Welcome to the New Year! We hope that you all had a relaxing holiday break and were able to enjoy the season with friends and family.

As editor, I am pleased to present the IAFMHS’s winter newsletter, which features our column on early career professionals, a student section on online resources for forensic mental health professionals, and a spotlight on the African Special Interest Group. In our Early Career Corner, two scholars provide accounts on expanding clinical practice into research that highlight the many facets of forensic careers. The next installment in our series on international risk reduction strategies focuses on an innovative approach to reducing the use of restraints in the United Kingdom. Lastly, the International Journal of Forensic Mental Health Service’s featured article, “Criminal Responsibility in Canada: Mental Disorder Stigma Education and the Insanity Defense,” comes out of the research of Susan Yamamoto, Evelyn M. Maeder, and Kristin L. Fenwick from the Department of Psychology and the Institute of Criminology and Criminal Justice at Carleton University, Ottawa, Ontario, Canada.

In anticipation of our IAFMHS 2018 conference in Antwerp, Belgium, please see the Conference Highlights, where we list details for the conference hotel, city highlights, and announce the pre- and post-conference workshop series. Looking ahead to our spring instalment of the newsletter, please stay tuned for more details on the conference including programming, social events, and introductions to the keynote speakers.

We hope that you are all having a productive start to 2018!

All the best,
Alicia Nijdam-Jones, Editor
We're all very excited about the upcoming IAFMHS conference in Antwerp, Belgium. The Scientific Committee, International Association of Forensic Mental Health Services is in the final stages of reviewing abstract proposals and will be informing accepted participants in the coming weeks. Whether you are presenting or not, it is important to start your travel preparations soon. Below are the details for the conference hotel and a list of the top ten things to see and do in Antwerp. The IAFMHS Scientific Committee is also pleased to announce the pre- and post-conference workshop series. For more information, please visit the conference website: http://iafmhs.org/2018conference

**Antwerp, Belgium**

Antwerp, the capital of the province by the same name, is a Flemish city in northern Belgium. With over 520,000 inhabitants, it is the most populous city in Belgium. Located approximately 40 kilometers (25 miles) north of Brussels and about 15 kilometers (9 miles) from the Dutch border, Antwerp is on the River Scheldt, linked to the North Sea by the Westerschelde estuary, whose port ranks as one of the largest in the world.

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**Top 10 Things to See and Do in Antwerp**

1. **Central Station** - the main trains station and a neo-Baroque monument to the railway age
2. **Museum Plantin-Moretus** - UNESCO World Heritage site and printing press museum
3. **Grote Markt van Antwerpen** - the old city's “Great Market” square
4. **Cathedral of Our Lady** - Roman Catholic cathedral and UNESCO World Heritage site
5. **Red Star Line Museum** - Museum on American emigration
6. **Cogels Osylei** - A street noted for stunning Art-Nouveau architecture
7. **De Koninck Antwerp City Brewery** - Belgian brewery with a museum and taproom
8. **MAS - Museum aan de Stroom** - Museum about Antwerp with striking architecture
9. **Rubens House (Rubenshuis)** - Former residence of Rubens, now a museum
10. **Middelheimpark** - Park and open air sculpture museum

* Honourable mention goes to: French fries (frites) and Belgian beer!

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**Conference Workshops**

**PRE-CONFERENCE (June 11th, 2018)**

2. United States Veterans in the Criminal Justice System: Understanding their Unique Needs and the Policy Responses Enacted by the Department of Veterans Affairs (VA) to Meet Those Needs* Matthew Stimmel, PhD
3. Introducing the MMPI-2-RF (Restructured Form) to Forensic Mental Health Practitioners: Translating Empirical Evidence into Practice* Martin Sellbom, PhD
4. SAPROF (Adult Version): Assessment of protective factors for violence risk* Michiel de Vries Robbe, PhD
5. Master Class on Sex Offenders with Intellectual