the ongoing complexities and uncertainties when relying on this defence.

Compulsory Treatment of Pregnant Women Suffering from an Alcohol or Drugs Dependency: Is Substance Dependency a Mental Disorder?

Céline Verstraete, *University of Antwerp* (celine.verstraete@uantwerpen.be)

In February 2020, a legislative proposal was submitted in Belgium in order to enable the compulsory treatment of pregnant women suffering from an alcohol or drugs dependency. Given the major legal and ethical implications, it is expected that this proposal will give rise to a fierce societal and political debate. In this presentation, I will discuss the controversial issue of whether an alcohol and/or drugs dependency constitutes a mental disorder. The classification of a substance

addiction as a mental disorder indeed has major consequences under potentially applicable legislation on coercion for those affected. In addition, I will address the legal and ethical questions that are raised with regard to the compulsory treatment of persons with a mental disorder in general and pregnant women with a substance dependency in particular. This will shed some light on the discussion about the acceptability of using a strategy of coercion or persuasion in this context.

The Role of Self-Compassion in Recovery from Substance Use Disorders

Gila Chen, *Ashkelon Academic College* (chengila6@gmail.com)

Empirical evidence has supported the notion that individuals with substance use disorders (SUDs) have difficulty regulating their negative emotions and employing emotion-regulation strategies. The aim of this presentation is to (a) explore the role of self-compassion in providing an emotion-regulation strategy for initiating a process of recovery from SUDs; (b) examine the role of self-compassion in building recovery capital (RC) to promote long-term recovery; and (c) examine the practice of self-compassion in the Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) programs. This narrative review assesses the role of self-compassion in providing an emotion-regulation strategy and in building RC to promote recovery. Empirical evidence has shown self-compassion to be an emotion-regulation strategy in which negative feelings are accepted and held with awareness and kindness, understanding, and a sense of common humanity. Based on the broaden-and-build theory, it is posited that self-compassion is a positive emotional stance towards oneself enables the development of personal and social resources. The prospects for successful recovery from SUDs are dependent upon the individual's resources (RC). This presentation may contribute by presenting the role of self-compassion in building RC to promote recovery from SUDs and by discussing the practice of self-compassion in the AA and NA programs.

98. Suicide, Medically Assisted Dying and the Elderly

MAiD, Relational Autonomy, and the Deficit Perspective in Rural Healthcare Ethics

Duff Waring, *York University* (dwaring@yorku.ca)

Under ss. 241.2 (1) (d) of Bill C-14, patients are not eligible for MAiD unless "they have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure." Concerns have been raised about the alleged vulnerability of persons seeking MAiD in rural communities. Some of these concerns reflect a "relational autonomy" perspective. That perspective considers the availability of alternatives to MAiD, such as palliative care. In a relational sense, rural residents might be especially constrained to choose MAiD if they have less access to these alternatives than urban residents. Much depends on what we mean by

meaningful access and "external pressure." A relational perspective might also alleviate these concerns by focusing on positive aspects of rural health care that are easily overlooked. Rural communities arguably have end-of-life resources of their own that are apposite to the needs of their residents. This presentation will argue that relational autonomy need not overlap with a deficit perspective on rural healthcare that could raise concerns under ss. 241.2 (1) (d).

Research Ethics Committees: Mental Health and Aging Research

Karolyn White, *Macquarie University* (karolyn.white@mq.edu.au)

Institutional Research Ethics Committees (or Human Research Ethics Committees (HRECs) in Australia) are required to evaluate and approve ethically good research. Mental health research, especially as it involves the aged, poses particular ethical and legal problems for institutional ethics and governance committees and processes. These include, but are not limited to, paternalism, participant confidentiality and discovery, consent, capacity, online research, data linkage, evaluating risk and the use of social media. In this presentation I will outline the ethics review system in Australia and discuss the National guidelines which all Australian ethics review bodies are required to use in their assessments/review of research ethics applications and protocols. This presentation will also elucidate common issues with which HRECs consider in their aim to ensure that participants' rights are respected, in the context of diminished capacity, that the burdens of research are mitigated, and that research is reviewed in a timely manner. The perspective of ethics review from the HRECs standpoint will be followed by other papers in this session which will outline mental health research from researchers, clinicians and legal lens.

To Include or not to Include? Ethical and Methodological Issues Associated with Older Adults' Participation in Research

Kate O'Loughlin, *The University of Sydney* (kate.oloughlin@sydney.edu.au)

Within the context of population ageing, a strong evidence base is needed to formulate effective policies and programs for people as they age. This requires the participation of older people in clinical, epidemiological and socio-cultural research to provide data on illness/disease management, promote health and wellbeing, and gain insight into the ageing process and lived experience of older age. While research involving older people is expanding, much of it multidisciplinary, there are clear ethical and methodological issues associated with including or excluding older people in research. This paper considers some of the key issues facing researchers and ethics committees, and questions whether the inclusion or exclusion of older people in contributing to research is largely driven by the attitudes and practices of researchers and institutions. Critical evaluation of these issues poses key questions: Who is considered 'old'? In what way(s) do stereotyped views of ageing and older people influence who is included/excluded in research? What assumptions are made about an older person's capacity to give consent? How are the benefits and risks of participation determined

99. Systemic Issues in Tele-Mental Health Administration

Jagannathan Srinivasaraghavan, *Southern Illinois University* - Discussant

Forensic Telepsychiatry

Chinmoy Gulrajani, *University of Minnesota* (cgulraja@umn.edu)

For the past two decades tele-psychiatry and tele-mental health have been gaining popularity. The use of videoconferencing apparatus has expanded exponentially with the onset of COVID 19 pandemic related social distancing protocols. Many organizations have issued best practices guidelines on telepsychiatry. Yet, few have deliberated on the use of video conferencing for remote forensic psychiatric evaluations. Proponents of the practice have argued that these evaluations save time, add structure, and can be performed safely for a vast majority of cases. Opponents underscore the potential loss of valuable information and quality control problems with these assessments. In this presentation, I will discuss the ongoing changes to the practice of forensic psychiatry with the advent of video evaluations. Results of a survey of forensic evaluators across the state of Minnesota who have performed video evaluations since the onset of the pandemic will be presented as a first step towards gauging the perception of forensic evaluators towards these new technologies.

Rapid Telehealth Implementation in a State System

KyleeAnn Stevens, *University of Minnesota* (kyleeann.s.stevens@state.mn.us)

The Covid-19 pandemic has forced all of us to change the way we work, live, and interact. This is no different for large organizations, including health systems. The state of Minnesota operates several hospitals, residential living facilities, and other programs spread geographically across several hundred miles. While the state-run behavioral health programs have used telehealth more nimbly than many others for the last several years, progress in expanding more broadly had been slow, and impeded by countless barriers to implementation. Governmental and regulatory red tape. Within a matter of weeks, the state rapidly stood up several platforms for telehealth; purchased, trained, and implemented primary care equipment, which was shipped across the state to cover at risk populations, and allowed many physicians, nurse practitioners, and clinicians to work remotely to limit the potential spread of illness within vulnerable facilities. This presentation will focus on lessons learned through this process, and offer suggestions for the audience to make changes quickly with technology, and other seemingly insurmountable challenges.

Rural Telepsychiatry Development in a Worldwide Pandemic

Timothy Allen, *University of Kentucky* (timothyallemd@outlook.com)

As in other locations, the state of Kentucky was ill prepared for the changes in healthcare required for the emergence of the COVID-19 pandemic. Due to rules promulgated by the Governor's office and guidelines provided by the Centers for Disease Control, in person mental health visits were impossible, despite an increased need for mental health services during a worldwide crisis. The University of Kentucky had been providing telehealth services for 20 years to rural locations using a consultation model using a consultation model with primary care providers near the patient's homes. However, the demand for both rural and now local/urban telehealth services spiked more than 10-fold in just days. The University, and more specifically the Department of Psychiatry, developed a HIPAA compliant telehealth system such that all local visits with psychiatrists, social workers, and psychologists were instantly transformed to telehealth for evaluation, medical management, and psychotherapy with nearly universal adoption by patients. We are now looking at the long-term usage of such technology with multiple models of providing care to determine the optimal method for providing the greatest coverage of care to a large geographical area with limited clinicians and resources.

100. Technology and Psychiatry

Telepsychiatry in Thailand

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The COVID-19 pandemic is bringing significant disruption to the world, not just to health, careers, and lifestyles, but also to human connection. We have now learned how highly contagious the virus is, and limiting face-to-face contact is the best way to reduce the spread. Fortunately, technology helps people stay connected during this period of social distancing. In regard to mental health, telepsychiatry improves access and continuity of care as well as eliminates time spent commuting. Before the COVID-19 pandemic, telepsychiatry in Thailand was relatively new and mostly limited to teleconsultation. The Royal College of Psychiatrists of Thailand first launched the recommendations for the use of videoconferencing-based telemental health in 2017. Besides patient safety, the recommendations mentioned some concerns about confidentiality and cyber security, however, there continues to be no mental health law to support or limit the use of telepsychiatry. Since the COVID-19 outbreak, the use of telepsychiatry has been rising, leading to more direct interactions between psychiatrists and patients via phone or videoconference. Thus, the use of telepsychiatry in Thailand is likely accelerated due to the spread of COVID-19.

Telemedicine for Adults with Intellectual and Developmental Disabilities in the Age of COVID-19

Jeffrey Bennett, *Southern Illinois University* (jbennett@siumed.edu)

Adults with intellectual and other developmental disabilities have been differentially affected by the COVID-19 Pandemic and the ensuing public health measures taken. Large and intermediate

sized congregate residential facilities as well as smaller group homes have been challenged by the translation of public health measures and its application to this population. Unavoidable close proximity, the need for hands-on care, the presence of chronic medical conditions, and caregiving needs inherent in the habilitation plans have made this population and the direct support personnel providing care highly susceptible to infection and spread of the virus. Addressing the mental health effects of stay at home requirements as well as ongoing psychiatric needs of individuals with intellectual or developmental disabilities has been partially addressed using Telehealth and the emergent relaxation of federal and state requirements for delivery and reimbursement of services. This presentation will discuss challenges and potential solutions in current best practices in telemedicine for this population and the legislative and regulatory needs which may allow for improved health care in this highly vulnerable population and its frontline workers.

Systemic Crisis, Telepsychiatry, and New Insights into Trauma-Informed Care

Mary Dobbins, *Southern Illinois University* (mdobbins@siumed.edu)

The COVID - 19 pandemic has created not only a global crisis in public health, but also a global crisis in healthcare systems. When patients (and providers) have been instructed to shelter at home, the expansion of telehealth programming has been a natural response. The field of Psychiatry, an early adopter of telehealth, has been well suited for this role. Most prior telepsychiatry programs, however, have been developed intentionally, with a major goal of helping patients who lack adequate access to traditional psychiatric services. In marked contrast, the crisis has resulted in providers being abruptly thrust into the process, oftentimes working with little systemic guidance, and caring for patients normally seen in the traditional outpatient setting. At the same time, providers and patients have been experiencing various degrees of personal upheaval secondary to the crisis as well. This presentation discusses how these unique circumstances have affected a community - based academic institution. We will explore how modifications to the traditional patient - psychiatrist interaction, population health approaches to outreach, and shared personal experiences have all enhanced the therapeutic relationship, increased patient engagement, decreased common barriers to traditional services, and informed the practice of trauma-informed care.

Telehealth and Psychiatry

Jagannathan Srinivasaraghavan, *Southern Illinois University* (inspirationaltraveler@gmail.com)
Mariam Aboukar, *Harvard Medical School* (mariam.aboukar@childrens.harvard.edu)

Mental Health professionals have welcomed new technology over the years. Even though telehealth services have been available over the last two decades or more, the utilization had been minimal in areas of education, consultation on specialized services, administration, courts and clinical arena. Telehealth has played a vital role during emergencies. Exploding information technology brought enormous benefits in learning as well as self-help applications, remote

monitoring of patients and secure messaging. The need for delivery of care during the Coronavirus pandemic in order to reduce staff exposure to ill persons, preserve the much needed personal protective equipment (PPE) and minimize the surge of patients to clinics and hospitals necessitated the expansion of telehealth services in all branches of Medicine including Psychiatry & Mental Health. These interactions may be synchronous using audio or video conferencing with the patient using smartphone, tablet or computer, asynchronous where messages, data and images are collected and forwarded to be analyzed and responded later or remote patient monitoring. In the US, HB 6074, Coronavirus Preparedness and Response Supplemental Appropriateness Act 2020 was signed by the President and following that Center for Medicare and Medicaid Services (CMS) revised regulations and made it easier for patient not leaving home or use their personal phone. There will be discussion about the reimbursement during the pandemic and many healthcare personnel professional associations supporting the use of telehealth services even after the pandemic is over.

101. The French Connection: How One California-Based Organization is Transforming its Locked Mental Health Treatment Facilities to Optimize Recovery Outcomes

Creating the Vision for the "Big Bang" in Optimum Recovery Outcomes

Scott Palluck, *Crestwood Behavioral Health, Sacramento, USA* (scott.palluck@cbhi.net)
Patricia Blum, *Crestwood Behavioral Health, Sacramento, USA* (pblum@cbhi.net)

In 2019, a leadership team at Crestwood Behavioral Health, Inc. set about creating a "big bang" kind of vision to transform the way it provides recovery services. Crestwood is a leading provider of mental health services in California supporting thousands of individuals throughout the state. Crestwood's innovative outcome of this "big bang" vision became a pioneering pilot project called the Peer Employment Learning Center (PELC). The PELC was conceptualized to train and prepare people who receive mental health services, in both locked and unlocked behavioral health campuses, to become Peer Support Specialists. Once their initial training is completed, the Peer Support Specialists participate in a paid three-month internship on the same campus where they received mental health services. As interns, these individuals put the skills they have learned into practice and can cultivate their experience into a career. The project also includes preparing a work environment in which campus staff are also trained in recovery principles and practices. In July 2021, the PELC pilot was successfully launched at the first of five Crestwood campuses. This session will focus on how an organization's recovery-oriented principles and practices may be used as the foundation for planning and implementing opportunities to reach optimum recovery outcomes.

Collaboration – Crestwood Behavioral Health, Inc. and Rutgers University – Implementing a Long-Term Sustainability and Program Evaluation Process

Scott Palluck, *Crestwood Behavioral Health, Sacramento, USA* (scott.palluck@cbhi.net)

A program evaluation is the systematic collection of information about the activities, characteristics, and outcomes to make judgments about the program, improve program effectiveness, and/or inform decisions about future program development (CDC, 2020). In the case of the Crestwood Peer Employment Learning Center (PELC) pilot program, the evaluation of the peer specialist training and internship program was a small part of a larger organizational change effort. The evaluation included an assessment of the recovery culture of the organization and a comparison before and after the pilot of the attitudes, skills and knowledge about the recovery-oriented practices of all staff delivering services, including organizational leadership, supervisors, co-workers, and those receiving services. The program evaluation considered both the elements of the program that led to effective changes, as well as the opportunities for improvement learned throughout the PELC pilot that can be applied to future implementations at future sites. This session reviews the assessment tools, delivery methods, and preliminary results.

Preparing and Training Peer Support Specialists

Chris Martin, *Crestwood Behavioral Health, Sacramento, USA* (Chris.martin@cbhi.net)

Training and hiring people in recovery (peers) to work in a locked mental health setting was considered radical during Pinel's 19th Century France. The mental health world would even have considered it radical one century later. Throughout the 1900s and with varying degrees of success, individuals and groups advocated to include peers as staff in psychiatric treatment facilities. But it was not until the 1970s that peer voices calling for the hiring of peers in the mental health workforce got more attention. Fifty years later, progress in training and hiring peer support specialists has happened, but it is not enough, and in some places, it has not happened at all. Our time is now calling us to a much higher accountability for optimum recovery services and outcomes. Our goal at Crestwood is not to deliver a one-time training event, but to create a learning experience to shift the status quo. During the preparation and delivery of our peer support training program, "Peer Support Learning for the 21st Century," we took six different phases in this transformative learning process that include: 1) resolving; 2) reducing; 3) reframing; 4) resonating; 5) radiating; and 6) reaching recovery and resilience.

Preparing Leadership and Staff For Organizational Recovery

Chris Martin, *Crestwood Behavioral Health, Sacramento, USA* (Chris.martin@cbhi.net)

Adding peers to the workforce has a dynamic impact on organizational recovery and culture. The presence of peers shifts the relationship with persons served to more of a mutual approach, which empowers persons served to then take the lead in their own recovery and building resilience. This leads to shorter stays in high-cost restrictive treatment facilities, reducing recidivism and dependence on highly structured settings. Meanwhile, the other professional staff begin to reframe the way they see their role and their former persons served who are now colleagues. The actual process includes three important components: 1) Peers do better in their recovery once they have hope for a meaningful role; 2) Peers provide a role model of other clients to follow, demonstrating through their own recovery that recovery is possible; and 3) Peers also have an impact on other professionals and the organization at large as they witness the recovery process. The most powerful contribution peers make is the simple act of sharing their own personal recovery story with others. This heartfelt and authentic description of recovery from a first-person perspective is inspiring and motivates others to endorse recovery promoting practices.

102.   The Mental Health Detention Process: Multidisciplinary Reflections

The Mental Health Detention Process: A Call for the Development of Interdisciplinary Training

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Helen Reid, *Queen's University Belfast* (helen.reid@qub.ac.uk)
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The mental health detention process in the community is an interprofessional, medical emergency. General Practitioners work closely alongside social work colleagues in deciding whether an unwell patient requires detention for assessment under relevant mental health legislation.   Other professionals involved include the ambulance team, police-service, community mental health team and secondary care colleagues.   Despite widespread acknowledgement of the complexities associated with this emergency, the professionals involved get limited training to prepare them for this event.   Using scoping review methodology our research seeks to explore what is known about how best to develop training in this area.   A personal and public involvement group has been established to inform the research process.   We have included six electronic databases in our review. In total, 1,136 articles have been identified and included in the screening process.   We will present findings from the literature to key stakeholders involved as part of a consultation exercise. This will help identify how well findings correlate with stakeholder experience.   It will also enable interdisciplinary discussion about how we can best use this information to inform future training. The development of a team-based, educational approach has the potential to lead to improvements in patient care and facilitate collaborative interdisciplinary working.

Treatment Pending Court Appeal and Delays in Psychiatric Care

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In Canada, mental health legislation differs between the Provinces and Territories, leading to vastly different abilities for patients to access care. Ontario, the largest Province in Canada, has laws that affect the timely provision of care for incapable patients when patients challenge their finding of incapacity to the Provincial courts. The current legislation can force patients to be detained in hospital for months without treatment – in some cases over a year – while awaiting a court hearing. This presentation will review the balance between autonomy and best interests in Canadian mental health legislation and outline the differences between jurisdictions when appeals of treatment incapacity are encountered. Factors influencing the development of legislation and resistance to changes will be outlined. Ontario's data describing the number of mental health patients affected by treatment pending appeal will be shared, and a dedicated discussion will focus on the powerful consequences of legislation, illustrating how laws can impact patients, inpatient hospital environments, families and society.

Gathering Speech as Recognition of Autonomy: The Case of Non-Consent Care Hearings

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In accordance with the law of July 5, 2011, modified by the law of September 27, 2013, patients interned without their consent in psychiatry must be received by a liberty and detention judge within a maximum of 12 days after their admission. This meeting consists of an exchange between the patient, his/her counsel and the judge. Although the patients have not asked to be heard, the collection of their words is at the heart of this ritual. This communication is based on a survey that allowed the observation of about twenty hearings in 2021 as well as interviews with about twenty key actors of the system. It shows different patterns of communication between the judges, the lawyers and the patients: the therapeutic purpose of gathering the patients' words in a "free" mode (establishing a dialogue) seems to be questioned by highly structured exchanges, aiming at the accomplishment of an administrative procedure which, in the end, increases the distance between the judges and the patients. Still, a doubt remains concerning the hearing's purpose and its capacity to fulfill this expectation. Are the patients' words absolutely necessary to control the legality of the internment measure?

103. The New Frontier: Human Rights Based Mental Health Law

Using the CRPD Framework: The Scottish Mental Health Law Review

Jill Stavert, *Edinburgh Napier University* (j.stavert@napier.ac.uk)

This presentation is about mental health law reform in Scotland. Upon enactment Scotland's current mental health law was heralded as being world-leading in its person-centred and rights-based approach. However, ECHR developments, the UK's ratification of the CRPD, increased lived experience pressure and reports such as Scotland's Mental Heath and Capacity Law: the Case for Reform (McKay and Stavert, 2017) raised questions about, amongst other things, its continuing human rights compatibility. In 2019, the Scottish Government therefore announced the establishment of the independent Scottish Mental Health Law Review chaired by John Scott QC. The principal aim of the Review is to improve the rights and protections of persons who may be subject to the existing legislation. It seeks to achieve this by, amongst other things, using a review framework that is heavily informed by the CRPD which includes the proactive involvement of persons with lived experience and carers in the review process (including its Executive Team, advisory groups and workstreams). This presentation will reflect on the review process and challenges it actually and potentially faces in bringing a bout CRPD compliance in Scotland.

Ireland: A Tale of Two Jurisdictions and the Unnatural Experiment

Gavin Davidson, *Queen's University Belfast (*g.davidson@qub.ac.uk)
Lisa Brophy, *LaTrobe University* (l.brophy@latrobe.edu.au)
Jim Campbell, *University College Dublin* (jim.campbell@ucd.ie)
Anne-Maree Farrell, *Queen's University Belfast* (a.farrell@qub.ac.uk)
Brendan Kelly, *Trinity College Dublin* (brendan.kelly@tcd.ie)

This presentation will compare the development, content and operation of the legal frameworks for mental health and mental capacity on the island of Ireland. Key aspects of the relevant laws will be highlighted: the Mental Health Act 2001 and the Assisted Decision Making (Capacity) Act 2015 in the Republic of Ireland; and in Northern Ireland (NI) the Mental Health (NI) Order 1986 and the Mental Capacity Act (NI) 2016. The presentation will then analyse the ways in which modifications were made to these legal frameworks in response to the Covid-19 pandemic especially in relation to safeguards and human rights. It then sets the scene for comparisons of professional roles, rates of use, length of stay and appeals. Other potentially relevant aspects of the context will then be explored, including: indications of prevalence and need; funding levels for services; and service structures. These comparisons will be supported by reference to research which has been conducted on various aspects of these laws. Finally, opportunities for further comparison, alignment of routine data collection, research and law reform will be discussed.

Incorporating Law and Human Rights Into A Clinical Ethics Service

Carmelle Peisah, *University New South Wales* (carmelle.peisah@health.nsw.gov.au)
Peter M Hockey, *University of Sydney* (Peter.Hockey@health.nsw.gov.au)

The interface between bioethics, law and human rights has strong theoretical foundations but rarely finds its way into implementation at a clinical level. Yet legal, ethical and human rights considerations are critical to optimal and heathy functioning of health care organizations and align closely with community expectations of quality health care. It is established in the scientific literature that health care staff lack understanding of human rights frameworks and health law, particularly around consent and capacity issues, as well as the withdrawal of life-sustaining treatment. This lack of understanding has consequences. In this paper we report our experience of developing and delivering a clinical ethics, legal and human rights service to a large, urban, Australian local health district. The heterogeneity of individual and institutional consultations ranged from withdrawal of life-sustaining treatment, to consent, guardianship matters and a wide range of COVID-related issues including triage and vaccine ethics. Mode of service delivery included individual consultation to clinicians, facilitation of consensus decisions amongst clinicians, legal education, research and organizational capacity building. Our experience has unveiled a range of risks and opportunities for such an "added plus" service, with the transformative aim of promoting an ethical organizational health culture that endorses reflective practice.

Deprivation of Liberty of a Person With Mental Disorders in the Light of the European Convention on Human Rights (ECHR)

Marcin Burdzik, *University of Silesia* (marcin.burdzik@us.edu.pl)

Each deprivation of liberty severely interferes with the right to personal liberty. So, it is necessary to exist appropriate legal guarantees which protect an individual against the arbitrariness of the decisions raised in this matter. It is especially significant in the case of people with mental disorders (MD). These disorders can hinder or prevent from taking rational and intended legal actions aimed to protect own rights. People with MD may also unintentionally act to their disadvantage. Thus, this group of entities requires enhanced legal protection. Fundamental importance in this matter has the provision of art. 5§1(e) of ECHR, but the terminology used there (person of unsound mind) has no equivalent in the leading disease classification systems (ICD-10/11, DSM-5). It may implicate a lot of interpretation doubts, especially in cases of non-psychotic MD. The primary purpose of the presentation is to assess the adequacy of guarantee mechanisms resulting from art. 5§1(e) of ECHR. It is also necessary to identify risks resulting from the imprecise structure of this provision. The analysis includes the legal and medical aspects of the problem and relevant European Court of Human Rights judgments. MD occurs in approx. 970 million people worldwide, which makes the problem extremely current.

104.   The Opioid Epidemic

Addressing the Opioid Epidemic among Justice-Involved Individuals

Kevin Knight, *Texas Christian University* (k.knight@tcu.edu)

This presentation will discuss recent and current large-scale, multi-site research studies conducted at Texas Christian University's (TCU) Institute of Behavioral Research (IBR); each of these studies are focused on addressing implementation and intervention strategies to address substance use among justice-involved individuals, with the ultimate goal of improving public health and public safety. Specifically, findings pertaining to the assessment of best practices for organizational strategies to link individuals to community-based services will be discussed, and the presentation will include results from the NIDA Criminal Justice Drug Abuse Treatment Studies (CJDATS) on assessment, HIV, and medication-assisted treatment. The presentation also will include a description of similar efforts underway as part of two TCU IBR-led NIH Helping to End Addiction Long-Term (HEAL) studies (JCOIN and LeSA) designed to help tackle the national opioid crisis and will include an overview of study strategies designed to involve key stakeholders and community partners in the cascade of community-based care.

Kentucky Women's Justice Community Opioid Innovation Network (JCOIN)

Michele Staton*, University of Kentucky* (mstaton@uky.edu)

Through the NIDA-funded Justice Community Opioid Innovation Network (JCOIN), the overall goal of this project is to increase initiation and maintenance of medications to treat opioid use disorder (MOUD) among high-risk justice-involved women in the transition from jail to the community to reduce opioid relapse and overdose. This type 1 hybrid effectiveness and implementation trial examines an innovative MOUD pre-treatment model using telehealth (alone and in combination with peer navigators) for justice-involved women in transition from jail to the community in 6 experimental and 3 comparison (Services as Usual-SAU) sites. The following aims guide the study: (1) Compare the effectiveness of MOUD Pre-Treatment Telehealth (alone versus in combination with Peer Navigators) to increase MOUD initiation and maintenance in the community after release; (2) Estimate the cost effectiveness of MOUD Pre-Treatment Telehealth (alone and in combination with Peer Navigators) relative to SAU for justice involved women with OUD in achieving desired outcomes one-year post-release; (3) Examine temporal changes in key constructs hypothesized influence successful innovation implementation. The long-term goal of this project is to increase use of MOUD during a critical, high-risk time of community re-entry among vulnerable women in both urban and rural communities. Findings and implications will be discussed in this presentation.

Attitudes toward Naloxone Distribution and Medication for Opioid Use Disorder in Criminal Justice: Data from the HEALing Communities Study in Kentucky

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The HEALing Communities Study (HCS) is a wait-listed randomized trial of a community-level intervention to expand overdose education and naloxone distribution (OEND) and medication for opioid use disorder (MOUD) in criminal justice and health care. Prior to initiating the intervention, 189 coalition members in 16 Kentucky communities were surveyed about (1) barriers to expanding OEND and MOUD in criminal justice and healthcare and (2) the importance of expanding OEND and MOUD in these venues. Responses regarding barriers ranged from 1 representing barriers being "not at all substantial" to 5 indicating "very substantial" barriers. Importance scores ranged from 1 ("not important") to 5 ("very important"). For OEND, the average for barriers in criminal justice was 3.3, which was significantly greater than barriers in health care. Greater barriers to MOUD were observed in criminal justice relative to healthcare. However, ratings regarding importance of expanding OEND in criminal justice and health care did not differ, nor did importance scores for MOUD. Kentucky coalition members strongly endorsed the importance of expanding OEND and MOUD in criminal justice and health care organizations. Addressing the barriers to expanding OEND and MOUD will be discussed.

Preventing Opioid Use among Justice-Involved Youth as they Transition to Adulthood: Leveraging Safe Adults (LeSA)

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As one of the NIDA-funded studies within the HEAL Prevention initiative, the LeSA Project focuses on developing and testing Trust-Based Relational Intervention® (TBRI®) as an evidence-based practices to prevent opioid initiation and/or escalation of substance use among older adolescents who are re-entering communities after Juvenile Justice (JJ) secure detainment. TBRI is a youth-centered, attachment-based, and trauma-informed approach to strengthen youth/caregiver relationships and improve youth self-regulation (thinking, emotions, and behavior). The intervention is delivered to youth and caregivers while youth are in JJ custody through 13 modules (5 caregiver, 4 youth, 4 joint caregiver/youth). Using a Hybrid Type 1 Effectiveness/Implementation design, the project (a) compares standard reentry practice (SRP) to SRP with TBRI added, (2) examines the comparative utility of three reentry support formats. and (3) examines the agency-level factors that impact TBRI implementation and success. This presentation will describe the overall project, the ways in which TBRI was adapted for juvenile populations, and present preliminary findings regarding feasibility and acceptability of TBRI with JJ youth and caregivers.

105.   The Role of Neuroscience in Legal Proceedings

Forensic Neuropsychological Assessment

John Fabian, *Consulting Psychologist*, *Austin, USA* (john@johnmatthewfabian.com)

Criminal forensic neuropsychological assessment applies functional clinical neuropsychological assessment to criminal defendants. A forensic neuropsychologist expert presents reliable/valid assessment data regarding the relationship between neurocognitive dysfunction and neuropathology and focuses particularly on the behavioral and/or cognitive issues related to the legal proceedings and specifically to the neuro-legal question at hand. The forensic neuropsychologist will often examine criminal defendants pertinent to criminal competencies, mental state at the time of offense evaluations, mitigating factors at sentencing and pertinent to plea negotiation, and potentially to violence and sexual violence risk assessment. The forensic neuropsychologist expert witness can incorporate objective neuropsychological testing data while describing the client's functional abilities within the specific context of the neuro-legal question. The forensic neuropsychologist expert witness can conceptualize the court case by analyzing the assessment data, specific brain behavior relationships evidence, neuroimaging data, and relevant psychiatric diagnoses and neuropathology. In sum, the presentation will cover how neuropsychological assessment can be utilized in criminal forensic legal proceedings and will also briefly address neuropsychological case studies, case law, and forensic neuropsychological consultation within a multidisciplinary expert witness context.

Capability to Understand and to Want Detectable from Handwriting Implication : An Exploration Trough The " Stratigraphic Theory" of Rudolf Pophal

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This presentation is based on the graphological studies about the capability to understand and to want from handwriting. Some interesting considerations of Neuropsychology of the Graphological Language and Neurosciences are illustrated such as "Stratigraphic Theory of Rudolf Pophal" (1893-1966). The presentation will discuss the contribution that the graphologist aided also by the recent computing technologies can bring to modern concepts of the criminal responsibility and capacity to stand trial in criminal process. It will discuss imputability, assessment of psychiatric risk and clinical management undertaken by the UEPE (Office for External Criminal Enforcement). It will outline the methodology that we use in the drafting of the psychiatric examination into criminal responsibility according to the anthropophenomenology tradition applied to criminal science as well as the presentation of some cases of "Dangerous Scriptures". The presentation will emphasize how graphological investigation should always be present during the diagnostic clinical stage of evaluating alleged offenders. It will be argued that

it remains a cornerstone in supporting the psychological testing but also the clinic itself for the purposes of a greater accuracy and methodological reliability.

The Role of Neuroscience in Predicting Future Dangerousness in Dangerous Criminals: A South African Criminal Law Perspective

Geert Stevens, *University of Pretoria* (philip.stevens@up.ac.za)

The prediction of future dangerousness in dangerous criminals remains a contentious issue. Within the context of South Africa dangerous criminals are dealt with in terms of section 286A of the Criminal Procedure Act 51 of 1977. Whenever a Superior Court or Regional Court convicting an accused person of one or more offences is satisfied that the accused represents a danger to the mental or physical well-being of other persons and that the community should be protected from such person, the court may declare such an accused a dangerous criminal. In determining whether an accused represents such a danger, the court may direct that the accused be sent to a psychiatric facility. Neuroscience has recently received a lot of attention in terms of not only being invaluable in terms of assessing criminal responsibility, but also in respect of predicting future dangerousness. In this presentation the author will reflect on the nature and substance of neuroscience and more specifically how it can apply within the context of the prediction of future dangerousness as an alternative method of assessment as opposed to the traditional assessment within the context of mental health professionals. It will be indicated that neuroscience can be a valuable addition to other expert evidence. The role of neuroscience will be addressed against the backdrop of section 286A in the South African Criminal Law context within the context of sentencing.

Competency to Waive Miranda in Juveniles

Joette James, *Consulting Neuropsychologist, Washington, USA* (joettedj@aol.com)

The Miranda warnings, which are supposed to be given to an individual at the time of arrest/detention and before questioning by the police, include the right to remain silent and the right to an attorney. These rights are rooted in the Fifth Amendment to the Constitution of the United States, which is designed to protect against self-incrimination. Waiving these rights must be done knowingly, intelligently, and voluntarily. However, given our understanding of the developing juvenile brain and its immaturity in multiple spheres, is it even possible for a young person to waive Miranda? This presentation will provide an overview of the competency to waive Miranda as it relates to the cognitive neuroscience surrounding pre-adolescent and adolescent brain development and behaviors which may present a barrier to this competency, including variability in emotional regulation and impulse control, limitations in abstract thinking and information processing capacity, and dependence on peers and authority figures for decision making. These concepts will be discussed in the context of a case study of an 11-year-old client charged with multiple felonies.

Neuroimaging in Fetal Alcohol Spectrum Disorders (FASDs)

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This presentation will provide an update of IALMH sessions given in 2017 and 2019 focusing on exciting and rapid developments related to neuroimaging in Fetal Alcohol Spectrum Disorders in the Forensic Context. It will take as its jumping off point the chapter devoted to this topic in a recently published (2021) textbook, authored by the presenter. Entirely new, however, will be data from sixteen (16) FASD homicide defendants, extending the pool of subjects from nineteen (in 2019) to 35. As before, interesting and important cross-validation data from neuropsychological testing, quantitative electroencephalography (QEEG) and other neuroimaging technologies will be reported. The emerging role of explicit neurofeedback recommendations will be addressed. A proposed protocol for neuroimaging in FASD will be conveyed. The trend toward acceptability of neuroimaging in legal cases will be contrasted with recent developments in a high profile US criminal case.

106.   Therapy of Migrants in Forensic Psychiatry: Challenges and Options for Action

How Much Lead Culture Will it be for Forensic Patients with Migration Background?

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In the German Federal State of Baden-Württemberg almost 40% of patients placed in a psychiatric hospital according to section 63 of the German criminal code have migration background. In forensic addiction treatment facilities (section 64) they have been in the majority for several years. Nevertheless, they represent a heterogeneous group with regard to language skills, residence status and level of acculturation. On the wards our mental hospital patients are obliged to use German. There are several sound reasons for this practice. First professional success and social participation are strongly correlated with German language skills, and major migrant groups are prevented from forming subcultures within the wards. Certainly, strong counterarguments can be raised. Political claims that migrants have to adjust to the so-called lead culture have been opposed by arguing that those requests may represent racism or islamophobia. On the basis of present evidence an evaluation will be given considering clinical, legal and ethical aspects.

Second Language Acquisition and Acculturation in the German Forensic Psychiatry

Maximilian Lutz, *Ulm University* (maximilian.lutz@uni-ulm.de)

Second language acquisition and acculturation have become important topics in the German forensic psychiatry. This led to ongoing research in this field. Three studies have been conducted by our research group, the first project for Spracherwerb und Integration (SPRINT) that evaluated a specialized ward for second language acquisition and acculturation in Hesse from 2017-2021, a study on language competence and therapeutic possibilities of migrants in the Bavarian forensic psychiatry from 2019-2021 and the second SPRINT-project, that evaluates a modular program for language acquisition in Hesse since 2021. Main results of the studies were first that approximate the half of migrants in the Bavarian Forensisc Psychiatry had elementary German skills while in addition only the half of them participated in German lessons. Second, migrants in regular forensic psychiatry in both Bavaria and hesse received an average of merely 2.5 German lessons per week. Third, literate patients in the ward for language acquisition and acculturation could successfully improve their German skills in average to independent usage. While results of the second SPRINT-projects are still pending, we claim that the corresponding language program can address some of the problems of the ward for language acquisition and acculturation.

Non-European Migrants among Forensic Inpatients with Schizophrenia – A Machine Learning Study

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Ethnic minority patients undergoing forensic psychiatric treatment represent a socially marginalised and highly stigmatised patient group. This exploratory study aimed to expand the scarce knowledge about offender patients with schizophrenia spectrum disorders (SSD) who have a migration background by identifying parameters that differentiate between forensic inpatients with SSD of European versus non-European country of birth, based on a sample of 370 patients in total. Employing machine learning algorithms for data analysis, the study took a comprehensive approach that included over 500 socio-demographic, environmental, psychiatric and biographic factors. Overall, the results of our study suggest that the migrant subpopulation is quite similar to the rest of the forensic inpatients with SSD, including in terms of their psychiatric history and

symptomatology. The group differences we identified in risk factors for criminal behaviour were related to growing up in adverse circumstances, such as childhood poverty. In light of this, this study contributes to the notion that prevention of criminal behaviour in people with SSD requires multimodal strategies that also target risk factors beyond psychosis. Further findings and potential implications will be discussed in the presentation.

107. Trajectories In Psychiatry And Management: The Management Tools In Question

Financing the Psychiatric Pathway: From Issues to Practice

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In terms of public health, the financing of a care activity has several objectives: a main objective of relative improvement in the health status of a population. Secondary objectives of efficiency of the actions undertaken to achieve the main objective. In short, funding must promote the right care in the right place at the right time with the right human and material resources. Classically, there are two categories of funding: retrospective and prospective. Retrospective funding has the advantage of encouraging supply and therefore a certain accessibility to the detriment of the sometimes-questionable relevance of care. Prospective funding has the advantage of encouraging standard practices, sometimes to the detriment of the accessibility of certain types of care. Furthermore, prospective financing raises the question of the standard used: the usual or average practice, best practices, etc. Developing funding according to the psychiatric pathway therefore implies asking all these questions not only from a macro point of view but also at the heart of the organisations: what is the right care? The right time? The right place? And the right resource?

Decompartmentalising Psychiatric Hospital-City Pathways: Development of a Collaborative Steering System for the Acute Care Sector

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The Covid pandemic forced the Nant Foundation's care units (Switzerland) to increase their occupancy rate from 103% to 70% in order to free up a unit that could accommodate suspect or contaminated patients. Faced with this constraint, the organizational lines have shifted to find solutions based on: Clear objectives: positive indication of hospitalization, systematic use of alternatives, inter-unit cooperation, etc. C sharing of risks (in particular by getting away from the illusion of hospital safety). And collective management by city and hospital stakeholders. The need

to put the agents concerned, scattered throughout the sector, in direct contact with each other, was achieved by videoconference in order to avoid travel. These weekly videoconferences bring together the interdisciplinary managers of the Nant Foundation's care units and the city's stakeholders (general hospital, mobile community team, mobile rapid response team, etc.). The live collective work, the linkage to ensure clinical trajectories and cultivate collective intelligence and the sharing of the risk inherent in psychiatric corners have significantly reduced the use of hospitalization as the only solution to acute clinical situations.

Measurement and Disproportion of Activity in Psychiatry

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In health economics, value has usually been understood within the framework of the production and consumption of healthcare. Two tools of measurement, efficiency and equity, have been used to make decisions on healthcare resources. However, the healthcare system is also not a market like others, and applying the criteria of efficiency and equity to the field of health calls for significant adaptation. In addition, even when epistemologically informed and technically equipped, care is also attention and an engagement toward the person for whom the care is directed. Current models fail to take into consideration the individual, qualitative nature of individual patient experience, particularly in psychiatry. Therefore, tensions continue to exist between value as understood in a health economics perspective and the relational values promoted in proposals of person-centered care. Healthcare values are plural and explain what one commits to in terms of actions and relationships with others. Taking into account this plurality reminds us both of the ethical dimension of care but also how it is made possible through financing. Psychiatry in France can be a good example of these paradoxical injunctions.

Psychiatry and Civilization: Looking Beyond the "History of Madness"

Aria Ghahramani, *Penn State University* (aghahramani@pennstatehealth.psu.edu)

In Madness and Civilization, Michel Foucault writes about the place that the so-called mad have occupied in society through the Middle Ages, the Age of Enlightenment, and finally arrives at modern psychiatry and the psychiatric institution. Since its publication in 1961, work on the history and philosophy of psychiatry has largely been a response to Madness and Civilization, and Foucault's exploration of the topic has contextualized the dialogue on the development of psychiatry as a medical discipline. However, medical practice and specifically psychiatry and psychiatric hospitals have changed dramatically in the last six decades. This presentation will examine the extent to which Foucault's work can still help us contextualize contemporary psychiatry and psychiatric institutions, while identifying key areas where psychiatry has deviated from the narrative presented in Madness and Civilization. It will draw on examples from cognitive behavioral therapy and dialectical behavioral therapy, the increasing interaction between eastern and western philosophies, as well as psychiatry's unique role in medicine to advocate for

underserved and minority groups. It will invite further discussion on the unique role and responsibility of psychiatry as a medical discipline in the years to come.

108.   Transforming Social Work Field Education: New Insights from Practice Research and Scholarship

Transforming the Field Education Landscape (TFEL): A Partnership Project

Julie Lynne Drolet, *University of Calgary* (jdrolet@ucalgary.ca)

Field education is a critical component of social work education. However, field education is in crisis in Canada, and there is a need to adopt more innovative and sustainable models of social work field education. New understandings and approaches are urgently needed to address the crisis. As professionals, social workers are expected to use research to inform their practice and contribute to the production of knowledge. Yet many social workers are reluctant to integrate research into their practice and in field education. The Transforming the Field Education Landscape Project, funded by a SSHRC partnership grant, brings together social work academic researchers, field educators, students, professional social work associations and partners who share concerns about the state of field education in Canada and internationally. The project hosted a Field Research Scholars program that created a new opportunity for emerging scholars and early career academics to present their research and obtain feedback from their peers. A Summer Institute on Academic Writing in Field Education and a book publication are outcomes of the Field Research Scholars program. The presentation will present the key highlights, themes and implications for field education to stimulate interest on research and scholarship in Canada and internationally.

Field Education: Practice, Research and Theory

Grant Charles, *University of British Columbia* (grant.charles@ubc.ca)

The Transforming the Field Education Landscape Project, funded by a SSHRC partnership grant, brings together social work academic researchers, field educators, students, professional social work associations and partners who share concerns about the state of field education in Canada and internationally. The TFEL partnership is contributing to the development of talent through partnered research training initiatives that integrate research and practice in social work field education. The project hosted a Field Research Scholars program that created a new opportunity for emerging scholars and early career academics to present their research and obtain feedback from their peers. A Summer Institute on Academic Writing in Field Education and a book publication are outcomes of the Field Research Scholars program. The presentation will focus on

"Field Education: Practice, Research and Theory." Brief summaries will be presented on issues of economic justice for practicum students, working with non-social work field supervisors, enhancing equity and accessibility, and the challenges and prospects facing undergraduate field education at the University of Gondar in Ethiopia. The presentation will highlight the dynamic and multi-faceted aspects of social work practice, research and innovation in field education.

Digital Stories As A Tool For Learning, Teaching, and Knowledge Mobilization In Social Work Field Education

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Humans have been sharing stories for millennia. Storytelling is a fundamental component in the knowledge-building process and creates meaning from abstract concepts, which can be helpful in breaking barriers in communication. There are several benefits of storytelling: 1. A relatable learning tool; 2. Transformation across landscapes; and 3. Challenging the norms. Storytelling is also a powerful tool for teaching and encourages genuine inquisitiveness, which may be particularly relevant in social work field education. To enable social work students, faculty, field educators, and researchers to share their stories about field education, the Transforming the Field Education Landscape (TFEL) research project uses various digital platforms such as videos and podcasts. The digital story platform is an effective tool for learning, teaching, and knowledge mobilization in social work field education. This presentation provides an overview of how digital stories are utilized in the TFEL project, the process for teaching students how to create digital stories, and examples of videos and podcasts created by students.

109.   Trauma and Growth

Is PTSD The New Normal? Life and Practice After The 2020 Global Crisis

Traci Owens*, Attorney-at-Law, Santa Clara, USA* (taostrong70@gmail.com)

Post COVID-19, the global law and mental health professional community will consist of newly traumatized people servicing other newly traumatized people. The first step in navigating this process in awareness. The clients are unaware of the burden of their own grief, trauma, emotional or psychological issues. COVID-19 is a global trauma. Denial is a natural human response to trauma, even for professionals. It is difficult to be aware of one's own suffering, much less narrate it while in the midst of simply surviving it. Post COVID-19 professionals have an ethical obligation to recognize this human tendency in themselves. For those who lost friends and family members during the pandemic they are navigating the tragic of the loss, and they are bereft of the comfort of friends and family because of isolation orders. For people who survived a positive diagnosis or cared for one who did the same, they may find themselves emerging from the illness with a body that does not perform as it once did. In their own way, everyone suffered a loss of their pre-pandemic life. It will offer testimonials and propose coping mechanisms and solutions

for the same. This presentation will also encourage professionals to consider the bias associated with people from social groups other than their own.

Post Traumatic Growth

Anne Troy, *University of Holy Cross* (atroy@uhcno.edu)

Post Traumatic Growth is the positive recovery from suffering of all kinds. Research supports the assertion that trauma can ultimately result in positive outcomes beyond previous baselines. Individuals can move beyond only returning to baseline or simply demonstrating resilience and actually "bouncing forward" into new emotional and spiritual growth. This concept has been documented in religious and philosophical writings since man started recording outcomes of adversities. In the legal community, it is necessary for professionals to incorporate this tool as they transcend disappointing rulings and verdicts. Moreover, this skill assists already traumatized clients to accept and even prosper throughout the duration of the case. It fuels the client to be an active participant on the legal team and ultimately assist in presenting the best possible narrative. In the medical community, it is an effective coping skill for professionals who witness unimaginable pain, and for patients who endure it. It shifts the focus from restoration to the client/patient's "old life" to the concept of renewal and a life that can be even more purposeful than before.

"Passing the Torch" From the Statue of Liberty to the "Welcoming Peace Sculpture": Possibilities for a Just Immigrant Policy in the U.S.

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On July 4, 1881 France gifted the Statue of Liberty to the United States of America. Today, in the same spirit of welcome and refuge, we are preparing the largest bronze sculpture in the world, "The Welcoming Sculpture." This statue will be spanning the Rio Grande at the US\Mexico Border, at Laredo, Texas, USA and Nuevo Laredo, Mexico. This sculpture is a gesture of peace and friendship, acknowledging the contribution of Mexicans and Central American immigrants. Isaac Romano, project coordinator, explores the notion articulated by Hunter of whether the torch, of the Statue of Liberty, can be passed to this new monumental bronze, to ameliorate the xenophobic populism influencing policy and attitudes towards migration through Mexico to the U.S. This presentation will discuss "impact, and legal ramifications" of U.S. policy leading to child detainment, forced familial separation and the ensuing trauma and violation of human rights. It will discuss generating a new conversation about US policy, refocused on "Policies of Generosity" and assist in reducing individual anxiety and suffering experienced by immigrants of colour, while promoting a sense of individual and group "dignity". As well, the presenter will discuss the positive psychological impact of such a sculpture on people who are typically stigmatized and excluded within society.

Program Barrier Reduction Strategies: How Important are They?

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This study examines the barrier reduction components that post-9/11 U.S. veterans encounter in programs. Despite the well-documented needs of post-9/11 veterans and the plethora of programs available to them many veterans do not seek or use veteran programs or services. There are real and perceived barriers to accessing support programs. The study involves 9,566 veterans who participated in a three-year longitudinal study with six waves of data collection. Recently discharged veterans were asked to report which programs or services they used. These barrier reduction components offered tangible support (scholarships, cash, legal advice), increased access to programs, decreased stigma, and encouraged motivation to change. Barrier reduction components were ascertained from website coding and veteran self-reports. For this presentation, we will assess the proportion of veterans who used those components, and we used exploratory analysis to investigate subgroup difference in the use of programs that contain barrier reduction. For instance, in wave 1, 4.9% of veterans utilized programs that had a stigma reduction component; however, veterans with mental health conditions were two times more likely to use these types of programs. The implications of results in terms of future directions for providers, program developers, and funders will be discussed.

Depression, Anxiety and Workplace Trauma: A Systematic Review

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This presentation will describe a project completed by an international team of researchers interested in impacts of occupationally related traumatic exposure. Specifically, the team completed a comprehensive systematic review process that considered the extant literature regarding prevalence of Depression and Anxiety as they relate to workplace traumatic stress for occupations at high risk of traumatic exposure, including public safety and justice related

professions. The literature was searched from the time of inclusion for PTSD in the DSM (1980) and a total of 2767 original citations were reviewed by at least two reviewers for inclusion, quality and data extraction. Data was evaluated using a best-evidence synthesis and revealed that the literature provided strong evidence that depressive and anxious symptom prevalence was elevated for firefighters, police, paramedics, and emergency workers. Differing outcomes were revealed for corrections officers (strong for depressive symptoms; insufficient for anxious symptoms) and other (i.e., mixed low frequency) occupations (strong for depressive symptoms; insufficient for anxious symptoms). Conclusions from this work suggest that amount of relevant research linking symptoms of depression and anxiety to workplace stress is much less available as compared to research that considers workplace links to PTSD.

110. Trauma, Human Rights, and Resilience in the COVID-19 Crisis

COVID-19, Human Rights & Blacks in the U.S.: The Exacerbated Impact, the Exacerbated Response!

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The full impact of COVID-19 on Blacks in the U.S. is still emerging, however current data suggest a disproportionate burden of illness and death compared to other racial and ethnic minority groups. Blacks are overrepresented among hospitalized patients and are 3x's more likely to die than Whites. While underlying health conditions have been viewed as the major driver of these disparities, the underlying health conditions are a direct result of American racist policies. A range of issues lying at the intersection of human right violations and on-going trauma has now merged with the challenges of the Covid-19 pandemic to highlight the compound impact of various syndemics already existing in the Black community. This presentation will provide an overview of some of the human right issues facing Blacks that have long existed, rooted in historical trauma, and are now being exacerbated as a result the Covid-19 crisis. This presentation will discuss a number of disparities such as lack of access to desirable housing and healthcare services, domestic violence, over-representation in front-line service work and police brutality. The presentation will conclude with a perspective on a path forward with implications for the fields of law and mental health.

COVID-19 as Pretext for Violating the Rights of Forced Migrants: The Case of the United States

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Human mobility is inextricably tied to the novel coronavirus pandemic that started in late 2019 and whose effects will continue to unfold for years. In the United States, the coronavirus is having profound impacts on those forced to migrate for safety and economic reasons, especially persons caught in detention situations or in global refugee camps awaiting final travel authorization to the United States. Limited resources to mitigate against the virus's spread or to address its health and economic effects exist in these settings. This presentation uses interviews with service providers and volunteers supporting refugees and asylum seekers, and other primary sources, to highlight how current U.S. immigration policies perpetuate mental health and health harms among forced migrants. The U.S. approach during the coronavirus has also exacerbated the complex trauma experienced by most refugees and asylum seekers through actions such as suspending the U.S. refugee resettlement program; denying asylum seekers at the U.S.-Mexico border the right to claim refuge; and summarily deporting those who contract COVID-19 in the U.S. immigrant detention system. Finally, we provide examples of solidarity-making between advocates and forced migrants to build awareness of and support for protecting the human rights of refugees and asylum seekers.

End-of-life in Isolation: Trauma and Resilience in a Global Pandemic

Jacqueline McGinley, *Binghamton University* (jmcginle@binghamton.edu)
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Trauma-informed care (TIC) is guided by the principles of safety, choice, collaboration, trustworthiness, and empowerment. Safety became paramount during the COVID-19 crisis as government officials, healthcare workers, and individual citizens sought to slow the spread of the virus by encouraging physical distancing. Those who were exposed to the virus were recommended or required to self-isolate, and those who were considered high risk or became seriously ill were often denied visitors. As a result, hundreds of thousands of individuals in healthcare facilities and other institutional settings (e.g. prisons, nursing homes, supportive housing) died alone. This presentation will elucidate how individuals expressed profound fear, family members reported symptoms of complicated grief, and healthcare workers described their own distress as a result of the isolating deaths that became a hallmark of coronavirus. This presentation will also explore the resiliency of individuals, families, and healthcare workers as they developed, in real time, best practices for honoring the fundamental human rights of seriously ill people. This presentation will conclude by describing current local, national, and international policies related to visitation rules, offering a discussion of how a TIC framework can guide practice and minimize suffering at life's end in a global pandemic.

111.   Trauma-Informed Care

George Woods, *University of California, Berkeley* - Discussant

Healing Stigma

Patricia Blum, *Crestwood Behavioral Health, Sacramento, USA* (pblum@cbhi.net)

The Healing Stigma session will discuss the definition of stigma and the concept of internal, external and generational stigma. Using a multi-disciplinary approach of Evidence-Based Practices, including Wellness Recovery Action Plan (WRAP), employment support, peer providers and spirituality infused with trauma-informed approaches, participants will learn about recovery services and how to mitigate and heal internal stigma. The session will utilize case studies and stories to explain self-stigma and how trauma-informed approaches can mitigate the impacts of it. Relying on the research of Corrigan and Gelb, the session will describe techniques and strategies to prevent and minimize stigma, including a community perspective for the prevention of stigma through exposure, education and outreach. The session will also include evidence and literature relating stigma to cultural phenomenon and the use of spirituality as a measure to reduce and heal the impact of stigma.

Trauma Informed Environment

Valdivia Laura, *Crestwood Behavioral Health, Sacramento, USA* (lvaldivia@cbhi.net)
Raul Almazar, *SAMHSA National Center for Trauma Informed Care, Maryland, USA* (raul@almazarconsulting.com)

This session will provide strategies that have been recognized by the Substance Abuse and Mental Health Services (SAMHSA) organization and the Commission on Accreditation of Rehabilitation Facilities (CARF) organization as trauma-informed therapeutic environments. Crestwood Behavioral Health's therapeutic environment utilizes space as a treatment tool to propel and support an individual's recovery path in behavioral health programs. The strategy presented by national trauma leaders involves using the space as a therapeutic tool and maximizes options and choices, as well as persons served freedom of movement. The space is intentionally designed to reduce the number of persons served rooms and clinical space to allow space designation based on evidence, promising and best practices, and Crestwood's person served-centered model (van der Shaeff, etal.) Space designations include a welcoming room, comfort room, serenity room, living room, gym, dining areas, gaming space, and use of indoor and outdoor recreation space. There is a focus on natural light, color, texture. The rooms are used to teach individuals self-regulation and calming techniques in order to decrease agitation, aggressive behavior, and ultimately eliminate the use of coercive treatment and restraint, while increasing compassionate care.

Spirituality in Mental Health Recovery

Patricia Blum, *Crestwood Behavioral Health, California, United States of America* (pblum@cbhi.net)
Pamela Norris, *Crestwood Behavioral Health, California, United States of America* (pnorris@cbhi.net)

Spirituality has been a pathway to recovery predating written word. Stories of healing through spirituality are documented almost 3000 years ago in ancient Mesopotamia (Annus 2020) and according to Gary Ferngren PhD, we witnessed spiritual healings before we understood medicine

(2021). The ability to introduce spirituality as a healing pathway, specifically in behavioral health, has been documented for thousands of years, yet spirituality is rarely referenced in psychiatric training and clinical protocols. Frequently, spirituality is precluded from clinical practices, even though accreditation organizations reference some level of attention. D. Lukoff et al have documented the impact of spirituality in perceived behavioral health recovery and actual sustained healing. Family members and service recipients recognize the value of spirituality as seen in a recent comprehensive California-based survey. Spirituality in behavioral health provides cultural linkage and language for healing. Spiritually- inclusive services are culturally competent, culturally informed, and ultimately effective for sustained impact. This session will demonstrate the use of spiritual inquiry and introduce spiritual practices and demonstration in behavioral health, while providing evidence of the self-reported impact. It will also provide effective tools and methods for clinicians, as well as paraprofessionals, to utilize in traditional behavioral health settings.

Partnerships to Increase Problem Solving and Decrease Mental Health Issues

Kyle Hawkey, *Penn State University* (krh28@psu.edu)
Daniel F. Perkins, *Penn State University* (dfp102@psu.edu)
Jerah Griggs, *Penn State University* (jzg271@psu.edu)

The U.S. Air Force recently partnered with the Clearinghouse for Military Family Readiness (Clearinghouse) at Penn State University and the U.S. Department of Veterans Affairs (VA) to provide a new mental health treatment aimed at increasing problem solving and decreasing mental health issues – *Moving Forward*. The Moving Forward Program is an educational and life coaching program based on cognitive behavioral treatment principles. Mental Health providers conduct Moving Forward with patients in a group or individual setting; with the treatment being completed in four 1-hour sessions. This presentation will discuss the overarching structure of Moving Forward, as well as how it was implemented in order to increase the number of patients that could be seen in a mental health clinic and decrease the workload of mental health providers. In addition, patient evaluation results will be explored. Finally, we will discuss legal implications such as decreased waiting time for mental health care which decreases liability.

112.   U.S. Voting Rights Under Fire: The Rise of Voter Suppression and the Threat to the Attainment of a Multiracial Democracy

U.S. Voting Rights Under Fire! The Rise of Voter Suppression

Barbara Arnwine, *Transformative Justice Coalition, Washington D.C., USA* (barnwine@tjcoalition.org)

The fight for racial equality in voting has been a centuries old challenge in the U.S. Post Slavery, there was passage of the Reconstruction Era Constitutional amendments, especially the 15th Amendment, enshrining the right to vote for Black men. However, the Hayes Tilden Compromise of 1877 and brutal racial violence led to a new era of voter suppression laws barring effective political participation of Voters of Color, note redressed until the *1965 Voting Rights Act's* (*VRA*) passage. The enforcement of the *VRA*'s provisions led to a revolution with elections of officials of color culminating with the election of Barack Obama. Immediately, new voter ID laws emerged and were upheld by the U.S. Supreme Court. Following the 2010 Mid-Term Elections, newly GOP dominant legislatures introduced over 100 voter suppression bills in 2011. In 2013, the Supreme Court declared Section 5 of the *VRA* unconstitutional opening floodgates of unchecked voter suppression which has only increased after the 2020 Election, a rise in White nationalism and Donald Trump's allegations of a stolen election and election fraud. Despite protests of voters of color, in 2021, 19 states passed 35 voter restriction laws. Indeed, some international bodies have declared the U.S. an endangered democracy.

The U.S. Re-Enslavement of The Vote

Daryl Jones, *Transformative Justice Coalition, Washington D.C, USA* (Djones@tjcoalition.org)

The enactment of voter suppression legislation has had a significant effect on the accessing and exercising of voting rights for voters of color. The voter access restrictions have included criminalizing giving food and water to voters; waiting in long lines for hours to vote; reducing voting drop box locations and hours; requiring mail-in voters to submit a copy of their onerous voter identification requirements; discontinuing "Souls to the Polls" Sunday voting and the pandemic preventive practice of drive-up voting; and, many more. Equally distressing, many states have felony disenfranchisement laws that restrict, limit, or prevent citizens that have been convicted of a felony criminal offense from voting. The granting of full citizenship to formerly enslaved people resulted in a groundswell of Black men elected to public office. Former slave owners saw this rise in power and legislatures enacted laws declaring people convicted of a felony were ineligible to vote. Felony disenfranchisement remains a tool of disempowering citizens' voting rights today. The quest to re-enfranchise citizens that have been previously convicted of felonies is intentionally confusing and varies from state to state. This presentation will propose remedies to redress this injustice.

Racial Violence To Deny Voting Rights: Understanding the History and Overcoming the Hate

Cliff Albright, *Black Voters Matter Fund, Atlanta, USA* (cliff@blackvotersmatterfund.org)

The January 6, 2021 attack on the U.S. Capitol building as the U.S. Congress was certifying the presidential election was not the first time that violence was used in an effort to overturn an election and deny voting rights. United States history is full of examples of white supremacist terrorism

being used to deny Black voting rights--from the period immediately following the U.S. Civil War, through decades of "Jim Crow" segregation. The current wave of voter suppression sweeping the U.S. seeks to continue this trend, and it includes government sponsored intimidation such as the Florida governor creating an "election police" force to intimidate voters. In addition to 1) explaining the current manifestation of physical threats and voter intimidation, this presentation will discuss 2) the ways that mental scars from previous racist terrorism shape current voter turnout and civic engagement, and 3) successful strategies to overcome such terrorism by inspiring hope and demonstrating courage. These lessons will draw, in part, on experiences of Black Voters Matter, for which Mr. Albright is cofounder and Executive Director.

The U.S. Supreme Court Destruction of America's Experiment of a Multi-Cultural Democracy

April England-Albright, *Black Voters Matter Fund, Atlanta, USA*
(aprilalbright@blackvotersmatterfund.org)

In 1857, the United States Supreme Court, (SCOTUS) rendered one of the worst decisions of its history known as the *Dred Scott*, which held, "that a Black man (woman) had no rights which the white man was bound to respect". This case, enshrined into law that the only individuals entitled to rights under the United States Supreme Court were white male protestant (Christian) land-owners. While this holding was eventually overturned, in the 1954 SCOTUS decision, *Brown vs. Board of Education*, recent SCOTUS cases signal that the Court is returning back to its racist past, when the only rights respected by the State and Courts are the rights of white straight Christian men and the companies they own. The current SCOTUS conservative gang of justices, under the leadership of Justice John Roberts, has joined the U.S.'s Grand Old Party (GOP), legislative counterparts to solidify white political power at every level of government. This discussion will analyze recent SCOTUS race and democracy cases such as *Shelby v. Holder* (2013), *Abbot vs. Perez* (2018), *Rucho et.al vs. Common Cause et al* (2019), *Brnovich vs. DNC* (2021), *Merrill vs. Miller* (2022) to reveal this political scheme. The discussion will also include strategies to respond.

113.   Using Digital Technologies, Telehealth and Cognitive Tools to Address Health Equity in Vulnerable Populations: Beyond COVID-19

Using Conversational Agents during the COVID-19 Global Pandemic to Address Common Questions

Mollie McKillop*, IBM Corporation, New York, NY, USA* (Mollie.McKillop@ibm.com)

A conversational agent is an automated system which interacts with human users via natural conversational language. As such, these systems act as intelligent agents mimicking human interactions. In clinical and public health settings conversational agents have been implemented by national and international federal public health agencies, state health departments, and health care systems to support the public during the COVID-19 global pandemic. Implementations of conversational agents can aid in addressing the influx of questions and resource needs among public agencies. This presentation will detail the experience of IBM in the use and implementation of these technologies and discuss their effectiveness in the form of patient triaging tools and in the delivery of pertinent information during the COVID- 19 global pandemic.

Understanding Perceived Impact and Usability of IBM Watson Care Manager in Delivering Services to Vulnerable Populations in Sonoma County, California

Rubina Rizvi, *IBM Watson Health, Cambridge, USA* (rubina.rizvi@ibm.com)

Providing services to population with multiple and complex needs require concurrent support from many social services agencies. Due to existing limited inter- and intra- agency communications, various safety net agencies are operating within information silos that could interfere with holistic, and client-centered care delivery. The County of Sonoma in CA, with one of the nation's largest homeless populations, recognized this gap. In 2017, they prompted an initiative, "Accessing Coordinated Care and Empowering Self-Sufficiency" (ACCESS), to identify the most vulnerable residents and provide them with more coordinated, comprehensive services (1). They achieved the goal through establishing a rapid-response, interdepartmental, multi-disciplinary team (IMDT) that helped deploy cross-departmental services, utilizing Care Management and Coordination System (CMCS). CMCS comprised of IBM-Connect 360, an integrated data hub that aggregates information from various systems and renders one "golden record" to the end-users through Watson Care Manager (WCM). To understand how use of WCM, an advanced technology-based, social care management tool, is making an impact on the care delivery process and to evaluate the tools usability from end-users perspective, a mixed method study was conducted. Results demonstrated WCM to be a useful and easy to use tool associated with high user satisfaction and also highlighted WCM's indispensable role in facilitating delivery of care to individuals with complex needs in a more synchronized manner.

Connecting Vulnerable Populations to Benefits Before and During the COVID-19 Pandemic

Jane Snowdon, *IBM Watson Health, Cambridge, USA* (snowdonj@ibm.com)

The COVID-19 pandemic has generated a massive and rapid increase in demand for the Supplemental Nutrition Assistance Program (SNAP), the largest antihunger program and vital component of the welfare safety net in the United States. The New York City Human Resources Administration/Department of Social Services (NYC HRA/DSS) provides nutrition assistance for

more than 1.6 million city clients from diverse ethnic backgrounds each month. Since food insecurity has been associated with health expenditures and adverse outcomes, NYC HRA/DSS elected to enhance its screening and application tool for SNAP benefits to provide greater configurability for reacting to policy changes, increase access to benefits, provide benefits more cost-effectively, and improve eligible individuals' experiences and outcomes. Results from an adapted design thinking method involving shadowing sessions and interviews with SNAP center facilitators and outreach workers from community-based organizations to inform design of the new user-centered system, IBM Social Program Management and IBM Universal Access application module, and a comparison of system usage metrics year-over-year for managing SNAP benefits enrollment and delivery by the NYC HRA/DSS will be shared. Tools that provide remote benefits enrollment through web and mobile applications, and automate eligibility determination and processing, can increase social program efficiency and support important public health distancing policies during the COVID-19 pandemic.

Understanding Policy Change and Delivery of Telehealth for Mental and Substance Use Disorders Using Large Claims Databases

Irene Dankwa-Mullan*, IBM Corporation, Bethesda, USA* (idankwa@us.ibm.com)

Telehealth services are a potentially effective but historically underutilized mechanism for the delivery of treatment for mental and substance use disorders. Patient and provider preferences and policies regarding the delivery of controlled substances via telehealth and poor technological infrastructure in rural and other disadvantaged areas impede uptake of these technologies. System changes due to the COVID-19 pandemic provide an opportunity to observe the relationship between policy changes and trends in telehealth use for these conditions. This presentation will examine trends in telehealth services for mental and substance use disorders using IBM MarketScan claims data prior to the COVID-19 pandemic and place these data in context with recent studies of telemedicine use post-COVID-19. The presentation will conclude with reflections on the health policy and systems transformations due to the COVID-19 pandemic, and how to use claims data to better understand how patterns of treatment for mental and substance use disorders may shift following policy changes.

114.   Violence and Aggression

Dissecting Male Intimate Partner Violent Episodes

Paula Sismeiro Pereira, *Polytechnic Institute of Bragança* (paula.sismeiro@gmail.com)

Usually, intimate partner violent episodes are perceived, socially, politically, as well as conceptualized and quantified at scientific level, as unitary acts. These episodes are conceived as global, each act differing from the other mostly considering the nature of the action (battering, punching, stabbing, choking, ...), their consequences and, the gender of the perpetrator. That monolithic approach makes equal each act of the same nature and, at the same time, uproots them

from the interaction sequence. In this presentation critical episodes of male violence against female partners will be submitted to an in-depth analysis, using a case study approach. Those episodes will be described and analyzed from the point of view of the perpetrators (men convicted for battering or homicide or attempted homicide) integrating their own perspective of partner's experience of the episode. Besides the violent behavior, this analysis incorporates the immediate antecedent and consequence. As much as the participants' reflexive ability allows it, their narratives will be dissected considering, behavior, verbalization, emotion, cognition and sensation dimensions. This analysis aims to provide a deeper understanding of the perpetrator's experience of behaving violently.

Caring for Survivors of Torture: Filling the Gaps by Implementing Curricula

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In 2019, at the XXXVIth International Academy for Law and Mental Health Congress in Rome Italy, we presented an update on a visionary concept for the establishment of a dedicated and autonomous International Oversight Agency with the universal powers to regulate all health workers, when required, in relation to the UN Principles of Medical Ethics. Since this presentation, we have come to learn of the gap in medical education that encompasses human rights or torture-related training. Torture has traditionally been regarded as a rare and horrific relic of the past, but this is not the case. Over 141 countries (72%) still practice torture. Physicians and nurses have ethical and professional obligations to evaluate and treat torture survivors, though only a limited number of schools provide such training. Our goal is to develop curricula in line with the Istanbul Protocol, the UN Principles of Medical Ethics, and Article 10 of the UN Convention Against Torture, which works upstream to equip medical personnel in the prevention, detection, and reporting of incidences of torture as well as the complex care of torture survivors. We hope that this education will build the capacity of health professionals to use their knowledge of the impact of social structures on health, to intervene to prevent and treat early so that prolonged suffering is mitigated.

From Clinical Judgment to Irrational Fears: Reflections on the Duty to Warn/Protect

David Shapiro, *Nova Southeastern University* (psyfor@aol.com)

In 1976, The California Supreme Court handed down its decision in Tarasoff v. Regents of the University of California, emphasizing the need for clinical judgment in assessments of the potential for future violent behavior; it was a well-reasoned, though often misunderstood decision. As long as a clinician adhered to a standard of care, even if their prediction turned out to be incorrect, it was insufficient to establish negligence. Over the course of the years following Tarasoff, courts, for the most part, embraced the idea of the need for clinical judgment in such assessments. Some courts also noted that since our ability to predict future violence is so limited, that liability of mental health professionals should not be an issue as long as they did a careful assessment. More recently, however, there has been a disturbing trend toward scapegoating mental health professionals in the wake of much violence, especially school shootings. There is a move to require practitioners to notify legal authorities whenever a patient speaks about violent thoughts, and in the European Union, suggestions for intervening when there is a suspicion of potential terrorist activities. This presentation will cover some of these issues and make suggestions regarding what can realistically be expected of mental health practitioners.

Development of Violent Extremism in 2019 Hong Kong Riots

Totti Karpela*, Peace of Mind Ltd., Hong Kong* (totti.karpela@peaceofmind.hk)

This presentation will provide an insiders overview of the several months of unrest in Hong Kong from the summer of 2019 and onwards and the development of radicalisation in the city. The presentation will give a timeline of major incidents which shaped the perception of people towards the government and especially law enforcement. One effect which demands more attention has been the deterioration in Hong Kongers' mental health. It will cover how the polarisation took place in a calm and civilized society and how the development of radicalisation and targeted violence started and how regional politics, inequalities in the society, economic exclusion, mistreatment of certain groups, growing diversity, failing sense of security, and 'canalisation' of violence impacted the process. The deterioration in mental health has several causes, from the direct involvement of protesters, the police force in violent conflicts, to the exposure to such violence of those working nearby. Other problems that were created as a by-product of the disturbances will be looked at, such as polarised workforces, fear management of people and the aftermath and recovery in society. The disintegrating of social roles and support networks and financial difficulty can lead to housing, educational and social problems, which are known to trigger or exacerbate mental health problems.

Looking Behind the Numbers: Assessing Abuse Profile, Context, and Outcomes for Various Victim "Groups" Upon Presentation to, and Exit from, Specialist Domestic Abuse Services in the UK

Benjamin Hine, *University of West London* (ben.hine@uwl.ac.uk)

Current understandings about how, why, and in what context victim-survivors of domestic violence and abuse (DVA) engage with and use specialist services, are limited. This is particularly the case for so-called "hidden" victim groups, such as men or those from the LQBTQ+ community. This research programme therefore aimed to use large-scale data sets to provide more detailed information on victim-survivors' engagement with specialist services and their outcomes upon exit. This study details a large-scale review of secondary data provided by the charity Safelives. Information from >64,000 cases of clients engaging with specialist services across the UK between 2007 and 2017 was anonymised and sent for analysis. Analyses included descriptive profiles of abuse, context, and outcome, as well as inferential analysis comparing relative likelihood of risk factors and characteristics across groups. Results provide important descriptive information on who accesses specialist services and in what context. Moreover, several characteristics/risk factors were found to be significantly more likely in particular groups (e.g., male victim-survivors were more likely than female victim-survivors to stay living with their abusive partner). Results also revealed the comparatively poor outcomes of LGBTQ+ victim-survivors compared to those abused by opposite-sex partners. The present study demonstrates the need, above all else, to examine service data in more rigorous detail. Specifically, there is a need to assess the relative likelihood of particular abuse/context characteristics and outcomes across groups, to ensure that services are driven by the specific needs of client groups, rather than their objective numbers. Findings and implications will be discussed in this presentation.

115. Violence, Stress and Resilience in Healthcare (1)

Stress, PTSD and Nursing: Whose Issue is it?

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Giuliana Harvey, *Mount Royal University* (gharvey@mtroyal.ca)
Margaret Quance, *Mount Royal University (*mquance@mtroyal.ca)
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Registered nurses are at the frontlines of healthcare, often dealing with trauma, life and death situations, and forensic situations such as interpersonal violence. Rapid decisions, often with limited information, need to be made to prevent deterioration of clients. As many as 57% of newly graduated nurses leave the profession within two years, citing posttraumatic stress disorder and other mental health issues. Concerns include uncertainty, unpreparedness for decision making in unique situations, and workplace concerns such as limited resources and support. Whose issue is this and who is responsible to help fix it? Are we not selecting the correct students, are they not adequately prepared during their education, are the workplaces not providing sufficient support? What are the consequences for healthcare and implications for litigation? In this presentation we will explore these issues and relevant research currently being conducted. Implications for future nursing preparation, support and mental health will be discussed.

Trauma Informed Care and the Role of Resiliency Building During Sexual Abuse Forensic Evaluations

Anne Troy, *Holy Cross University* (atroy@uhcno.edu)

The role of the medical provider, during the physical evaluation of children for suspicions of sexual abuse, requires the mastery of communication and clinical skills, so that providers can take advantage of their unique opportunity to facilitate the emotional and psychological healing of the child and family (Jeong & Cha, 2019; Perry, 2002) Utilizing the guidelines from forensic interviewing techniques, of asking open ended questions that facilitate a narrative response, is just one of the tools required to set the child down a path of healing. The potential for healing starts as the child enters the specialty clinic and is offered an environment of safety. Rapport building techniques, empirically successfully used with over 5000 children, will be offered to facilitate care providers' interactions with children. Trauma informed responses for the non-offending parents will be presented to facilitate the trust and comfort of the adult to better engage their belief and protection of the child who has disclosed abuse. Songs and physical exam pearls will be offered as techniques to building empowerment of and trust from the child while assisting them to build distinctions in appropriate boundaries. And finally, referrals for efficacious treatments will be suggested, as they are presently available in the U.S. Clinical competencies and core components of trauma informed care will be presented.

Supporting Men Experiencing Dating Violence on a Post-Secondary Campus

Cathy Carter-Snell, *Mount Royal University* (ccartersnell@mtroyal.ca)
Gaye Warthe, *Mount Royal University* (gwarthe@mtroyal.ca)
Peter Choate, *Mount Royal University* (p@mtroyal.ca)

The experiences of men as victims of dating violence in a post-secondary context and implications for policy and service needs has not been thoroughly studied. Although dating violence against men is recognized, there is a lack of research on men's experiences and a prevailing belief that men experience significant barriers that discourage them from disclosing dating violence. Existing studies have not provided clarity on the context, types of violence most frequently experienced by men, or the short and long-term consequences of dating violence. It is not clear from the research whether existing campus policies and programs are adequate and appropriate to meet the needs of men in violent or abusive dating relationships or whether specific services are required. This presentation will discuss findings from a qualitative examination of men's experiences on a Canadian post-secondary campus, including the nature, severity, context, and consequences of dating violence incidents, men's experiences of help seeking, and gaps and barriers experienced by men who do seek help. Implications for policies and programs better able to meet the needs of men and ultimately, contribute to a safer campus community will also be discussed.

116.   Violence, Stress and Resilience in Healthcare (2)

Understanding the Effects and Lethality of Non-Fatal Strangulation: What Nurses Need to Know for Mental Health Best Practices and Education

Andrew Mahoney, *New Orleans Family Justice Center*, *New Orleans, USA* (amahoney@nofjc.org)

Non-fatal strangulation (NFS) is externally applied compression of the great vessels of the neck or the airway, resulting in impaired blood flow to and/or from the brain, and/or impaired ability to breathe. It is frequently used by assailants to induce feelings of terror, helpless, and compliance. Up to 38% of women who have been abused by intimate partners report having been strangled at least once; up to 58% of women who have been sexually assaulted were strangled. At least 70% of NFS survivors thought they were going to die. NFS can cause a myriad of medical and psychological complications. Nurses are often not aware of the prevalence of, nor the pathophysiology of nonfatal strangulation (NFS), and lack the requisite knowledge and skills to provide comprehensive nursing care. NFS survivors need trauma-informed forensic medical assessment, inclusive of awareness of psychological impact and behavioral health complications, such as anxiety, insomnia, depression, hypervigilance, substance abuse, self-harm, suicidality. Nurses need to incorporate evidenced-based practices to plan the care of survivors of NFS.

A Qualitative Research Study on Healing the Healer: A Phenomenological Approach

Patricia Miller, *Mount Royal University* (pmiller@shaw.ca)

This presentation will discuss the findings of a post-doc research study that sought to understand the healer's perspective on healing their own trauma. The phenomenological research approach to this study elicited 20 people's story on what the healer perceived to be their trauma, how their trauma had impacted their lived experience and how did they found ways to self-determine their healing. The research invited the intimate stories of lived experience data pertaining to a person's experience of their own trauma, their own healing and the many ways that people integrate healing experiences in into the many changes that occur after living with a traumatic experience. The lived experience is diverse as each person has a unique standpoint location based on age, gender, gender orientation, class, culture, ability and the traumatic experience they had experienced. In order to be in the study, the participants did not have to have a PTSD diagnosis (they only had to identify that they had experienced some sort of traumatic experience). This research included people's post-COVID-19 experience, military trauma, loss of children, sexual assault, genocide, living with

HIV stigma and many other lived experience trauma stories. Findings and implications will be presented.

Familial Transmission of Trauma : Implications for Child Protection Assessments

Gabrielle Lindstrom, *University of Calgary* (gabrielle.lindstrom@ucalgary.ca)
Peter Choate, *Mount Royal University* (p@mtroyal.ca)

Canada, like other colonized countries, is facing challenges with reconciliation between the dominant society and Indigenous peoples. Child protection is one of the most involved social agencies with Indigenous families and is part of a long history of over representation. In Canada, 7.7% of children 14 years and under are Indigenous but represent over 52% of children in care. Forensic Assessments of Indigenous parenting and caregiving capacity (including mental health, substance abuse and inter-personal violence), typically fail to consider the ways in which inter-generational trauma impacts the process and outcomes of the assessment sustaining colonized interpretations of capacity. New methods are required that are drawn from Indigenous understandings of raising a child as opposed to the social location of dominant society assessment, legal and clinical practices. This presentation offers a pathway to shifting the dialogue, placing Indigenous knowledge and ways of knowing at the center of the discussion.

117.   Women in Forensic Psychiatry

Psychopathy-level and Resiliency in Women's Post-Prison Reentry

Kim Bogucki, *Detective, Seattle Police Department, Seattle, USA* (kim.bogucki@seattle.gov)
Jacqueline Helfgott, *Seattle University* (jhelfgott@seattleu.edu)
Elaine Gunnison, *Seattle University* (gunnisone@seattleu.edu)

Utilizing data collected as part of the evaluation of the Seattle Women's Reentry (SWR) initiative conducted in 2017-2018, this paper examines the relationship between trauma, psychopathy-level, resiliency, and reentry success in women entering the community after a period of imprisonment. The SWR is a gender responsive reentry initiative with focus on self-Inventory to build awareness and coping skills operated by the Seattle Police Department's IF Project in collaboration with the Washington State Department of Corrections. Subjects were an 85 women released from the Washington Corrections Center for Women to King, Skagit, Whatcom, and Snohomish Counties in Washington State between January 1, 2017 and December 31, 2018. Data was collected prior to program participation, at monthly intervals post-release, and one-year post-release. Pre-release data collection includes interview, institutional file review including health/mental health history, Psychopathy Checklist-Revised (PCL-R) and Level of Service-Case Management Inventory (LS/CMI) assessments, and administration of a self-report survey designed to measure self-esteem, self-efficacy, and trauma experiences. The relationship between self-reported trauma, psychopathy-level, self-esteem, and self-efficacy is examined with

attention to the role of psychopathy as a resiliency factor in reentry success. Implications or gender responsive reentry will be discussed.

Exploring the Women's Risk Needs Assessment (WRNA) with Adult Male Participants in a Forensic Mental Health Court

Emily Salisbury, *University of Nevada* (emily.salisbury@unlv.edu)
Tereza Trejbalová, *San Diego State University* (tereza.trejbalova@unlv.edu)

There are several validation studies demonstrating the efficacy of the Women's Risk and Needs Assessment (WRNA) instrument with justice-involved women. Because the WRNA encompasses both the Big 4 criminogenic needs as well as gender-responsive criminogenic needs(e.g., trauma/victimization, unhealthy intimate relationships, parental stress), this study explores the instrument's efficacy with men diagnosed with serious mental illness (SMI) who are enrolled in a mental health court. The mental health court is located in the southwest region of the US and focuses on adults with serious and persistent mental illness, the majority of whom are also diagnosed with a co-occurring disorder. This presentation will investigate (1) the prevalence of both the Big 4 and gender-responsive needs (that are predictive of women's subsequent criminal involvement) with men diagnosed with SMI; and (2) the predictive validity of the Big 4 and gender-responsive scales with subsequent recidivism by men with SMI. These efforts may begin to inform the forensic mental health field about the importance of considering both traditional and gender-responsive needs in case planning efforts with men. Findings and implications will be discussed in this presentation.

FOR-WOMEN: Forensic Psychiatric Care for Female Inpatients

Jessica Revelj, *Linnaeus University* (jessica.revelj@kronoberg.se)

A person suffering from severe mental illness who commits a crime, in Sweden is sentenced to forensic psychiatric care instead of imprisonment. The environment in forensic psychiatric care is complex and strict and the physical and psychosocial environment can be assumed to affect the patient. Female inpatients are a small group for whom there is a lack of knowledge of evidence-based practice. Forensic psychiatric care is intended to help female inpatients to improve their mental health and reduce the risk of criminal recidivism. It is important to isolate aspects enabling care to better adapt to needs of female inpatients. Two studies were undertaken, both were qualitative with a phenomenological hermeneutic approach, approved by the Swedish Ethical Review Authority (Dnr: 2019-03319). Data are being collected with interviews in different forensic settings in Sweden. The semi-structured interviews allow interviewees to focus on what they find important about their experiences. The first study (female inpatients) is in the data collecting phase and the data collection for the second study (caregivers) will start autumn 2020 or spring 2021. During the presentation preliminary results will be provided.

118. Youth, Marginalization, and Mental Health Care

Understanding Site Differences in Improving Referrals of Youth on Community Supervision to Substance Use Treatment: An Experimental Mixed Methods Study

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Most US juvenile justice system (JJS) youth are under community supervision and have substance use or mental health problems, but behavioral health (BH) is typically not prioritized. Coordination and collaboration between JJ and BH systems are problematic, decreasing the ability to adequately identify substance-involved youth and refer them to appropriate treatment. The JJ-TRIALS cooperative agreement included a multisite cluster randomized trial in which 34 sites received implementation interventions to improve coordination and collaboration between JJ and BH, and reduce unmet substance use services needs along the BH Services Cascade. We analyze treatment referrals among youth identified as in need of treatment, and found increased referrals over time but wide variation among sites. We used multivariate multilevel models to analyzed factors affecting overall referral rates and changes over time. In addition, we incorporate qualitative data from staff focus groups, needs assessments, and monthly site check-ins to identify key facilitators and barriers to referrals and increasing referrals over time. These include organizational, staff, systems, contextual, youth, and family issues. This presentation will discuss findings that help identify multilevel factors that can either increase or hinder the ability of juvenile community supervision agencies to identify youth in need of BH services, and refer them to appropriate treatment.

From Fidelity to Site Engagement: A New Approach to Measuring Agency Involvement in Large-Scale Multi-Phase Studies

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Large-scale multicomponent interventions involving multiple research centers and investigators are at significant risk for intervention drift, that is, disparities in program implementation content and quality across jurisdictions. To date, implementation fidelity has served as the key means through which to determine agencies' adherence to a study protocol. This investigation recognizes the value of traditional fidelity monitoring, but argues for a more rigorous multidimensional approach to measuring and tracking site engagement. Site engagement permits researchers to measure varying degrees of milestone achievement and distinctive types of project participation for the duration of an intervention, thereby revealing divergent engagement levels and trajectories among agencies. The value of site engagement conceptualization and operationalization is demonstrated with data from the NIDA-funded JJ-TRIALS project. Site engagement can be a valuable predictor and mediator in multiagency randomized controlled trials. We report here that the JJ-TRIALS intervention was carried out as designed, yet site variation in engagement is also evident. These findings highlight that future implementation studies should track not only adherence to delivery of intervention components as designed, but also monitoring measures of site engagement when evaluating impact of intervention strategies.

The Effectiveness of an Enhanced Implementation Approach to Increase Substance Use Service Receipt Among Justice-Involved Youth

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Juvenile justice (JJ) systems and behavioral health (BH) agencies must collaborate to effectively identify youth with substance use (SU) disorders and link them to appropriate treatment. A delayed-start, cluster-randomized trial examined the comparative utility of two implementation intervention strategies designed to improve receipt of services along the BH Services Cascade (SU screening, identification of need, referral, initiation, engagement, and continuing care; Belenko, et al., 2017). Twenty communities (representing N=18,647 youth) were paired, with one randomly assigned to Core implementation (interagency workgroups, data-driven decision making) and the other to Core plus Enhanced (external facilitation). Multilevel analyses examining experimental condition and change over time indicated that Cascade penetration was differentially affected by condition. Five pairs showed higher penetration among Enhanced sites, four showed higher penetration among Core sites, and one showed no significant difference. Subsequent analyses indicated greater homogeneity and sustainment of differences during later study phases when Enhanced was superior (compared to Core-superior pairs). Youth in need of services were also more likely to progress to later points in the Cascade. Implications for policy and future research will be discussed.

Help over Harm: Police Officers in the Lives of Sexual and Gender Minority Youth

Emily Pynoo*, University of Alberta* (pynoo@ualberta.ca)

Sexual and gender minority (SGM) youth face higher rates of discrimination, comprehensive health challenges, and negative social repercussions than their heterosexual or cisgender peers. As a result, they are more likely to engage in substance use; ideate about, attempt, or die by suicide; drop out of high school; and/or be involved with the justice system. SGM youth are also less likely than their peers to be raised in supportive home environments. Therefore, it is critical to examine the ways in which support from non-familial adults can function as a protective factor and promote positive adjustment, health, and wellbeing for SGM youth. This has become an increasingly researched topic, however, due to the historical mistreatment of SGM individuals by law enforcement officials, police officers are not often included in this research. This presentation will discuss how police officers can act as caring adults in the lives of the SGM youth with whom they work. Findings will be shared from interviews with SGM youth and school resource (police) officers, as well as experiences from working in a daytime shelter for street-involved SGM youth. Risk and protective factors, as well as suggested inclusive training practices for law enforcement officials will also be discussed.

Therapeutic Jurisprudence Sessions

119. Adolescent Mental Health, Services, Transitions & Help Seeking

Michael Jochananov, *Clinical Psychologist, Deerfield Beach, USA* - Discussant

Adolescent Mental Health Problems, Suicidality and Seeking Help from General Practice:

Gerard Leavey, *Ulster University* (g.leavey@ulster.ac.uk)

Adolescent mental health problems and suicidality appear to be increasing in Western countries but contact with health services remains stubbornly low. While social disadvantage is often implicated in aetiology and help-seeking, evidence on the relative contribution of school and family life factors is limited. We sought (a) to examine the prevalence and factors associated with mental health problems in adolescent boys and girls; and (b) to examine factors associated with trust and contact with GPs for mental health problems. Method: Cross-sectional study of adolescent pupils in Northern Ireland High rates of mental health problems and suicidality were recorded, especially among females. While social circumstances do not influence mental health outcomes, factors of interest were atheist/agnostic beliefs and having a bedroom to oneself. While overall trust in GPs was high, more than 36% of the sample reported low trust. GP Trust was associated with positive home life factors. Importantly, adolescents with mental health problems including suicidality were much less likely to seek help. This study confirms the high rates of mental health problems and suicidality among adolescents in Northern Ireland, particularly among young women. Those most in need of professional help appear least prepared to seek it.

Mental Health Pathways and Care for Adolescents in Transition to Adult Services (IMPACT)

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The persistence of health inequalities related to access, care, and outcome is now well accepted including the inverse care law which suggests that those most in need of services may be the least likely to obtain them. We sought to examine the pathways and determinants of transition, including the role of social class. A retrospective systematic examination of electronic records and case notes of young people eligible to transition to adult care over a 4-year period across five Health and Social Care NHS Trusts in Northern Ireland. While a high proportion of eligible patients made the transition to adult services, very few received an optimal transition process and many dropped out of services or subsequently disengaged. Clinical factors, rather than social class, appear to be more influential in the transition pathway. Conclusions: Despite the importance of a smoother transition to adult services, surprisingly, few patients experience this. There is a need for stronger standardised policies and guidelines to ensure optimal transitional care to AMHS.

Autism Trait Prevalence in Treatment Seeking Adolescents and Adults Attending Specialist Gender Services

Gerard Leavey, *Ulster University* (g.leavey@ulster.ac.uk)

To assess the prevalence of autism traits in individuals accessing gender affirming treatments, we conducted a cross-sectional survey in the regional specialist gender services in Northern Ireland. One hundred and twenty-three individuals (38 adolescents and 69 adults) currently attending or who previously attended specialist gender services in Northern Ireland were recruited. Fifty-six individuals assigned male at birth (AMAB) and 66 individuals assigned female at birth (AFAB) took part in the study. Main outcome measures: Autism Quotient (AQ), Cambridge Behavior Scale (EQ), and RAADS-14. Autism trait prevalence rates of 19.5% (AQ); 25.4% (RAADS-14); and 35.8% (poor empathy traits). A combined measure comprising all three provided a prevalence of 17.2%. There were no mean differences in the scores between AMAB (assigned male at birth) individuals and AFAB (assigned female at birth) individuals. Autism traits present additional challenges during the assessment and treatment of individuals with gender dysphoria. Autism screening tools can aid in the identification of individual with additional needs.

120.   Beyond the Policing and Carceral Paradigm: Examinations of the Home, Crisis Care and the Hospital

Patient or Prisoner: Hospitals as Carceral Settings

Ji Seon Song, *University of California Irvine* (jsong@law.uci.edu)

The border between jail or prison and the free world flexes. Inmates are transported to and from court. They are taken to and from work sites. The topography of mass incarceration also changes when we consider the ways that healthcare systems are integrated into policing and corrections. The boundaries of actual physical confinement as represented by jail and prison walls become more fluid when considering the ways healthcare settings external to prison settings are used in both front-end and back-end imprisonment. This Article argues that hospitals act as extensions of carceral settings in both pre-trial and post-sentencing phases of the criminal legal process. Hospitals act as temporary and portable police stations, jails and prisons. When police investigate suspects and when they bring in prisoners for medical treatment, police rules trump hospital regulations, rules, and policies regarding patient privacy and dignity. Hospital beds act as jail and prison cells demarcated by police presence, shackles, and other signs of carcerality. The problems of inequality in health and the criminal legal system have resulted in the expansion of the carceral system into another area of stratified social welfare, extending carceral treatment into hospitals and resulting in punitive healthcare.

Home as Prison

Kate Weisburd, *George Washington University* (kweisburd@law.gwu.edu)

When it comes to Fourth Amendment protection from government intrusions, the "sanctity of the home" rules supreme. But not for the four million people who are on court supervision. For them, criminal court control, rules, and surveillance, eliminate the sanctity of the home. This Article analyzes the home as a carceral space. From the very definition of "home" to intimate decisions and details about family life, criminal court control shatters the privacy generally afforded to homes (and the activities within them). While court supervision, ankle monitoring, mental health and drug treatment programs, and other forms of non-carceral punishment are often viewed as benevolent alternatives to incarceration, this Article complicates the narrative by offering three contributions. First, drawing on hundreds of agency and program rules governing people on court supervision, this Article provides a descriptive account of the home as a carceral setting. Second, this Article deploys critical race and feminism theory to reveal how the traditional Fourth Amendment protections of the home are at odds with the invasions of the home that occur through criminal court control. Finally, this Article argues that the current sanctity of home doctrine is both too narrow and too broad to offer meaningful protection.

Policing Discretion and Crisis Care

Jamelia Morgan, *University of California Irvine* (jmorgan@law.uci.edu)

Until law enforcement is completely decoupled from the administration of crisis services and programs, it is necessary to examine the nature and scope of police involvement and the discretion they exercise in these services and programs and what legal constrains exist to regulate police discretion in this context. This Article examines crisis services with a particular focus on emergency services for those in mental crisis or distress and surfaces the role of police discretion in providing access to these services. Law enforcement possess and exercise wide discretion in crisis services systems that purport to serve individuals in mental crisis or distress or labeled as such and the limits of the law in constraining that discretion. Police exercise considerable discretion in providing individuals with access to crisis services, or a wide range of services dealing with medical emergencies, behavioral health emergencies (including mental health services and services geared towards individuals who are experiences substance use dependencies), intimate partner violence, and houselessness, among others. The vast scope of police discretion surfaces when examining the wide range of law enforcement activity that intersects with crisis services systems dealing with mental health, whether civil commitment laws, or so-called community caretaking police functions.

Counter-Therapeutic Police Interrogation: The Problem of Moral Minimization Tactics

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Many police investigators in the United States and Canada use the interrogation technique of moral minimization. Minimization themes seek to diminish the moral seriousness and harmfulness of the offense, as by offering purported excuses or justifications for the suspected crime, with the goal of reinforcing the guilty suspect's own rationalizations or neutralizations of the crime (all of which for the purpose of inducing a confession). Such minimizations include efforts to shift the blame to someone else, notably the victim, sometimes employing negative stereotypes. For sexual assault crimes, for example, this interrogation technique involves demeaning stereotypes of women. Minimization techniques are entirely contrary to therapeutic rehabilitation of the offender. In particular, they are nearly the opposite of what restorative justice demands, as the authority figures of police investigators work to free the suspect of any sympathy for the victim, any feeling of responsibility for the harm caused, and of any guilt or shame from offending. In sum, where restorative justice aims to make it more difficult for the offender to re-offend, these pro-neutralization interrogation techniques make it easier for the offender to re-offend.

121. Extending a Helping Hand to Patient Care Sectors

A Challenge of Diversity in Healthcare: On the Possibility and Necessity of Providing "Concordant Care" to Patients to Improve Quality of Care

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In our diverse society challenges arise in different areas of social life, including healthcare. For example, groups with a migration background have their own traditions that can affect the care they wish to receive and their choice of healthcare provider. Multiple studies show how concordance between the healthcare provider and patient may have a positive influence on the quality of care. The patient's right to free choice of healthcare provider is important in this regard, especially considering that healthcare is based on trust and cooperation between provider and patient. The care relationship in a psychiatric context puts an even greater emphasis on trust and mutual understanding, which is often connected with cultural, religious or gender sensitivities. However, in some situations the patient's freedom of choice may appear to conflict with the right to equal treatment of the healthcare provider. Consider the situation where a white patient refuses to be treated by a black psychiatrist. The question arises in what circumstances the patient's requests for concordant care should be met. The Belgian Constitutional Court issued a crucial ruling setting out what requests are legally acceptable under antidiscrimination law. However, this ruling can, and in my view should, be severely criticized.

Creating a Model for Medical School Based Patient Navigation for Individuals Recently Released from Florida Prisons

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Returning to the community after incarceration is a process with many challenges – accessing transportation, obtaining employment, acquiring housing. Many formerly incarcerated individuals are also hindered by chronic health conditions. Release from incarceration is often done without referrals for primary care, leading to increased emergency department use and death compared to the general population. We partnered with Ladies Empowerment and Action Program (LEAP) which supports returning women from the Homestead Correctional Institution, to provide patient navigation for one year. Each woman was paired with a medical student patient navigator (PN). PN training included education about barriers to care, obtaining health insurance, and motivational interviewing. During the first meeting, the PN helps the participant set WOOP (Wish, Outcome, Obstacle, Plan) goals and assesses the participant's health literacy. Biweekly follow-ups track goal progress and troubleshoot healthcare challenges. PNs also provide outside community resources and social support. Primary program outcomes include obtaining health insurance, attending one healthcare appointment, and obtaining medication. Secondary outcomes include measuring well-being, health literacy, and comfort using the healthcare system. We also hypothesize that our

program improves medical students' ability to navigate the healthcare system and provide social support to future patients.

Utilizing Precision Medicine to Preventatively Address Mental Health and Improve Healthcare Quality in the Military

Manya Saaraswat, *University of Miami* (msaaraswat@med.miami.edu)

Of all the United States military's adversaries, mental illness continues to pose perhaps the greatest threat. Identifying servicemembers at risk or in need of mental health intervention is crucial to delivering quality care. Utilizing precision medicine would improve mental healthcare in the military. Precision medicine is considering one's genetic makeup and the environmental impact on that makeup to approach their healthcare needs. Applications of precision medicine include identifying those at greater risk of developing certain conditions, such as mental illness after a deployment, and the potential implications. The aim of this presentation is to analyze identified genetic and epigenetic markers correlated with mental illnesses and other conditions that negatively affect military readiness. Identifying service members at risk equips providers to address their needs proactively as well as give insight into their pre-, during, and post-deployment care. Providers' access to patient precision medicine diagnostics creates continuity as well for the patient who may need care from multiple military clinics. This is a two-fold benefit: proactive care leads to healthier servicemembers and a more robust force, and precision medicine creates a more cohesive delivery of care across providers.

Evaluating Reproductive Health Decision Making and Outcomes Among Women Incarcerated in the Los Angeles County Jail System During Pregnancy

Sigita Cahoon, *University of Southern California* (sigita.cahoon@med.usc.edu)

There are 231,000 incarcerated women in the United States, and Los Angeles California hosts one of the largest jail populations in the country. Over half are incarcerated for minor offenses or inability to post bail while awaiting trial. Nationally, 62% of incarcerated women have children under 18, and up to 4% are pregnant. Little is known about the impact of incarceration on reproductive health decision making among the vulnerable subset of incarcerated pregnant women, specifically regarding what health and social issues are important to incarcerated women, and whether they perceive an impact from incarceration on reproductive decision-making during pregnancy. A prospective qualitative study involving in-depth, semi-structured cognitive interviews of pregnant and post-partum women who receive care at an urban safety-net hospital during their incarceration would allow for greater understanding of their reproductive health needs and the related impacts of incarceration. Themes identified would be used to develop novel strategies for supporting incarcerated pregnant women and parents in attaining improved social and reproductive health outcomes. Results would also be applied to help inform policy proposals for alternatives to incarceration for this vulnerable population and their children.

122. From Crime to Community Release: The Trajectory of Treatment and Risk Management After Acquittal for a Crime

Competency Restoration: Yes, No or Maybe?

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Sally Dougherty, *Whiting Forensic Hospital, Portland, USA* (sally.dougherty@ct.gov)

For justice to prevail in legal proceedings, a person must be able to appreciate their legal charge(s) and potential penalties as well as have the capacity to work collaboratively with legal counsel to defend themselves in court. In CT, if a person is adjudicated not competent to stand trial but with the possibility of being restored to competency within the statutory time frame of 18 months, the individual is then referred for competency restoration, usually at the forensic psychiatric hospital. A comprehensive evaluation is undertaken to assess for and understand those areas of functioning that are impacting a person's ability to be competent to stand trial. Factors that are assessed are a person's cognitive, medical, psychiatric and personality functioning that may be impacting either their capacity to understand the legal proceedings, impacting their ability to assist in their defense, or both. Dependent on the findings and observations of the competency restoration unit (comprised of Mental Health workers, Psychiatrists, Psychologists, Social Workers, Occupational Therapists, Rehabilitation Therapists, Dietician and Ambulatory Care Services, and Competency Monitors), a comprehensive treatment approach is developed to help each person address those areas impeding their restoration.

Recovery and Risk Management After Acquittal

Victoria M. Dreisbach, *Yale University* (victoria.dreisbach@yale.edu)

After being acquitted not guilty by reason of mental disease or defect [also known as not guilty by reason of insanity (NGRI)], there are many phases and stages of treatment, each with its unique challenges, goals, and objectives. While an individual is entitled to treatment in the least restrictive environment, community safety is an ongoing consideration in risk management across the treatment spectrum from stabilization to eventual discharge from the forensic hospital. Risk management throughout the treatment spectrum is a vital consideration. In addition, important considerations such as level of independence prior to the onset of a mental disorder and instant offense/acquittal; life skills assessment, as well as educational abilities, intellectual capacity and matching the person's overall clinical stability with available community resources are important. Another stressor is associated with de-institutionalization and eventual discharge from the hospital after a long stay, and helping the individual re-engage with the community of choice, family (if involved and/or available), and treaters in the respective area of Connecticut. The level of

supervision recommended in to the overall risk assessment will be discussed. Factors affecting risk at each stage as well as risk management strategies across the treatment spectrum will be reviewed.

After Acquittal: Managing Risk Across the Treatment Spectrum

Paul T. Amble, *Yale University* (paul.amble@yale.edu)

Consulting Forensic Psychiatrist (CFP): As a consultant to the state-wide mental health agency, the Connecticut Department of Mental Health and Addiction Services, the CFP provides consultation to hospital treatment teams on individuals acquitted by reason of insanity (NGRI) from the time they are admitted to the maximum security setting, through to when they are transferred to a less secure hospital setting, when they are eventually released into the community, and while they receive treatment in the community. In this presentation the role and responsibilities of the CFP will be discussed along with the process followed in conducting risk assessments. The discussion of the process will include examples of risk management questions posed to the consultant and how these questions are answered. This presentation will include the use of actuarial tools in managing risk, the use of psychological testing and what specific tests are often most helpful, and the diversity of collateral source information that is often vital in addressing risk management concerns. The presentation will discuss confidentiality and informed consent in the process of risk assessment. Finally, the talk will cover how to reframe consultations so that they are of greatest benefit to the treatment provider requesting the consultation.

Managing Risk in Community-Based Treatment

Melissa Ruot, *CT Mental Health Center, New Haven, United States* (melissa.ruot@ct.gov)
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Transitioning from a long-term inpatient hospitalization to a community-based setting offers many challenges, especially for those under the Psychiatric Security Review Board (PSRB) jurisdiction with its unique restrictions and requirements. These distinctive parameters are used to monitor participation and compliance with mental health services, legal involvement, therapeutic and social rehabilitation programming, educational/ vocational, residential, and case management services. Clients are also assisted in fostering healthy interpersonal and prosocial relationships should this be a goal. This presentation will cover the management of risk related to supporting clients in successfully transitioning to a community-based setting with a focus on maintaining mental health stability, minimizing criminal/offending behavior and monitoring compliance within their individual PSRB parameters. Areas of discussion will include psychiatric treatment/medication management, collaborative efforts for addressing criminal/offending behavior with agencies that provide legal oversight (i.e., Office of Adult Probation, The Center for the Treatment of Problematic Sexual Behaviors (CREST) day reporting program), supervision requirements and reporting policies.

123.   Incorporating TJ into Curriculum

Using Therapeutic Jurisprudence to Frame Classes in Mental Health Law and Health Policy

Kathy L. Cerminara, *Nova Southeastern University* (cerminar@nova.edu)

Many law professors use varying frames for critical inquiry not only in their scholarship but also in their teaching. Therapeutic jurisprudence (TJ) has proven to be a useful frame in courses addressing both mental health law and health policy. In recent years when teaching both doctrine and critical thinking in those courses, I have begun assigning reading about the core concepts of TJ as a theoretical basis for critique as the class learns about and explores those substantive areas. This presentation will explain the ways in which TJ can be sued as a framework for critical thinking with students in such courses. Assignments in both courses have encompassed both broad TJ groundwork and concepts particular to each course incorporating a TJ perspective into law and practice. In Mental Health Law, where students are likely to be practicing the law that is being taught, the introductory reading includes TJ groundwork and articles about trauma-informed lawyering. The students are then asked to apply trauma-informed lawyering principles as they apply criminal law, disability law, and benefits law with respect to clients with mental health issues. In Health Policy and Bioethics, reading assignments throughout the course address TJ groundwork and bioethical principles. The students are then asked to critique health policy issues from a TJ perspective, keeping bioethics principles in mind given that they are analyzing health care matters. In both instances, it is hoped that students will emerge with knowledge of the law and policy and better-prepared to grapple with it in the future, in their post-law-school lives.

Teaching TJ as an Integrated Part of Child Protection Practice

Shelley Kierstead, *York University* (skierstead@osgoode.yorku.ca)

Therapeutic Jurisprudence ("TJ") analyzes substantive and procedural laws, along with the actions of the professionals who bring those laws and procedures to life. Child protection law applies to some of society's most vulnerable individuals – both children and the adults who are not meeting community parenting standards. These parents often suffer from poverty, intimate partner violence, and substance use challenges. One of the objectives of a combination of seminar and experiential workshop that I offer in the fall term and winter terms respectively, is to highlight the ways that lawyers and judges can minimize or contribute to the trauma parties engaged in child protection proceedings experience. During the fall term, within a seminar focused more generally on child protection, the class becomes familiar with TJ principles through a range of topics. They have the opportunity to reflect on these principles when they write a reflective analysis of their role in a mock hearing conducted during class. In the winter term, students who have participated in the fall term semester are eligible to enrol in an experiential workshop which involves them participating in mentored activities with practicing lawyers. Students are asked to complete reflective journals that tie their experiences back to the materials covered during the fall term. Overall, as I will discuss during the presentation, the objective is to have students understand TJ

principles as an integrated part of child protection practice. The presentation will highlight curricular materials provided and student feedback illustrating students' insights about TJ principles.

Integrating Therapeutic Jurisprudence into a Public Health Curriculum

Alina Perez, *Nova Southeastern University* (amp@nova.edu)

The acquisition of specific competencies is essential for an effective public health workforce. The Council on Education for Public Health (CEPH) has identified specific competencies to guide public health schools and programs in their accreditation process. These competencies are included and assessed in different courses of the curriculum and are designed to address various public health practice areas, including, health care regulatory systems across national and international settings; development, adoption, and evaluation of public health policies; and the use of negotiation and mediation skills to address organizational or community challenges. Therapeutic Jurisprudence (TJ) principles have been applied to similar areas of practice and shares with public health the aim of promoting wellbeing and preventing legal, ethical, and social conflicts. In this presentation I will identify and discuss how the introduction of TJ principles into the public health curriculum could provide theoretical and practical background to support the development of the knowledge, skills, and attitudes necessary to work effectively as a member of the public health workforce as defined by CEPH. I will also provide examples of integration of TJ into course assignments designed to assess the students' attainment of learning outcomes of some of the competencies such as the application of the systems thinking theory to public health issues, application of negotiation and mediation skills and the ability to advocate for, design and evaluate policies and public health programs that will improve the health of diverse populations.

Integrating a Therapeutic Jurisprudence "Ethos" at Interdisciplinary Curricular and Programmatic Levels

Amy T. Campbell, *University of Illinois* (campbela@uic.edu)

Principles and approaches of therapeutic jurisprudence (TJ) have been woven within select law school courses, be they mental health-focused or more broadly covering health law or other topics. A new administrative role, based in a law school but tasked with building bridges with other professions, especially in health sciences, affords me the opportunity to think more broadly on these efforts. How might TJ be integrated within interprofessional educational opportunities, as a framing device to help foster health? Moreover, could the lessons from theoretical analysis and practical application of TJ impact overarching program development? My presentation will explore the ways I have adapted TJ to inform development of skill-based opportunities for joint "law and ___" coursework, specifically through the Heath Policy Practicum, the goal of which is to teach an interdisciplinary group of students how to advance health through policy intervention while learning skills of policymaking and -influencing. TJ has proven a powerful tool to unite disparate areas of expertise into a collective effort at therapeutic-minded policy reform. I will also

discuss how immersion in TJ as framing mechanism for policy reveals opportunities for broader program development, specifically of a new Health Equity, Law & Policy Program at UIC John Marshall Law School. TJ helps connect dots between equity and law/policy, through recognition of the psychological harms of structural inequity. The hope is that TJ's application at both levels equips students across professions with the knowledge, skills, attitudes, and values critical for creating greater equity through engagement in and with communities.

124.   Innovative TJ Applications in Theory and Practice (1)

Shelley Kierstead, *York University* - Discussant

Interpretive Phenomenology: A Qualitative Methodological Approach for Presenting Sensitive Interview Data

Hiyat Assef Mitchell, *Royal Roads University* (hiyatmitchell@gmail.com)

This article discusses the method used to present data from a first person, survivor-centric perspective using survivor speech, as this type of data is lacking in academic literature. My study looks at the sensitive subject of sexual assault, disclosure and navigating through the judicial process, as well as the challenges I found inherent within the current political and social time of conducting research during the COVID-19 pandemic. The methodology chosen to conduct and present data is interpretive phenomenology and relies on the interviews of three participants who experienced these same social phenomena. From the awareness that the data points come from real humans, I address the ethics involved in my choice to pursue this type of methodological approach, including bias, rigour, and trustworthiness. I will present the research design, how participatory action research is necessary with this area of study, and how knowledge mobilization is utilized to bridge the gap between the holders of knowledge and those who seek it.

Cultivating Social and Emotional Competencies for Effective Lawyering

Marjorie Silver, *Touro College Law Center* (msilver@tourolaw.edu)

Emotional, social, and cultural competence are essential elements of the effective attorney's skill set, and this is especially so for the lawyer who aims to practice law therapeutically. The therapeutically-inclined ("TJ") attorney requires well-developed intra- and interpersonal skills that include an understanding of basic psychological principles and psychodynamic and psychosocial processes, as they inevitably influence and inform all human relationships; the lawyer-client relationship being no exception. Supervision is an essential element in the education and training of clinical social workers, psychologists, and psychiatrists. Among their other functions, supervisors explore the interpersonal dynamics that arise in the clinical relationship between the supervisee and the client. They also help the supervisee understand how their own emotional and

psychological make-up, along with other aspects of their personal and cultural lens[es], may affect those dynamics. The reasons such knowledge and training are essential for those engaged in counseling and therapy in the traditional helping professions apply with equal force to lawyers as counselors of their clients. This session will explore the need for integrating such supervision into clinical programs and other experiential education in law school in order for student- lawyers and the legal professionals they will become to better serve clients now and in the future.

How Can Technology Support Vulnerable People in Court Processes?

Tania Sourdin, *University of Newcastle* (tania.sourdin@newcastle.edu.au)

Apps are used widely in the mental health field to support people with a range of mental health issues. In the justice area, apps are also used to provide support guidance and to triage disputes so that they are referred to appropriate experts or supportive AI. In recent years, apps have become an increasingly popular way of accessing information and connecting to justice services. In 2017, there were almost 200 billion mobile app downloads, although only a small proportion of these apps related to the justice sector. Since 2017 there has, however, been a significant increase in the range and type of justice apps which can be oriented towards lawyers and other experts, as well as the general public. This presentation focuses on how justice apps can better support the most vulnerable and how apps can be designed that may impact on the behaviour of those involved in court proceedings. In addition, the use of forms of AI that might promote more developed judicial therapeutic responses that accompany justice app use are discussed. Evaluation criteria that can assess justice apps and questions about how data is shared and used between the justice system and the health system are also explored.

125.   Innovative TJ Applications in Theory and Practice (2)

The Therapeutic Bot? TJ and ODR

Karni Perlman, *The College of Management Academic Studies, Israel* (kperlman@colman.ac.il)

Along its thirty years of evolution, the therapeutic jurisprudence movement has developed general principles and useful methods which may currently be described as a "Therapeutic Code". This code enables examining various advancements which evolved, in parallel, in the discipline of conflict resolution. Such an advancement is seen in the field of Online Dispute Resolution which has developed rapidly. Emerging technologies along with the pursuit of effectiveness and innovation led to the development and introduction of various conflict resolution procedures. These procedures were accompanied by changes in legislation, new procedure design and changes in the content of the roles of legal players. The Covid-19 pandemic has accelerated this trend and driven an increasing usage of technologies for conducting legal proceedings in both civil and criminal law. The presentation will discuss some of the questions regarding the possible contribution of TJ to the field of Online Dispute Resolution. Among other things, the following

questions will be raised: Can the therapeutic jurisprudence contribute to the design of an online mediation process and in what way? What can therapeutic adjudication offer for online judicial proceedings? And what are the implications of Online Dispute Resolution processes which are managed by a non-human?

Justice Outsourced: Advocacy for Foster Children in Court, Administrative Hearings and in Child Welfare Bureaucracy

Bernard Perlmutter, *University of Miami School of Law* (bperlmutter@law.miami.edu)

Children in foster care are subject to judicial and extra-judicial decisions that affect their family connections and overall well-being while in state custody. Under federal law, every child in foster care must have a case plan designed to achieve placement in the least restrictive, most family-like and appropriate setting available consistent with the child's best interests. The status of each child is reviewed once every six months by a court or by administrative hearing. Beyond these periodic reviews, foster children can challenge administrative agency decisions through fair hearings that relate to services as well as financial claims. This presentation will look at decisions rendered by the child welfare bureaucracy that permeates their lives in state care. It will show how children face decisions made each day by agency bureaucrats and caregivers that silence and marginalize them. Examining advocacy through procedural justice and therapeutic jurisprudence, the presentation will describe how lawyers for children enhance their clients' participatory rights in the bureaucratic regime that governs their daily lives in state care. The forms of advocacy help them have a say in non-judicial decisions that affect the most ordinary transactions and events in their lives in out-of-home care.

Proposing a New Model to Conduct a Forensic Evaluation of Undue Influence

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The DSM–5 identifies this group of patients under a special category: Other Specified Dissociative Disorder 300.15 (F44.9). "Identity disturbance due to prolonged and intense coercive persuasion: Individuals who have been subjected to intense coercive persuasion (e.g., brainwashing, thought reform, indoctrination while captive, torture, long-term political imprisonment, recruitment by sects/cults or by terror organizations) may present with prolonged changes in, or conscious questioning of, their identity." However, there is no established, formal process to perform a forensic evaluation on the process of predatory influence. The 500-year-old concept of Undue Influence has been narrowly defined around a subject's competency to designate who will inherit wealth and property. The "rational agent" model that dominates the world legal perspective on human behaviour is sadly outdated by scientific research. For example, brain maturity is now believed to be 25 years of age and not 18 or even 21. The Social Influence Model developed by Alan Scheflin will be presented as well as the Influence Continuum and BITE model. Specific suggestions for developing a twenty-first century forensic evaluation for undue influence will be

presented. Multiple real-life examples will be analyzed which include destructive cults, sex trafficking, and testamentary capacity.

Multisystemic Therapy for Emerging Adults (MST-EA): Reducing Recidivism and Improving Behavioral Health

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Criminal behavior is highest during emerging adulthood for the general population, and especially among individuals with mental health and substance use disorders. Astonishingly, there are no interventions with evidence of efficacy to reduce recidivism specifically among emerging adults, with or without behavioral health conditions. Multisystemic Therapy for Emerging Adults (MST-EA) was developed to address this specific gap in services. MST-EA, an adaptation of standard MST, is an intensive intervention for young people aged 17-26. To date, MST-EA has been delivered in a handful of locations, with referrals including juvenile and adult justice system-involved clients, youth aging out of foster care, prison re-entry populations, as well as young adults in supported housing programs. In this presentation, the goals of MST-EA will be described, along with the service delivery model and interventions employed within MST-EA. The current state of MST-EA research also will be presented. Specifically, an open trial, program evaluation, and alpha testing of MST-EA vocational coaches have been completed. Currently, MST-EA is being examined in two NIH-funded randomized controlled trials in various locations.

Mapping Therapeutic Jurisprudence's Leanings Towards the Methodology of Legal Realism and Sociological Jurisprudence

Anna Kawałek, *Leeds Beckett University* (a.kawalek@leedsbeckett.ac.uk)

TJ is often considered to be an offshoot of legal realism and sociological jurisprudence, yet it has not always been made clear how and why this is the case, and where TJ takes most of its scholarly influence from in relation to these schools. This paper seeks to map TJ's heritage within these scholarships when it generates knowledge claims – that is, which methodological (ontological and epistemological) assumptions does it borrow from legal realism and sociological jurisprudence, and how? In doing so, the purpose of this paper to contribute to a topical area of TJ scholarship: TJ theory in context of methods and methodology.

126.   International TJ Centers: Global Perspectives on Initiatives, Challenges and Visions

The Non-Adversarial and Therapeutic Justice Center, Israel

Karni Perlman, *College of Management Academic Studies, Israel* (Kperlman@colman.ac.il)

The Non-Adversarial and Therapeutic Justice Center (NATJC) was founded in 2015, at the Striks Law School of the College of Management Academic Studies, listed among the top five law schools in Israel. As part of the NATJC's vision, we established in the recent years various initiatives related to TJ including, inter alia, hosting the first Israeli "Therapeutic Jurisprudence Week"; launching the Israeli Chapter of the International Society for Therapeutic Jurisprudence; guiding, directing and encouraging academic research related to TJ; holding a research seminar for students covering numerous topics related to TJ; holding a conference about TJ and Military Service; participating in different conferences as well as promoting practice in areas like TJ and Mediation for instance "Mediation, TJ and people with disabilities"; delivering lectures to Judges on Therapeutic Judging; and recording the first podcast in Israel on TJ. We are making consistent efforts for finding innovative and creative ways to overcome challenges to promote new initiatives related to TJ academic research and disseminating knowledge on TJ. Our vision for the coming future includes collaborating with TJ centers across the world while strengthening the use of Therapeutic methods in the Israeli legal system

TJ in the UK and beyond

Anna Kawałek, *Leeds Beckett University* (a.kawalek@leedsbeckett.ac.uk)

The UK lagged behind in terms of levels of professional, academic and public awareness of its insights, an observation made respectively by both Dr. Emma Jones and Dr. Anna Kawalek prior to the International Congress for Law and Mental Health, hosted by Charles University, in Prague 2017. Jones and Kawalek met for the first time at the Prague Congress and shared their frustration at the UK's lack of consistent progress in the area whilst also acknowledging its potential. Shortly after, the two UK-based academics set up the TJ in the UK Chapter, as cofounders and cochairs together with a small group of dedicated academics. What followed were the first and second TJ in the UK meetings, hosted respectively in Milton Keynes (UK) and online (due to the pandemic) to gauge interest, foster collaboration, and encourage discussions about next steps. Membership of the Chapter increased in rapidly, and now includes a range of individuals from various fields and backgrounds. In this presentation, we will discuss the initiatives of the Chapter including where we intend to take it in the future (both the medium term and long term goals), as well a what we have achieved to date as well as challenges.

Introduction to the Research Center for Therapeutic Jurisprudence, Seijo University

Makoto Ibusuki, *Seijo University* (rstj@seijo.ac.jp)

I represent the Japan Chapter of the International Society for Therapeutic Jurisprudence. It includes around forty members from academics of law, criminology, psychology, sociology, social welfare and mental health, attorneys, judges, prosecutor and other professions. We launched the Research Center for Therapeutic Jurisprudence at Seijo University in 2017. The center has two scholars, one PD fellow (full time) and fifteen visiting scholars. The Center has developed several projects: education for public and media, training for lawyers, research in the various issues of addiction and rehabilitation, publication of books and journals, translation of important overseas articles, lobbying, and developing networks with other institutes. Since 2018, we have been publishing online journal, "Therapeutic Jurisprudence Journal", in Japanese each year. The Center also emphasizes student volunteer and study. Named "student supporters", They designed t-shirts, hosted book and cinema talks and interviewed a former Supreme Court judge. In this pandemic situation, we are developing online outreach through a YouTube channel. At this moment, young members of the visiting scholar work to produce short video programs.

127.   Japanese Therapeutic Jurisprudence Trends: Looking Back and Looking Into the Future

The Japanese Trend of Penal Reform for Drug Offender

Yasuhiro Maruyama, *Rissho University* (maruyama@ris.ac.jp)

This speech introduces the current drug and crime condition in Japan, and the current treatment for drug offenders in Japan at first. Next, I explain Speaker, next, explains the penal reform for drug offense penal reformin Japan, and argue the problems of the policy and its application in the criminal justice of Japan. Based on the statistics, the recidivism for drug offenders fover 50%, meaning that and it means that the old penal policy for drug offender has not been successful in Japan. However, the government started to change its old policy to be more rehabilitation-oriented since 2013. For example, in prisons, they provided several special programs for addiction offenders with a history of imprisonment. In the prosecutor's office, they introduced the support of social workers for rehabilitation of poor and old offenders, instead of sending them to jail. This speech will discuss whether the effort and the program in Japan worked or not and also shows the analysis behind my conclusion.

Child Abuse Murder Cases by Parents and Therapeutic Jurisprudence

Hiroko Goto, *Chiba University* (hirog@faculty.chiba-u.jp)

The purpose of this paper is to report two child murder cases by mothers, and to analyze the background of these crimes in the view of therapeutic jurisprudence. First case is "Meguro Case" and second one is "Noda case". In both cases, the criminal is the victim's mother. The case report by the social work departement of the local government was published but it proves inapplicable in therapeutic jurisprudence research. Based on my observation of the trial, I believe the necessary background for murder can be found. This speaker will analyze the background and suggest new approach for dismantling such child murder cases in the view of therapeutic jurisprudence.

Forensic Interview: Looking Ahead to the Connection From Support for Victim Children to Support For Perpetrator Parents

Yuko Yasuda, *Ritsumeikan University* (yukoya8010@gmail.com)

The paper introduces (1) a general view of interview methodology for child victim, (2) brief history of Japan for introducing the forensic interview, (3) characteristics of the forensic interview of child victim in Japan. The paper rests on a review study focusing various reports byinterviewers, police officers, psychologists, and other researchers in Japan. This paper argues the importance of the spirit of "care" in the practice of forensic interview in the view of therapeutic jurisprudence. Italso discusses the possibility of serious tension between the victim support group and the criminal defense in the neglect orfamily violence case, and suggests the necessity of early intervention by the social welfare service of the local community before the violence or accident.

128.   Mental and Psychological Health Perspectives

Crushed by the Belgian system: Lived Experiences of Forensic Care Trajectories by Persons Labeled as not Criminally Responsible

Marjolein De Pau, *Ghent University* (marjolein.depau@ugent.be)

Care trajectories of Persons labeled not criminally responsible (PNCR) are often characterized by multiple transitions from one (forensic) mental health service to another and long periods of admission. So far, little research has been conducted on forensic care trajectories, in particular on how PNCR perceive their trajectory. Data were obtained via semi-structured interviews (N=23) with PNCR in various (forensic) mental health services in Belgium. A maximum variation sampling strategy was applied to recruit a heterogeneous group of PNCR and inductive thematic analysis adopted to analyse the data. PNCR's experiences about care trajectories in Belgium are marked by an absent voice and passive position in the decision-making process in addition to a

lack of support during transitions. Barriers for admission in (forensic) mental health services and the indeterminate duration of trajectories contribute to overall negative lived experiences. Although some findings are interchangeable with general mental health care, PNCR's care trajectories are marked by their undetermined nature, barriers for accessing care and power dynamics in compulsory forensic care. The balance between a criminal justice and mental health approach in forensic mental health care is questioned.

Novel Applications of Psychology: Improving Longer Term Therapeutic Outcomes and Recidivism for Defendants in Courtrooms

Rhondda Waterworth, *University of Tasmania* (rhonddawaterworth@gmail.com)

The question of how best to deal with those who break the law and how to reduce social exclusion is an enduring social and legal problem. It becomes even more complex when dealing with individuals experiencing mental illness, social disadvantage, drug addiction, or other endemic social problems. This issue is examined from the perspective of utilising the criminal justice system as both a forum in which to gain access so as to intervene, and a tool itself that can be used to intervene therapeutically. The parallel fields of therapeutic jurisprudence, legitimacy of justice, procedural justice, sociology, and applied psychology research into common denominators of therapeutic outcomes were interrogated from the perspective of court room intervention. This led to the development of a behaviourally-anchored, evidence-based description of therapeutically useful magistrate in-court contributions. The rational, implications and practical uses for this tool will be discussed further, particularly as they relate to structural reform in the French context, and systemic courtroom interventions to reduce endemic social problems and the effects of these on society, such as recidivism, as well as problems with terrorism recruitment via incarceration.

The Triple-Header Powerhouse of Procedural Fairness, Therapeutic Jurisprudence and Judicial Engagement: Court Compassion in Action

Jamey H Hueston, *District Court of Maryland, Baltimore, USA* (jhueston410@gmail.com)

The tripartite approaches of Procedural Fairness, Therapeutic Jurisprudence and Judicial Engagement form the central core of a compassionate court framework. Together, they dynamically illuminate how courts can improve the quality of communications with the parties before it, increase respect for the justice system, and provide therapeutic, long-term solutions. Therapeutic jurisprudence illustrates when & where laws and processes can impact underlying issues that contribute to problems in a supportive, non-coercive manner and promote healing. Procedural fairness teaches judges how to effectively reach the public in ways that demonstrate fairness and garner respect. Judicial Engagement instructs what judges can say that promotes sincere and meaningful communication. Communication, be it verbal, nonverbal or written must be effective at every juncture, to maximize the encounter. Separately, each philosophy provides an important component that improves outcomes. However, when they combine synergistically in

a holistic framework, the court enhances its ability to make critical humanistic connections with the public, to influence behavior, and to create a healthy court environment.

129. Responsive Law: Examples From Dutch Practice (1)

Victim-Offender Contact in The Resocialization Process of Offenders Suffering From A Mental Disorder

Lydia Dalhuisen, *Utrecht University* (l.dalhuisen@uu.nl)

Crime victims have gained a stronger position in all phases of the criminal procedure, including the post-sentencing phase. It is in this phase specifically that victims' needs and interests relating to acknowledgement interplay with the offenders' needs and interests relating to resocialisation. In the Netherlands dangerous offenders who suffer from a mental disorder at the time of the offence can be placed in a forensic psychiatric hospital to prevent further crimes and receive treatment aimed at resocialisation. As resocialisation requires the offender to return to society, contact with the victim might be a necessary step. However, the forensic psychiatric population is a-typical compared to offenders without a mental disorder. Their disorders can heighten the risks of unsuccessful or even counterproductive victim-offender contact. Yet, carefully executed victim-offender contact that includes thorough preparation, managing expectations and choosing the right type of contact can contribute to both successful resocialisation as well as victim acknowledgement. In this presentation risks and opportunities of victim-offender contact in a forensic psychiatric context are described.

Do It Yourself? Experiences And Case Outcomes of Victims of Traffic Accidents

Iris Becx, *Free University of Amsterdam* (i.m.becx@vu.nl)

This presentation examines the added value of legal representation in the resolution of personal injury claims following a traffic accident in the Netherlands. The Netherlands has a third-party insurance system for traffic accidents, which means that victims have to claim damages from the insurance company of the liable party. The large majority of these claims are resolved in (sometimes long-drawn-out) out of court negotiations. Overall, in 40% of these personal injury cases claimants handle their own claims, without involvement of a legal representative. In this presentation, the following questions will be addressed: 1) what makes traffic accident victims decide to handle their personal injury claims themselves or to involve a legal representative such as a lawyer? 2) what are the effects of either or not involving a legal representative in terms of case duration and amount of financial compensation? 3) what are the effects of either or not involving

a legal representative in terms of victim satisfaction? A mixed methods approach was used: analysis of a large dataset, and 29 in-depth interviews with traffic accident victims.

Honoring The Story: Reinforcing the Social Function of Judging

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Cindy Seinen, *Free University of Amsterdam* (cindy.seinen@vu.nl)

As in many jurisdictions in the world, judges and other legal professionals in the Netherlands have launched various innovative initiatives with the aim of improving the social added value of the functioning of the courts and the legal system as a whole. In common law countries, the ideas and practices behind these initiatives might be referred to as 'responsive judging', 'problem solving courts', or 'community courts'. There are differences though, due to the slightly different position that courts occupy in civil law systems, and due to the particular characteristics of the Dutch legal system. The umbrella term that the Dutch legislature and judiciary have adopted for these initiatives, is 'Maatschappelijk Effectieve Rechtspraak' (MER), which might be translated as 'Societally Effective Judging'. In this presentation, Esther van Voorst and Cindy Seinen will discuss the origins and meaning of the term 'MER' and will highlight some of the initiatives in the Netherlands. They will address the intended social benefits of these initiatives, against the backdrop of the roles more traditionally assigned to judges and other actors in civil procedures. What can we reasonably expect them to contribute to the re-healing of the broken story that is a conflict?

130.   Responsive Law: Examples From Dutch Practice (2)

Legal Professions in Transition

Arnt Mein, *Amsterdam University of Applied Sciences* (a.g.mein@hva.nl)

Legal professionals working in city and municipal government face changes in expectations about their roles within the organization. Where in the past they mostly took on the reactive and detached role of guardians of legal quality, these days they are expected to take a more flexible, solution-oriented and cooperative stance. How do these legal professionals handle this shift? How far do they go in adapting and which factors play a role? Base on three different positions within the organization I describe this process, focusing in particular on their perceptions of their professional roles and their willingness to change. I conclude with some critical comment on the changing expectations form legal professionals.

Thoughts on the Concept of Responsive Law As An Overarching Conceptual Framework

Arno Akkermans, *Free University of Amsterdam* (a.j.akkermans@vu.nl)
Iris Becx, *Free University of Amsterdam* (i.m.becx@vu.nl)

Many jurisdictions in the world see innovative initiatives, taking place in all areas of law, within various sectors of society, and provided with various names and labels. These innovative developments have long been the subject of scholarly attention, but a truly overarching scientific discourse, and with it a generally used overarching conceptual framework to describe and interpret these developments, seems to be lacking so far. Important schools of thought are for instance Therapeutic Jurisprudence and Restorative Justice, attempts at an overarching approach are Non-Adversarial Justice and Comprehensive Law. In this presentation, we will use examples from Dutch practice to illustrate how the schools of thought from which innovative developments are approached and described interweave with each other, and we will discuss the potential of Nonet en Selznick's concept of 'Responsive Law' as an overarching conceptual framework.

Promoting 'Open Disclosure' After Medical Error in Dutch Hospitals

Berber Laarman, *free University of Amsterdam* (b.s.laarman@vu.nl)

Being open after a patiënt safety incident (PSI) is a moral and, in the Netherlands, a legal duty, recognized by healthcare professionals, healthcare administrators and in politics. In theory, organizing open disclosure seems straightforward. Patients need open and honest conversation about (1) what went wrong, (2) what will be done to minimize the damage, (3) how the professional/institution will learn from the event to prevent it from happening to others, (4) responsibility to be taken and apologies to be made and, (5) lastly, the compensation of (financial) damages. This conversation is called 'open disclosure' (OD). Research shows that patients' experiences after medical error often fall short of patients' expectations. In the literature concerning OD several reasons are cited for this 'disclosure gap', such as a prevalence of 'blame culture' and the impact of incidents on healthcare professionals themselves as 'second victims'. Furthermore, research with Dutch hospitals shows that a focus on (meeting the demands of) procedures set up to manage PSI's neglects the needs of patients and healthcare professionals involved, potentially leading to secundary victimisation. In this presentation, this point will be further elaborated upon, and three key findings that promote open disclosure will be discussed.

131.   Therapeutic Approaches for Criminal Defense in Japan

Practice Of Public Defender Based on the Therapeutic Justice

Naomi Sugawara, *Tamano-mori Law Firm, Japan* (sugawara@tamanomori.com)

The practice of rehabilitation for the suspect/accused is now a trend in criminal defense in Japan. This paper focuses on such practice in the view of promoting not only rehabilitation but also "the revival" of the ex-offenders. The author believes that, in order to realize the rehabilitation of the ex-offenders, it is not enough for them just not to commit the crime in the future. It is necessarily required for them to acquire well-being on their life. To achieve well-being in the life of the ex-offenders, the defender has to work on improving various conditions such as living environment, social welfare, family relationships, health care and mental condition. In the work of the revival-enhancement approach on the criminal defense, therapeutic justice (TJ) must be the key and core idea. This paper will analyze the usefulness and effectiveness of TJ based defense work through the author's practical experience as a public defender.

The Difficulty of Therapeutic Approach in the Defense for Theft Offender

Yusuke Shibasaki, *Tama Public Law Firm, Japan* (shibasaki@tamapb-law.jp)

This paper will report the practice of defense work based on the therapeutic approach in two theft cases that the reporter worked on. Generally, the criminal defender confronts several limitations, such as the grace period (the defender needs time for promoting the condition for the rehabilitation of the defendant, but the court does not consider the circumstances on the defense side), the bail issue (we have the problem of bailing of the custodial defendant because the prosecutor generally opposes the bail based on the reason which the suspect does not confess. We call it a "hostage justice" issue.), and financial limitation (the defense work for promoting the rehabilitation of the defendant is not covered by the court fee). Despite these limitations, the reporter tried to make solution of the problem of the defendants, and to rehabilitate the clients based on the collaboration with multiple professions; for example, the expert doctor of developmental disability/eating disorders, social worker, psychiatric social worker, community worker of local government and self-help group. In this paper, the reporter will argue that the defender is required to have wide perspective to find a solution to the key problem on the defendant.

Dender's Support in the Case of Kleptomania

Yuko Nishitani, *Liberty Law Frim, Japan* (yuko-nishitani@ac.auone-net.jp)

The speaker reports about one case of female defendant having eating disorder. The defendant was arrested and indicted for shoplifting. The speaker worked as defender for her based on therapeutic approach. Fortunately, the court gave her the second parole which is unusual treatment because the Japanese judge hesitates to give the second chance to the defendant having criminal history before. After the trial, the female client started to work in an amusement park and continued to visit to the anonymous group for the kleptomania. Finally, she met with a man and got married. This case shows how the therapeutic approach could work efficiently for the rehabilitation of criminal having strong mental problem for their life. When I sent a letter to the judge on her trial for explaining her circumstances, I received reply from the judge telling how she/he is happy to

know the result of the trial. I believe that if many judges understand the power of therapeutic approach in the defense work and their mind set is changed, the rehabilitation-oriented practice in the courtroom could grow popular.

Strange Male Client and My Defense: The Therapeutic Approach for Receiving The Second Suspended Sentence

Maho Okuda, *Asyla Law Firm, Japan* (okuda@ asyl-law.com)

When the accused has any illness or disability and commits crime with influence of them, sending him/her to prison is not, in most cases, fair in the view of retributive justice nor effective for avoiding recidivism. To focus illness or disability of the accused that was overlooked before, and to lead the judge to the appropriate decision are important roles of defenders. This paper reports a case in which the accused committed shoplifting again during the suspension period of former theft. In this case, the reporter worked as the defender and requested to the court for a psychiatric test of the accused. Finally, it turned out that he had frontotemporal dementia. As a result, the judge granted him suspended sentence again. In this paper, it is explained how the reporter tried to design about the scheme for the support by a social welfare expert for the client and to make him avoid the next offence and to give him a life without social problem.

132.   TJ, Healthcare, Policies, Special Populations

Measuring the Patient Experience: Does the Best Medical Care Always Make the Happiest Patients?

Miriam Weismann, *Florida International University* (mweisman@fiu.edu)
Irvin Jorge, *MAYO Clinic, Phoenix, USA* (jorge.irving@mayo.edu)

There is a global movement to measure "patient experience" to gauge the delivery of quality medical care. One of the principle metrics used by many countries to measure the patient experience is the patient satisfaction survey. In the United States, the assumption is that patient experience survey feedback is a fair measure of the quality of medical care received during the patient stay. This study is designed to test that assumption. The paper presents original data collected from a survey of healthcare leaders and industry policy makers in the U.S. exploring the policy perception of a direct correlation between patient satisfaction responses to the standardized Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey and the delivery of quality medical care to patients. The paper further compares published healthcare data from hospital medical procedure outcomes to the patient HCAHPS responses from the same hospitals to test the correlation assumption. The paper concludes that the delivery of the highest quality of medical care does not always result in the happiest or most satisfied patients and

therefore, the policy reason for using patient satisfaction surveys as a measure of quality medical care is not evidence based.

COVID 19 and Disability-Based Discrimination in Health Care

Elizabeth Pendo, *Saint Louis University* (elizabeth.pendo@slu.edu)

Governmental and private responses to the COVID-19 pandemic in the U.S. raise serious legal and ethical issues related to the health, well-being and equality of people with disabilities. In particular, because the COVID-19 pandemic places tremendous strain on our health care system, states, health care facilities, and professional organizations are updating or developing triage protocols to determine how to allocate critical health care resources, especially ventilators, when there is not enough capacity to treat all patients. Disability advocates and organizations have raised serious concerns about the impact of triage policies that exclude, disadvantage, or otherwise discriminate on the basis of disability. This presentation will explore the impact of problematic triage provisions and practices on the health and wellbeing of people with disabilities, the application of three federal laws that prohibit disability-based discrimination in health care, and efforts by disability advocacy organizations to address discrimination based on disability associated with COVID-19.

Sex and the Super Bowl LIV, Review of Trafficking Lessons Learned in Miami 2020

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Human trafficking is a global tragedy which unfortunately is widespread and increasing. There are several forms of human trafficking. This presentation will focus on sex trafficking at a specific sporting event. The harms of sex trafficking are well documented. It's important to remember that the harm sex trafficking causes is actually triple harm. Harm to the victim now, harm extending into the victim's future, and harm to society. Research shows increased prevalence in large group events such as conferences, concerts, and sporting events. In order for a community to prepare and respond during large group events successfully, many agencies must work together to facilitate TJ with a comprehensive plan and clear lines of communication. This presentation will review the experiences of Super Bowl LIV hosted in Miami 2020 including: 1. Reviewing the collaborations of multiple agencies 2. What actions were taken to prepare and train professionals to decrease incidence 3. Outcomes and follow up 4. Lessons learned and potential pitfalls for future Super Bowls.

133.   TJ in Court

Reforming the Justice System Inside and Outside: Integrating the Physical and Intangible Environments with Compassion

Jamey H Hueston, *The District Court of Maryland, Baltimore, USA* (jhueston410@gmail.com)

External spaces, art, and architecture of a courthouse/complex provide the first indicators of its goals and values. The humanistic court integrates thoughtful pathways, gardens and outdoor spaces to convey transparency and openness. Its exterior footprint seamlessly blends with interior structures, courtrooms, hallways, offices and signage, as well as a myriad of other internal elements that enrich the environment. Court systems, processes, and services are easy to navigate, accessible and impart wellbeing and respect. This is a court that addresses each individual seeking justice, approaches every case, and regards every component comprising the court system, with a wide perspective and therapeutic attitude - through the Compassionate Court. When justice reform focuses on the welfare of its users…and staff, both inside and outside the courthouse, the result is a system that manifests a lower stress environment, is psychologically healthier, and heals not just resolves.

At the Heart of Sentencing: Exploring whether More Compassionate Sentencing Narratives Reduce Public Punitiveness

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Compassion has the capacity to change how we think and feel about offenders, enabling us to understand individual and systemic causes of criminality and consider whether, and in what circumstances, desistance is possible. This has clear implications for actors within the criminal justice system, such as sentencing judges. However, compassion may also have a larger role to play in reorienting criminal justice law reform from its increasingly punitive trajectory. This raises the question of whether, and in what ways, compassion can be cultivated within the broader public. Using an experimental design, our research examined whether the use of a more compassionate narrative about an offender in both written and audio-visual sentencing remarks stimulated a less punitive response from members of the Australian public. Our results support the conclusion that it is possible to alter the features of a written or orally delivered sentence so that it is recognisably more compassionate, and that compassion-enhanced sentencing remarks have the capacity to increase the public's willingness to recognise the suffering of offenders. Further, engagement with compassion-enhanced sentencing remarks altered criminal justice spending preferences, reducing the proportion of the criminal justice budget that members of the public believed should be spent on imprisonment.

Healing after Rape: The Effects of Victim Impacts Statements on the Mental Health of Adult Survivors in Rural South Africa

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Lizemari Mitchell, *University of Limpopo* (lizemari.mitchell@ul.ac.za)

In the aftermath of rape, South African victims are often faced with the realities of limited counselling services. A principal factor is the socio-economic realities of many victims, as they live in rural areas far from social and psychological services and are often too poor to afford any means of transportation to existing services. Another factor that could contribute to victims not receiving or seeking counselling may be the patriarchal society where a culture exists of not revealing details of sexual abuse (Boledi and Pillay 2014: 24-28) or engaging in therapeutic counselling (Ruane 2008:214-218). Notwithstanding, earlier research indicated that the mere exercise of reflecting on the consequences of the act of rape during the preparation of a victim impact statement (VIS) for sentencing purposes, may have beneficial results for victims, such as giving them more confidence to speak out in court and 'an opportunity to order their thoughts and make sense of the abuse' (ICWRT 2008:10; Cassel 2009:621). No further South African study, similar to the one conducted in ICWRT, was found, and also no research focussing on adult rape victims as such. This paper aims to fill that gap, and is thus concerned with, if, how and to what extent, criminal justice procedures, specifically the VIS, can contribute to the adult rape victim's healing, emotional well-being and mental health in general.

Making Your Way Through the Weeds: Mental Health and Legal Considerations of Legalized Marijuana Use In Custody Determinations

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Janet Schrager, *Clinical Psychologist, Connecticut, United States of America* (jschragerphd@comcast.net)

This presentation aims to provide an analysis of the still-developing history of custody determinations by family courts for families with marijuana usage by one or both parents. Specifically, how do child custody determinations affect the best interests of children where one parent uses cannabis and the other does not? With more jurisdictions legalizing cannabis, this presentation will examine cannabis usage as an emerging factor in child custody determinations. For legal practitioners: in the United States, does legalization in certain states now reflect different priorities? Has the legalization of cannabis also altered the considerations as to what affects the best interests of a child in a custody determination? How have these shifting legal underpinnings changed our views regarding a parent's decision making or how we craft parenting plans? For mental health practitioners: how does more prevalent usage of marijuana by parents affect children? How does this usage impact parenting, generally? In what ways, if any, does parental marijuana usage affect child development? How can/does a parent's marijuana usage affect the way we craft parenting plans? Finally, the presentation will provide some tips and suggestions for best-practices to promote the best interests of children in custody cases with parental marijuana usage.

134.   TJ Perspectives on Trauma-Informed Law and Practice

Are Intimate Partner Abuse Protections Consistent with TJ Values?

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All states have laws designed to protect intimate partners from abuse by their partner. Most are in criminal, civil or family court; but all designed to provide immediate emergency relief from physical harm. Rarely do the laws specifically protect from sexual abuse or what is often termed 'marital rape'. Nor do they include psychological abuse or coercive control, even though these areas have the longest lasting psychological impact. In most cases, the emergency protection courts work well with helpful advocates providing a temporary restraining order (TRO) obviating the need to an attorney, reducing costs. However, most require a full hearing with the opportunity for rebuttal by the defendant/respondent within 30 days. Here the protective process often breaks down with evidentiary problems not anticipated during the restraining order filings. In some cases, if the distraught plaintiff does not fill out all the abusive acts, the court will only admit testimony on those cited in the TRO. In other cases, evidence not thoroughly vetted may be entered even though it is not accurate. In trying to be fair, there is room for abuse of the system with some abusers themselves filing to try to gain possession of their home or other property.

Tort Law and Therapeutic Jurisprudence Revisited, Trauma, Vindication, Perceived Injustice and the Toxic Nature of Real World Adversarialism

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In his seminal work on tort law and therapeutic jurisprudence, Daniel Shuman has problematised the therapeutic potential of tort law as a remedy for the injured. As tort litigation gives the plaintiff agency and provides him the opportunity to tell an important story in a culturally meaningful context, it can be considered to have the potential to restore the injured not only because the outcome may vindicate them, but also because the process itself may be therapeutic. "How well the process in fact fulfills that idealized goal in each case may be a matter of some dispute" Shuman noted, observing that "not all victims leave the tort system feeling better". Indeed. Tort law finds application in many different situations, with many different forms of harm and different resulting needs of injured parties, rendering it problematic to make general statements about the extent to which it can provide adequate remedies to persons who have been traumatised. This presentation focusses on personal injury, as one of the most traumatising forms of harm. It outlines the psychological consequences of suffering a wrong and the ensuing emotional and moral needs of personal injury victims as identified in psychological research, and argues that tort law

compensation procedure generally fails to address these needs but instead often exacerbates them, leading to the experience of injustice and considerably increasing the risk of secondary victimization. As a growing body of evidence suggests that perceived injustice plays a central role as a predictor of worse health and recovery outcomes, this failure is not only problematic from a justice point of view, but should also be addressed to mitigate the anti-therapeutic effects of compensation procedures. Adversarialism is identified as the main noxious element. Proactive claims resolution is suggested as an antidote, and changing the roles in the game by having assessments carried out by neutral third parties as the most thorough countermeasure. Other suggestions are to offer a wider range of services than just monetary compensation, to promote personal contact between those involved in the harm-causing incident, and to promote restorative and procedural justice.

Therapeutic Jurisprudence Practices and Victims' Needs: The Role of Victim Assistance Units

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Therapeutic jurisprudence (TJ) offers a new perspective on the law and the legal process by focusing on the mental health, emotional and other needs of those involved in the legal system. TJ seeks to recognize and improve the therapeutic consequences of laws, procedures, and legal actors. TJ studies, however, have not adequately explored the positive potential of TJ for victims going through the criminal justice process. This exploratory study will address this gap by analyzing victims' response to TJ tools introduced by a victim assistance unit in Israel. The study employs a qualitative analysis of encounters of victims of all offense types (violent, sexual and property offenses) with the victim assistance unit, in order to explore how TJ can address specific needs of victims who go through the criminal justice process. I argue that the use of TJ principles, such as respectful listening and a focus on therapeutic outcomes, increases victims' satisfaction even when the legal outcomes are not what they desired, regardless of offense type. The findings of this study suggest the value of integrating TJ training and practices into the work of legal agents with victims in order to improve victim wellbeing and avoid secondary victimization.

A Trauma-Informed Policy to Advance Health Equity? It Takes a Village, and Heart

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Science recognizes the lifelong impact of trauma on healthy (or not) development, a recognition that has impacted legal decision-making, e.g., criminal sentencing. More positively, it has influenced policy investments in the early years and in caregiver needs. This aligns with the push for greater recognition of social determinants on health and need for system-level reforms to promote holistic health of individuals and populations. The global COVID-19 pandemic powerfully revealed the important of public health and functioning public health systems, and—critically—the need to remedy inequities to create opportunities for equitable health. In a recently

published article, "Addressing the Community Trauma Inequity Holistically: The Head and the Heart Behind Structural Interventions" (Denver Law Review, 2021), I place structural inequity in a community trauma frame, with calls to unite the "head" (the transdisciplinary policy reforms needed for equitable health) with the "heart" (the civic engagement and community-building critical for sustainable equitable health). Building on this article, this presentation will address how a community trauma-informed lens helps frame efforts to advance health equity and health justice, with some suggestions—and cautions—for how to apply individual trauma insights to collective health policy reform initiatives.

135. Why Don't Judges Listen to Mental Health Experts?

Reasons for Admissibility and Rejection of Expert Mental Health Testimony by Judges

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There has been an ongoing debate in the mental health community regarding the reasons that mental health expert testimony is sometimes not admitted into court proceedings. Some contend that the preferred testimony is seen by the judge as irrelevant; others contend that the methodology is unscientific, and still others speak of the expert "overreaching" and addressing "ultimate " legal issues which should be the province of the trier of fact. This presentation will describe the results of two empirical studies regarding these issues. The first will describe a review of court cases in which mental health testimony was rejected and the reasons cited by judges for rejecting it. The second study will deal with broader questions such as judicial bias, inadequate work by the expert, and ineffective assistance of counsel. These rejections of expert testimony will then be viewed from a perspective of therapeutic jurisprudence to see how the dilemmas might be better handled.

Bias against Mentally Ill Defendants in the Criminal Justice System: How Might Therapeutic Jurisprudence Help

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As pioneer of the Broward County Mental Health Court, America's first mental health Court, located in Fort Lauderdale, Florida, Judge Ginger Lerner Wren will discuss the various factors which lead to implicit bias in the legal system related to persons with mental illnesses and neuro-cognitive disorders (which include intellectual disabilities, autism spectrum disorders, traumatic brain disorders, and learning disabilities). Judge Lerner Wren will discuss the work of Professor Michael Perlin regarding the false thinking and inequities related to persons with mental illness, and systemic implicit bias. Judge Lerner-Wren will provide a historic overview of social and

cultural attitudes which persist, and often lead to structural "sanism" and a denial of due process and substantive legal rights in the criminal justice system.

Why Don't Judges Listen to Trauma Psychologists in Family Court Custody Cases?

Lenore Elizabeth Walker, *Nova Southeastern University* (drlewalker@aol.com)

Gender bias has caused countless numbers of children to be placed with an unsafe parent despite psychological reports that domestic violence or sexual abuse has occurred. Studies have shown the racial and cultural bias that occurs across family courts in both custody and dependency courts. Psychologists who are trained to recognize trauma are rarely appointed to these difficult and contentious cases, with it more often being those with minimal or no training in trauma assessment. Shared parental responsibility often forces children to live with confusion fear and uncertainty when parents do not agree about child rearing techniques. A possible solution is a TJ informed problem solving unified family court where there is a team approach to decision making in these highly litigated contentious decisions where there are allegations of domestic violence and child abuse and sometimes cross allegations of parental alienation. TJ family courts do exist, but rarely deal specifically with including trauma trained experts who can help the families separate without rupture to themselves and their children. Judges and team members need to be trained together to understand assessment and intervention strategies that are appropriate to heal from trauma.

French Language Sessions
136.   Dangerosité et mesures restrictives en milieu psychiatrique

La recherche sociojuridique comme outil d'analyse des zones d'(in)effectivité du droit en psychiatrie

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La judiciarisation progressive du domaine clinique est un phénomène social largement discuté en sociologie du droit. En droit de la santé, particulièrement en psychiatrie, cette situation est souvent décrite comme étant la résultante d'une réification juridique de problématiques sociales complexes. Cette réification se traduit notamment par un recours courant ou croissant à la coercition, que cela concerne les mesures d'isolement, de contention, d'internement ou de traitement involontaire. Bien que la coercition en santé mentale soit généralement considérée comme une mesure exceptionnelle et de dernier recours, les résultats d'une récente étude que nous avons réalisée suggèrent qu'elle est néanmoins perçue comme nécessaire au travail infirmier. Ce régime de nécessité s'inscrit dans une logique de productivité et d'efficacité hospitalière ayant pour effet collatéral de réduire les opportunités d'intégration et d'actualisation des principes des droits humains dans la pratique du personnel infirmier. Dans ce contexte, l'investissement judiciaire du domaine clinique soulève l'enjeu de la portée juridique des interventions déployées sous la contrainte. Nous en arrivons à la conclusion que la recherche sociojuridique peut, par sa posture externaliste au droit, informer les pratiques d'intervention psychosociales en étudiant l'actualisation des normes juridiques par l'intermédiaire de leurs conditions d'existence matérielles et relationnelles.

« Cet employé si inquiétant… »

Paul-André Lafleur, *University of Montréal* (lafleurpa@outlook.com)

La violence en milieu de travail a ses spécificités, ses codes et ses cycles. Dans cette présentation, nous allons voir ce qui distingue l'individu dangereux en milieu de travail de celui qui exerce sa violence ailleurs en société. Par exemple, peu présents en milieu de travail, les patients psychotiques ou déments exercent plutôt leur violence au sein de la famille ou en milieu de soin. En revanche, les personnes atteintes de maladies affectives ou présentant certains troubles de la personnalité - notamment narcissique et obsessionnel-compulsif – sont plus à risque ou plus inquiétant dans leur milieu de travail. À l'aide de courtes vignettes cliniques, nous allons cerner certaines des situations qui, au sein d'un service public ou d'une entreprise, peuvent susciter des

émotions propices à l'expression de la violence sous forme dénigrement, d'intimidation, de menaces ou d'agressions. Nous examinerons certains des pièges qui peuvent nous amener à sous-estimer, surestimer ou même amplifier la violence dans nos milieux de travail. Nous considérerons chacune des étapes nécessaires à la prévention ou à la cessation de la violence : l'identification du problème; l'évaluation des individus concernés; la prise en compte des facteurs de risque liés au contexte; le plan d'intervention; le déploiement des mesures thérapeutiques, administratives et judiciaires.

Évaluation de l'étudiant à risque de violence : suggestions

Louis Morissette, *University of Montréal* (louis.morissette@umontreal.ca)

Nous savons bien depuis les événement de Colombine que les milieux d'enseignement ne sont pas à l'abri de la violence, qu'il s'agisse d'agressions, de meurtres ou même de tueries. Si elles sont plus fréquentes aux États-Unis, ces tueries n'en surviennent pas moins également au Canada et en Europe. Le Québec n'a pas été épargé, avec notamment les événements tragiques du collège Dawson en 2006, qui ont fait 2 morts et de nombreux blessés, et surtout de l'école polytechnique de Montréal en 1989, avec 15 morts et 13 blessés. Et rien n'exclue que de tels événements puissent à nouveau survenir. L'auteur, psychiatre légiste et pédopsychiatre de l'adolescence, est fréquemment appelé par les autorités scolaires pour les conseillers, pour évaluer des élèves ou étudiants qui suscitent l'inquiétude et pour formuler des suggestions pour diminuer le risque que survienne de nouvelles tueries. Avec des exemples tirés de sa pratique, l'auteur nous livrera ses pistes de solutions pour prévenir la survenue de tels actes de violence extrême.

137.   Deuil en contexte éprouvé: perdre un proche durant la pandémie du Covid-19

Rituels de séparation entravés, deuils bouleversés?

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Dans le contexte de la pandémie de Covid-19 les opérations funéraires ont connu de nombreux aménagements, en particulier lors de la période de confinement. Il s'agit d'apprécier les impacts matériels et symboliques de ces aménagements sur les personnes endeuillées, d'analyser l'inventivité, tant du point de vue des pratiques que des récits, dont ces personnes ont pu faire preuve pour affronter cette situation singulière. Leurs expériences et leurs témoignages ont été recueillis sous la forme d'entretiens au moment du confinement, à sa sortie et dans les mois qui suivent. Au vu de l'impact des mesures sanitaires sur l'ensemble des décès, notamment à propos de l'organisation des obsèques, les décès imputables à la Covid-19, comme ceux a priori sans lien avec cette épidémie sont concernés par cette recherche.

Maintenir une approche funéraire. Le souci des morts et des familles par les acteurs professionnels

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Les acteurs « du funéraire » ont traversé une réorganisation de leur activité en raison de la pandémie de Covid-19. Les chambres mortuaires hospitalières, les services administratifs, ceux de l'état civil, les chambres funéraires, les crématoriums et les services des cimetières, tous ont composé avec les contraintes sanitaires. L'une des conséquences a été de tenir à distance les proches en raison des mesures de distanciation et des risques de contamination. Ainsi, toute une série d'opérations et de gestes qui s'effectuent en « temps ordinaires » en présence des proches du défunt, se sont déroulées en leur absence. Leurs prérogatives ont été singulièrement raccourcies ou bien ont donné lieu à des médiations. Si bien que parfois, on a pu observer une tendance à la « technicisation » comme seul mode de traitement du mort qui ne concerne en temps ordinaire que les coulisses. Cette intervention se centrera sur le vécu des professionnel.le.s, leurs doutes, les ajustements qu'ils ont mis en œuvre.

Les non-sens de la mort au temps du Covid 19, une difficulté du deuil?

Magali Molinié, *Université Paris 8* (mm2324@cornell.edu)

La mort d'un proche durant la pandémie du Covid 19 intervient dans le contexte d'une crise qui se situe à plusieurs niveaux — sanitaire, social, économique, funéraire, psychologique, voire culturelle. Elle génère de multiples sentiments d'incertitude et d'anxiété aux possibles impacts négatifs sur la santé mentale. Les sociabilités ordinaires (relations familiales transgénérationnelles, réseaux amicaux, travail) sont affectées, tout comme celles qui marquent les grands passages de la vie, dont le deuil. Or, des travaux en psychologie du deuil ont établi que la construction d'un sens et de croyances partagées (meaning-making) autour de la figure du défunt et des conséquences de sa disparition, le sentiment d'un adieu réussi, la restauration des sentiments de sécurité, d'espoir et de cohérence sont essentiels pour faire progressivement face à la mort d'un proche. Ces mouvements ne se situent pas à l'intérieur des personnes mais entre les personnes, i.e. dans leurs échanges, connexions émotionnelles, conversations, rencontres... Dès lors, les restrictions sociales qu'entraînent la crise du Covid 19 peuvent-elles avoir un impact sur le déroulement du deuil, entraver ses processus résilients et la lutte contre les non-sens de la perte?

Éthique de la mort en période de pandémie : analyse critique des dérogations au droit funéraire mises en place pendant le Covid-19

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La crise sanitaire du Covid-19 a produit des effets sur une très grande diversité de dimensions sociales. L'une d'entre elles, particulièrement symbolique, est la gestion de la mort et du deuil. En effet, l'état d'urgence sanitaire a permis un nombre important de dérogations au droit funéraire

lorsque les personnes décédées sont atteintes ou « probablement atteintes » du Covid-19, voire pour toute personne : agonie hors de la présence des proches en EHPAD, interdiction des soins de conservation et des toilettes mortuaires, mise en bière immédiate, délai d'inhumation rallongés, limitation forte des cérémonies funéraires etc. Tous ces éléments ont eu un impact majeur sur les pratiques funéraires et la manière de vivre le deuil, produisant des répercutions humaines, sociales et psychologiques particulièrement fortes pour les proches et les familles des personnes défuntes. Analysés par certains comme une « rupture anthropologique », ces changements tendent à accentuer la forme de déni de la mort que nos sociétés connaissent déjà. Si les considérations sanitaires expliquent aisément les modifications décidées, les proches et les familles se retrouvent « dépossédées » de leur deuil en ne pouvant pas rendre hommage à la personne disparue et se retrouver autour d'elle au travers de rites qui les aident à surmonter ce décès. Tous ces éléments justifient que soit menée une réflexion juridique et éthique sur la mort en période pandémie.

138.   Développer une meilleure appréhension de populations distinctes

Trajectoires des personnes itinérantes autochtones au Canada

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Au Canada, l'itinérance autochtone est proportionnellement plus élevée que celle des non-autochtones et ce phénomène prend de plus en plus d'ampleur dans toutes les grandes villes du pays. Malgré tout, peu d'études se sont penchées sur cette problématique. Le phénomène est mal compris : il est associé à une forme de « nomadisme » urbain; la personne autochtone est associée à une personne toxicomane ou alcoolique plutôt qu'à une personne vivant une situation d'itinérance; on s'interroge sur leurs réels besoins en termes de services d'hébergement temporaire du fait de leur inscription à titre d'Autochtone dans une communauté. Bref, la personne itinérante autochtone disparait derrière une discrimination systémique dans les services qui lui sont offerts et qui sont offerts à la famille. La pandémie de COVID-19 aura mis en lumière la fragilité et la vulnérabilité du dispositif de prise en charge de ce phénomène social. La présente communication s'appuiera sur des récits recueillis en pleine pandémie à Val-d'Or, Montréal et Toronto dans le cadre d'un projet de recherche CRSH Savoir visant à mieux documenter et comprendre le phénomène de migration des personnes itinérantes membres des communautés autochtones vers les centres urbains et à mieux outiller les familles et les intervenants.

L'étude de l'effectivité du droit français et du droit québécois quant à la participation des travailleurs à leur processus de retour au travail après un problème de santé mentale

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Les personnes ayant un trouble sévère et persistant de santé mentale sont celles qui sont éligibles aux mesures actives d'emploi mises en place par l'Etat français et la province du Québec en faveur des personnes ou des travailleurs handicapés. Toutefois, elles ne représentent qu'un quart des travailleurs fragilisés par une problématique de santé mentale au sein des milieux de travail. La fraction restante des travailleurs relève des dispositifs de droit commun du travail et de la protection sociale. Dans le but de déterminer l'effectivité de ces derniers dispositifs, notamment sur la question de la participation des travailleurs à leur processus de retour au travail après un problème de santé mentale, plusieurs entrevues ont été réalisées en France et au Québec avec des acteurs clés que sont les médecins du travail, les délégués ou conseillers syndicaux et les employeurs. Ces acteurs relèvent ou interviennent dans les secteurs d'activité du courrier postal, de la santé et de l'informatique. Cette intervention aura pour but de restituer les résultats de cette étude empirique au regard du droit français et du droit québécois. Cette recherche menée dans le cadre d'un doctorat en droit s'intègre au projet de recherche mené depuis 2018 par l'équipe de la Professeure Katherine Lippel.

Questionnement éthique sur les directives anticipées en matière de psychiatrie : faut-il impliquer les patients présentant un premier épisode psychotique ?

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Certains pays comme les Etats-Unis et l'Australie, ont mis en place les directives anticipées en psychiatrie (DAP) dans le cadre de la schizophrénie ou des troubles bipolaires. Leur rédaction pendant la phase de rémission s'appuie sur l'expérience et l'analyse d'une crise par le patient, pour établir des instructions guidant les soignants dans la prévention et la gestion de ces crises. Des résultats encourageants sur l'application des DAP conduisent à envisager leur extension au contexte de premier épisode psychotique (PEP). Véritable support d'éducation thérapeutique, les DAP permettraient de renforcer l'alliance thérapeutique et l'autonomie du patient dont l'identité peut être fragilisée à la suite d'un PEP. Néanmoins, les spécificités du PEP conduisent à plusieurs réserves : quel risque de stigmatisation chez ces patients à l'évolution clinique incertaine ? Quelle fréquence de réévaluation des DAP et quand doit-on les supprimer en l'absence de rechute ? Le critère de majorité est-il indispensable chez ces patients généralement jeunes ? Entre favorisation de l'autonomie et risque d'iniquité, l'application des DAP au PEP doit faire l'objet d'un questionnement éthique tant sur le plan médical que juridique.

Aide médicale à mourir - Euthanasie: Lorsque le seul problème medical invoqué est un trouble mental

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La législation canadienne permettra en mars 2023 l'Aide Médicale à Mourir – Euthanasie lorsque le seul problème médical invoqué sera un trouble mental. Le présentateur décrira la loi canadienne

(C-7) promulguée en mars 2021 et qui entrera en vigueur en mars 2023. Il discutera des enjeux cliniques dans une telle situation ainsi que des particularités de la loi canadienne comparativement à des lois déjà en vigueur (Pays-Bas, Belgique). Pour terminer, il présentera des suggestions quant à des sauvegardes qui apparaissent nécessaires pour protéger le droit à l'autonomie des personnes tout en assurant la protection des personnes vulnérables.

Le genre dans la situation clinico-légale new-yorkaise

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La question du genre en tant que catégorie de différence cliniquement importante est apparue récemment dans le contexte des traitements et des évaluations médico-légaux anglo-américains. En esquissant des discussions théoriques récentes sur le genre, la sexualité, et l'intersectionnalité avec d'autres catégories de différences, cette présentation passe en revue la littérature récente sur les personnes transgenres dans les systèmes correctionnels et psychiatrico-légaux pour mineurs et adultes, du point de vue de la fourniture de services culturellement compétents pour les adolescents impliqués dans la justice et pour les accusés criminels. Les normes recommandées seront examinées et des exemples cliniques tirés de la pratique médico-légale et psychanalytique seront fournis.

139. Early Detection and Intervention in Psychosis: Ethical Issues

Enjeux éthiques à la mise en place d'une consultation d'évaluation de personnes à Ultra Haut Risque de pathologie mentale chronique

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L'adolescence peut se saisir comme un moment d'inventivité et de construction de la personnalité du sujet, rendant compte de son inscription dans le langage, articulé au champ du social. De fait, la clinique adolescente est souvent floue, labile et changeante s'exprimant notamment dans la relation et l'interaction à travers des conduites d'évitement, de provocation ou d'échec plus ou moins invalidantes. Sous-jacent à la demande d'une évaluation clinique de ces jeunes en souffrance psychologique et en difficulté se profile celui du spectre de la maladie mentale. Pour y répondre une démarche d'évaluation standardisée et de soins s'effectuent aux quatre coins de la planète dans une dimension double préventive mais également possiblement prédictive de la survenue d'une maladie mentale chronique notamment psychotique. Nous discuterons comment cette approche qui s'argumente de la valeur éthique du Bien au travers des notions de bienfaisance, d'autonomie, du souci de l'autre et de vulnérabilité s'intrique aux exigences du groupe social sous tendues par une approche plus utilitaire et conséquentialiste. Nous interrogerons également la question de la prédictibilité des faits mentaux et de l'incertitude diagnostique soumises à une logique inductive au regard du concept de plasticité neuronale et du principe de précaution et de Responsabilité.

Réflexions éthiques sur l'extension des directives anticipées de psychiatrie après un premier épisode psychotique

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Certains pays comme les Etats-Unis et l'Australie, ont mis en place les directives anticipées en psychiatrie (DAP) dans le cadre de la schizophrénie ou des troubles bipolaires. Leur rédaction pendant la phase de rémission s'appuie sur l'expérience et l'analyse d'une crise par le patient, pour établir des instructions guidant les soignants dans la prévention et la gestion de ces crises. Des résultats encourageants sur l'application des DAP conduisent à envisager leur extension au contexte de premier épisode psychotique (PEP). Véritable support d'éducation thérapeutique, les DAP permettraient de renforcer l'alliance thérapeutique et l'autonomie du patient dont l'identité peut être fragilisée à la suite d'un PEP. Néanmoins, les spécificités du PEP conduisent à plusieurs réserves : quel risque de stigmatisation chez ces patients à l'évolution clinique incertaine ? Quelle fréquence de réévaluation des DAP et quand doit-on les supprimer en l'absence de rechute ? Le critère de majorité est-il indispensable chez ces patients généralement jeunes ? Entre favorisation de l'autonomie et risque d'iniquité, l'application des DAP au PEP doit faire l'objet d'un questionnement éthique tant sur le plan médical que juridique.

Enjeux éthiques de l'utilisation des big data en psychiatrie : De l'impératif technoscientifique à l'impératif kantien

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L'utilisation des Big Data ou données massives en santé se développe largement et suscite de nombreux espoirs en médecine notamment dans la perspective d'une médecine centrée sur la personne. L'usage de ces nouvelles techniques de recueil et d'analyse des données s'inscrit dans une dynamique technoscientifique qui autorise leur utilisation au nom de la santé au fur et à mesure de leur disponibilité. Il convient alors de s'interroger sur les enjeux éthiques soulevés et de questionner l'impératif technoscientifique « il faut faire tout ce qu'il est possible de faire ». A partir de la réflexion d'Ellul qui affirme que la technique est par nature ambivalente, qu'elle n'est ni positive, ni négative ni même neutre nous explorerons comment ces techniques ont un impact dans notre pratique quotidienne. L'intrication intime des données massives et des techniques d'analyse modifie le processus décisionnel. Or, la délibération et la décision ne peuvent être une technique désubjectivée mais doit rester une composante essentielle de la pratique soignante. En nous appuyant sur le principe responsabilité de H. Jonas et l'impératif catégorique kantien, la technique peut devenir le troisième acteur du colloque singulier médecin/patient pour une médecine au service d'un lien clinique personnalisé.

140.   Enjeux dans le cadre des procédures judiciaires

Évaluation criminologique des accusées au tribunal: Regard sur 25 ans de pratique

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Le système judiciaire et pénal doit composer quotidiennement avec des accusés qui présentent divers troubles psychosociaux et psychiatriques. Dans un objectif à la fois sanitaire et de gestion du risque, les Cours de justice cherchent à s'adapter à ce type de problématique. L'Urgence psychosociale-justice de l'Institut nationale de psychiatrie légale Philippe-Pinel est un service spécialisé, qui effectue environ 900 interventions cliniques évaluatives par année, auprès d'accusés, à la Cour du Québec de Montréal. Ce service cherche à dresser un profil clinique et criminologique des accusés, à identifier ceux qui présentent des problèmes de santé mentale et à les orienter en fonction de leurs besoins, ainsi que du risque qu'ils représentent. Le but recherché est de permettre aux différents intervenants de la Cour (avocats, procureurs et juges) de prendre des décisions légales plus éclairées et adaptées, à l'étape de la comparution initiale et de l'enquête sur la mise en liberté provisoire des accusés. Cet atelier a pour but d'exposer ce modèle d'intervention criminologique, d'en expliquer le fonctionnement et de décrire sommairement la clientèle. Les tendances actuelles des tribunaux spécialisés en santé mentale et l'intégration de nos services auprès de ceux-ci seront abordés.

Faut-il supprimer l'expertise psychologique présentencielle au pénal?

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Quel est l'apport de l'examen de personnalité durant l'instruction ? Théoriquement, juge-t-on une personne ou un acte ? Quelle est l'intelligibilité d'un rapport spécialisé pour un profane (Tribunal) ? Quelle garantie scientifique le rapport de l'expert offre-t-il ? Comment en établir la valeur sans une confrontation à un ou plusieurs autres avis (nécessité du contradictoire) ? Est-il possible, pour l'expert, de respecter le droit de l'expertisé à la présomption d'innocence? Empiriquement, la lecture de nombreuses expertises permet de constater que certaines d'entre elles sont médiocres à divers égards et n'apportent pas grand-chose de légitimement utile au tribunal. Dès lors, ne serait-il pas raisonnable de renoncer à ces expertises coûteuses (bien que très mal payées par la Justice), incertaines et peu utiles et conserver les ressources au profit d'expertises spécialisées dans l'accompagnement, voire l'ajustement, des peines ?

Entre office procédural et souci du patient-justiciable : la difficile position des juges des libertés et de la détention aux audiences de soins sans consentement.

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La loi du 5 juillet 2011 modifiée par celle du 27 septembre 2013 stipule qu'en France, les juges des libertés et de la détention doivent contrôler la conformité des hospitalisations sans consentement. L'audience de soins sans consentement prend donc la forme d'une rencontre entre des JLD et des patient.es qui n'ont pourtant pas saisi la justice afin d'être entendu.es : cette audition est en effet automatique. Pour les JLD, la posture est difficile à tenir puisqu'iels sont pris.es entre une volonté de prudence vis-à-vis des psychiatres - il ne s'agirait pas de s'immiscer dans le domaine médical - et l'impératif du contrôle qui nécessite de dialoguer avec les patient.es-justiciables sans pour autant rentrer dans le jeu d'un interrogatoire. Dans cette communication, qui se base sur une enquête ayant permis l'observation d'une vingtaine d'audiences en 2021 ainsi que des entretiens avec une vingtaine d'acteur-ices-clés du dispositif ; nous chercherons à mettre en lumière la difficile conciliation entre logique formelle et posture de care dans laquelle se trouvent les JLD lors de l'audience. Comment introduire le souci des patient.es dans cet office très procédural ? Peut-on réellement parler de contentieux du soin sans consentement ?

Interdisciplinarité et dispositifs de veille des suicidants : Étude qualitative auprès de soignants concernant l'accès au Droit

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Le suicide représente un enjeu politique et de santé publique majeur. Parmi les facteurs de risque suicidaire, les problématiques d'ordre juridique peuvent être à l'origine d'une vulnérabilité psychique voire agir comme des facteurs déclencheurs de passage à l'acte suicidaire. L'identification de ces facteurs incite donc à une prise en soins globale de la personne : médicale, sociale et juridique. Afin de rendre compte de l'articulation entre ces différentes disciplines, nous avons mené une étude qualitative auprès de soignants d'un dispositif de veille suicidaire (Vigilans). L'analyse thématique des entretiens met en avant la confrontation des professionnels de santé à des situations perçues comme complexes. Ces derniers soulignent les limites à un fonctionnement purement sanitaire des dispositifs ainsi que leur méconnaissance des réseaux et

dispositifs d'information juridique. Les assistants sociaux seraient indispensables, cependant également confrontés aux limites intrinsèques à leur formation et leurs missions. Enfin, nos résultats soulignent l'intérêt d'un passage d'une pluri à une interdisciplinarité, c'est-à-dire un travail partenarial adapté à ces situations complexes. Ainsi, le suivi de ces patients nécessite une mise en réseau cohérente des disciplines médicale et juridique et soulève des questions éthiques comme celle du respect du secret médical et de l'autonomie du patient.

141.   Justice et Psychiatrie: Hybridation des Pratiques et des Savoirs à la Commission Québécoise d'examen

La médication psychiatrique dans la société morale: les tribunaux ont-ils remplacé les asiles?

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Au Québec, l'administration de la médication psychiatrique est soumise aux mêmes exigences juridiques que tout traitement, soit le consentement libre et éclairé. Un terrain ethnographique mené à la Commission d'examen, tribunal administratif qui fait le suivi des personnes déclarées criminellement non responsables ou inaptes à subir leur procès et qui peut les placer en détention ou les libérer en fonction du risque qu'elles représentent pour la sécurité du public, permet cependant de mettre en question la fonction strictement thérapeutique de la médication psychiatrique et le rôle des tribunaux à cet égard. La recherche démontre que : 1- les personnes concernées vivent dans la précarité socioéconomique; 2- la preuve du risque n'est pas systématiquement établie, le débat judiciaire portant plutôt sur le style de vie, et 3- bien que la Commission ne détienne aucune compétence en matière de traitement, la médication y est systématiquement discutée, souvent présentée comme une condition de la libération. Ces résultats semblent confirmer que la médication psychiatrique joue le rôle de contrôle social que certains auteurs lui attribuent, transposant l'asile hors les murs, et mettent en lumière le rôle de premier plan qu'y tient la justice.

Un dispositif clinico-légal pour responsabiliser les irresponsables?

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Au Québec les individus ayant commis un acte délictuel qui sont déclarés non-criminellement responsables pour cause de trouble mentaux seront placés sous la supervision d'une Commission d'examen. Composée d'un banc de trois juges dont un avocat, un psychiatre et un psychologue cette Commission est chargée d'évaluer annuellement les mesures d'encadrement à mettre en place pour assurer que l'accusé ne représente pas une menace à la sécurité publique et favoriser sa réinsertion dans la communauté. La Commission constitue donc un dispositif hybride au sein

duquel les aspects cliniques et juridiques sont enchevêtrés. Au fil des audiences, en évaluant les questions inhérentes au maintien de la sécurité publique, elle brosse l'idéal-type du « bon patient » et, par extension, celui du bon citoyen. Il apparaît que le dispositif clinico-légal est profondément enraciné dans une vision kantienne de la morale qui fait du sujet rationnel une norme universelle. La question est alors de savoir comment rendre une personne évaluée non-criminellement responsable de son destin social? Les thèmes abordées dans cette communication sont issues d'une démarche ethnographique ayant impliqué l'observation de plus de 70 audiences de la Commission d'examen et la réalisation d'une quinzaine d'entretiens avec des acteurs clés.

Lorsque la maladie mentale s'invite au banc des accusés: Transformations et visée thérapeutique des espaces de justice?

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Rendre justice est avant tout un travail d'objectivité. L'ensemble des procédures à l'œuvre au sein des cours de justice nous rappellent que ce travail est réglé au quart de tour et qu'il impose un certain décorum. Le quotidien de la justice repose ainsi sur le travail procédural d'agents qui, au fil des interactions, réaffirment leurs rôles de juristes, de juges, d'experts et de justiciables. Au cours des dernières décennies, la volonté d'adapter la justice criminelle aux particularités de la maladie mentale a provoqué la rencontre de deux univers discursifs distincts, le « juridique » et le « clinique ». Les effets de l'intrication de ces deux univers sont toutefois méconnus et peu documentés. Ainsi, une justice plus humaine, thérapeutique ou clinique ne serait-elle pas également une justice plus morale, car désormais investie d'un discours caritatif ? L'objectif de cette discussion est de décrire le travail relationnel à la Commission d'examen (Québec, Canada) et ses enjeux. Nous discuterons de ces nouveaux espaces de justice, de leur configuration et de leurs effets sur les agents intra- et extra-juridiques. Nous discuterons finalement de l'intérêt de la justice procédurale comme posture théorique et pragmatique permettant de mieux saisir ces enjeux.

142. L'adolescence canadienne au XXIe siècle

Adolescents auteurs d'infraction sexuelle en ligne : Un portrait descriptif québécois

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Les infractions sexuelles commises par le biais de l'Internet sont en hausse constante depuis dix ans et les adolescents représentent le sous-groupe d'auteurs présumés le plus touché par cette augmentation au Québec (Ministère de la Sécurité publique, 2021). Pourtant, aucune étude n'a été publiée à ce jour concernant spécifiquement les adolescents auteurs d'infractions sexuelles (AIS)

en ligne. Dans le cadre de cette communication, un premier portrait descriptif des adolescents AIS en ligne sera dressé à partir des modèles Risque-Besoins-Réceptivité (Andrew et Bonta, 2006) et Motivation Facilitation de Seto (2017). Les données seront analysées à partir des dossiers archivés d'adolescents référés au programme externe pour adolescents auteurs de transgression sexuelle de l'Institut national de psychiatrie légale Philippe-Pinel entre 2000 et 2021 (12 à 18 ans, genre masculin). Les résultats seront contrastés avec ceux issus de la littérature adulte AIS en ligne et discutés en fonction des enjeux développementaux propres à l'adolescence. Les défis liés à l'évaluation du risque de récidive seront aussi abordés.

L'évaluation du risque de récidive des adolescents auteurs d'agression sexuelle : Survol des outils disponibles

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Les outils d'évaluation du risque de récidive destinés aux adolescents auteurs d'agression sexuelle (AAAS) sont relativement récents et demeurent limités en termes de capacité prédictive. La faible prévalence des taux de base de la récidive sexuelle complexifie l'élaboration d'outils probabilistes concluants. Quelques outils visant à soutenir le jugement clinique sont utilisés dans la pratique, les plus connus étant le J-SOAP-II et le ERASOR 2.0. II. Plus récemment, d'autres outils ont été développés afin de tenir compte des bonnes pratiques en matière d'évaluation et de gestion du risque auprès des adolescents délinquants, en s'intéressant notamment aux facteurs de protection (DASH-13, SAPROF-YV, PROFESOR). Dans le cadre de cette présentation, nous proposons de faire un survol de l'ensemble des outils disponibles aux cliniciens et aux chercheurs pour évaluer le risque de récidive des AAAS et les comparer sur leurs qualités psychométriques, leur utilisation possible et leurs limites. Une discussion sur les stratégies prometteuses en évaluation du risque de récidive chez les AAAS sera proposée en guise de conclusion.

Le désistement assisté : La perspective des jeunes sur ce qui facilite (ou pas) leurs processus de désistement

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Les études sur le désistement assisté (DA) visent à comprendre comment les intervenants peuvent faciliter, accélérer ou soutenir le processus de désistement du crime (cesser de commettre des délits pour (re)devenir citoyen). Le DA fait autant référence aux interventions offertes par les acteurs du milieu communautaire (mentors, ex-contrevenants, etc.) et ceux du système de justice pénale pour adolescents ou adultes (délégués jeunesse, agents de probation, etc.). La communication visera à

présenter les constats issus de trois projets différents menés par la conférencière et ses collaboratrices sur le DA (projet transcendance, projet Ré(so)16-35 et projet ODP) ou plus de 300 adolescents et jeunes adultes ont été interviewés afin de mieux comprendre les conséquences des interventions offertes aux jeunes. Prises ensemble, ces études soulignent la complexité des processus de désistement et les obstacles à la (ré)intégration sociale, en plus de mettre en lumière l'importance de la mobilisation de différentes sources de soutien social pour optimiser les chances de « réussite » des mesures et interventions pénales.

143. L'emprise et les violences au sein d'un couple : regards interprofessionnels et interdisciplinaires

Emprise vous avez dit emprises

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La notion d'emprise permet d'appréhender la complexité des violences au sein d'un couples comme étant des situations vécues. Elles se conçoivent parfois d'un point de vue clinique comme étant des pathologies de la relation ou des pathologies de l'attachement qui invitent à des traitements et au soin. La part du juriste est plus restreinte. Il doit opposer à la violence la force du droit en ayant trois visées : la mise en sécurité, la sécurisation et faire œuvre de justice.

Le traitement judiciaire des infractions commises au sein d'un couple

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L'organisation et le fonctionnement de notre système de justice est susceptible d'induire une re-victimisation des femmes qui subissent des violences au sein d'un couple d'une part, et, qui se trouvent sous l'emprise de leur partenaire, d'autre part. Les réformes législatives en reconnaissant l'état et les processus de l'emprise permettent d'appréhender les situations vécues et les logiques des auteurs et des victimes. L'objet de cette présentation est de souligner la métamorphose de l'organisation du traitement judiciaire concernant ces questions en France dans une double esprit de mobilisation et de coordination des acteurs et des actions.

Le droit d'être défendue et les droits de la défense en faveur des femmes victimes de violence au sein d'un couple

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L'avocat est celui qui plaide mais est aussi celui qui conseille et accompagne des victimes de violences au sein d'un couple qui se trouvent dans une situation d'emprise. La compétence ici dialogue avec la conscience et l'engagement pour que soient aux mieux défendus les intérêts des clientes qui en souffrent. Cela invite à ce que les règles de la déontologie de l'avocat soient approfondies, que des conventions avec les autorités judiciaires et les barreaux soient mises en œuvre et que l'ensemble des intérêts civils, intra-familiaux et patrimoniaux ; que l'ensemble des voies pénales, en urgences et en responsabilité soient convoquées en fonction de l'intelligence des cas.

Le droit international pénal et le droit pénal international et l'élimination des violences à l'égard des femmes

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Le droit pénal n'est pas seulement le droit de la répression - il est celui qui exprime les valeurs socialement protégées et a pour vocation que puisse être garanti l'ordre public. Loin d'un droit qui ne serait que celui de la responsabilité des auteurs d'infraction, il est aussi celui de la mise en sécurité et de la sécurisation des victimes. Il constitue ainsi un laboratoire de la complexité anthropologique et culturelle de la (non) protection des victimes de violence au sein d'un couple qui se trouvent dans un état d'emprise. L'objet de cette intervention est de souligner les forces et les faiblesses du droit international pénal et du droit pénal international pénal en la matière.

L'emprise, entre regards cliniques et regards d'experts (sous réserve)

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Il est trop souvent confondu par des femmes, l'amour fusionnel d'avec la pulsion d'emprise. Les rôles du clinicien et de l'expert sont essentiels pour dire et comprendre les liens pathologiques qui se nouent au sein du couple. Ils permettent de dépasser la déréliction des victimes, leurs culpabilités ainsi que les récits explicatifs des comportements et des actes violents qu'elles subissent. Pour sortir de l'emprise il faut qu'elles retrouvent l'estime d'elles-mêmes, et pour cela il faut rendre possible leur foi en l'Autre. Les professionnels de santé y participent dans leur soin, les professionnels du droit y participent dans la compréhension des maux dont font états les experts. Ici l'auxiliaire de la justice qu'est le médecin expert aide la justice à être une « médecine sociale ».

144. L'internement Psychiatrique dans le Monde Francophone: France, Belgique, Suisse, Québec et Sénégal

L'internement psychiatrique civil et pénal au Québec : quand l'arbre juridique cache la forêt clinique

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Depuis trente ans, au Québec, l'internement des personnes ayant ou non commis un délit est possible pour contenir un risque qu'elles présentent pour elles-mêmes ou la société. La volonté affichée des législateurs au moment des dernières réformes de l'internement, dans les années 1990, était d'assurer le traitement équitable et la mise en œuvre des droits des personnes souffrant de troubles mentaux. Alors que les décisions d'internement dépendent de tribunaux civils et administratifs, la place que prend l'opinion des psychiatres traitants au sein de la preuve met directement en question leurs fondements, entre clinique et juridique. L'analyse de la jurisprudence, d'observations d'audiences et d'entrevues avec des acteurs-clés démontre que le meilleur intérêt présumé est bien souvent prépondérant par rapport aux droits, civils et judiciaires, ou même au risque. Deux questions sont à explorer : d'abord celle du statut particulier des psychiatres, qui agissent ici comme soignants et non comme experts au sens juridique du terme, ensuite celle plus générale du concept juridique de risque qui est scientifiquement controversé, juridiquement indéterminé, et laisse place à interprétation et instrumentalisation.

Le cas français : un système administratif ou judiciaire?

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L'internement, appelé en droit français « admission en soins psychiatriques sans consentement » est le produit de tendances contradictoires. La France a une tradition d'internement administratif remontant à une loi de 1838 qui a fait de l'autorité médico-administrative l'acteur central du processus. En effet, l'internement procédera soit d'une décision du directeur d'un établissement de soins, soit d'une décision du préfet. Cependant, dernièrement le rôle du juge s'est singulièrement élargi. D'une part, depuis 2008, le juge pénal peut, en cas d'infraction pénale commise sous l'empire d'un trouble mental, prononcer lui-même l'admission en soins psychiatriques concurremment avec le préfet. D'autre part, depuis 2011, toute décision d'internement doit faire l'objet d'un contrôle de légalité 12 jours après son commencement puis tous les 6 mois, au cours duquel le juge contrôle la validité formelle de la procédure mais également l'opportunité de la mesure de soins. La question est alors de savoir comment s'opère ce contrôle du juge, sur la base de quels critères et pour quels effets juridiques ? Il s'agit indirectement de déterminer qui est à présent l'opérateur central du processus de soins psychiatriques : est-ce toujours l'autorité médico-administrative ou bien le juge est-il devenu le véritable ordonnateur des soins ?

L'internement psychiatrique en Belgique : aspects civils et pénaux

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L'internement de personnes atteintes d'un trouble mental connait une double voie en Belgique. Dans le premier cas (volet civil), la loi envisage des mesures de protection à l'égard de personnes atteintes d'un trouble mental et qui représentent un danger pour elles-mêmes ou pour autrui. Dans le deuxième cas (volet pénal), la loi envisage une mesure d'internement à l'égard d'auteurs d'infraction atteints d'un trouble mental au moment du jugement, pour autant que d'autres conditions relatives à la gravité de l'acte commis et au risque de « rechute » soient présentes. La loi civile est déjà ancienne, fait l'objet de peu de jurisprudence et soulève relativement peu de discussions. Elle a été peu étudiée empiriquement. La loi pénale est, à l'inverse, le fruit d'une réforme mouvementée : la Belgique a été condamnée par la CEDH et la réforme législative a soulevé d'importantes discussions. De même, des recherches empiriques ont été menées ou sont actuellement en cours pour étudier la mise en œuvre concrète de la loi nouvelle. On tentera ici de faire le point sur ces deux dispositifs légistiques, leur inscription en regard du droit des droits fondamentaux ainsi que les questions que soulèvent leur mise en œuvre pratique.

Décloisonner, moderniser, intégrer : pour une meilleure préservation des droits humains dans la pratique de l'internement psychiatrique au Sénégal ?

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Au Sénégal, l'internement psychiatrique continue à obéir à une logique sécuritaire encadrée par une loi de 1975 et qui fait prévaloir la dangerosité sur la vulnérabilité mentale. Dans ce pays d'Afrique noire francophone où coexistent des approches thérapeutiques modernes et traditionnelles, la conciliation entre la préservation de l'ordre public et celle des droits du patient est relativement déséquilibrée. Sous le prisme du droit international des droits humains, notre réflexion va porter sur l'évaluation du dispositif de préservation desdits droits en matière de soins psychiatriques sans consentement. Il en ressort deux constats majeurs : d'une part son insuffisance matérialisée par une protection essentiellement patrimoniale qui n'offre pas de garanties satisfaisantes des droits inhérents à la personne humaine tels que la dignité et d'autre part son obsolescence au regard des limites conceptuelle, matérielle et institutionnelle de la législation de santé mentale. Ainsi, face à la charge de morbidité croissante des troubles mentaux pesant sur notre système de santé essoufflé, il apparait l'urgence de décloisonner l'offre de soins psychiatriques, de moderniser le cadre juridico-institutionnel de prise en charge et de préservation des droits du patient interné et d'adopter une approche intégrée qui promeut la santé mentale communautaire.

145. « Projet ÉCHINOPS » : Un programme d'interventions conjointes entre les forces de l'ordre et les professionnels oeuvrant en santé mentale pour l'Est de Montréal

Les programmes d'interventions conjointes entre les forces de l'ordre et les professionnels oeuvrant en santé mentale -- Une revue narrative de la littérature scientifique

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Au cours des 60 dernières années, la littérature reflète des taux de plus en plus élevés d'interactions entre les forces de l'ordre et les personnes ayant des problématiques de santé mentale. La plupart de ces contacts se font auprès de citoyens ayant reçu des diagnostics psychiatriques courants tels que les troubles anxieux, les troubles de l'humeur, les troubles psychotiques, les troubles gérontopsychiatriques et les troubles de la personnalité, en plus de la possible contribution des troubles liés à l'usage de substances. Ces interventions policières se déroulent souvent en dehors des heures de travail, lorsque les services de santé primaires sont rares. Cette revue narrative de la littérature traite des partenariats interdisciplinaires passés et actuels entre les forces de l'ordre et les services de santé mentale à travers le monde. Elle vise à présenter les principaux traits communs de ces modèles et la façon dont ils sont perçus à la fois par les fournisseurs de soins de santé, les policiers, les personnes ayant des besoins en santé mentale et leurs familles. Trois concepts clés ont été utilisés : les forces policières, les services de santé mentale et les interventions conjointes. Ces modèles de collaboration présentaient de faibles taux de blessures et d'arrestations et avaient des taux globaux plus élevés d'accompagnements volontaires à l'hôpital. Les utilisateurs de services appréciaient le travail des intervenants ayant des connaissances en santé mentale et des compétences de désescalade verbale, ainsi qu'une approche empathique et non répressive de la part des policiers impliqués lors de ces interventions.

« Projet ÉCHINOPS » : Objectifs, prestation de services et évaluations des résultats

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L'action concertée des services de police et de santé mentale est un sujet d'intérêt qui a suscité de nombreuses initiatives à travers le monde, dont certaines ont fait l'objet d'études scientifiques validées. La présentation concerne le « Projet ÉCHINOPS », un modèle d'intervention mixte qui est en opération à Montréal depuis le début de l'année 2022. « Projet ÉCHINOPS » est une équipe formée d'infirmières, de psychiatres communautaires et d'autres professionnels de la santé mentale qui se déplace en communauté à la visite des citoyens ayant des troubles de santé mentale dans l'Est de l'Ile de Montréal, après une demande soutien par les services de police. Après des évaluations approfondies et une consultation avec leur famille, ces patients peuvent être référés aux lieux et aux prestataires de soins appropriés, à la fois pour des besoins médicaux et psychosociaux. La présentation explique comment un tel modèle a été implanté et comment il permet d'éviter la judiciarisation et la stigmatisation des personnes ayant un état mental perturbé, de réduire les visites aux urgences hospitalières et d'offrir des soins plus efficaces et durables.

Protocole de recherche en vue d'évaluer les retombées d'un partenariat entre les services de santé mentale et les forces de l'ordre dans l'Est de Montréal

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Les policiers sont souvent les intervenants de première ligne auprès des citoyens avec un état mental perturbé en communauté. La présentation passe en revue le protocole créé pour évaluer les impact d'une équipe d'intervention mixte formée d'intervenants en santé mentale, de policiers municipaux et d'organismes communautaires. Le devis mixte utilisé inclue une comparaison quantitative avant-après de type série chronologique ainsi qu'une évaluation qualitative des points de vue des prestataires de services après la mise en œuvre du projet pilote. La présentation détaille le processus menant à la création d'un protocole de recherche adapté au contexte particulier de l'Est de l'Ile Montréal et la méthodologie jugée la plus pertinente afin d'évaluer l'efficacité de tels partenariats, dans le but d'être appliquée à plus grande échelle une fois les données préliminaires recueillies.

Évaluation d'un partenariat entre les services de santé mentale et les forces de l'ordre dans l'Est de Montréal

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Dans cette présentation, nous reverrons les résultats préliminaires découlant de la collecte de données d'un protocole de recherche visant à examiner l'impact d'une équipe mobile intégrée

d'intervention constituée d'intervenants en santé mentale, des policiers municipaux et des organismes communautaires. Les résultats quantitatifs des premiers mois d'opération de l'équipe ECHINOPS seront présentés. L'accent sera mis sur la mesure de l'impact de la mise en place d'une équipe mixte d'intervention sur l'utilisation des services d'urgence et l'usage de la coercition lors des interventions policières. De plus, la présentation reverra le degré de satisfaction et les perceptions des prestataires de soins qui auront pris part à des entrevues semi-structurées dans les mois suivant le déploiement de l'ECHINOPS.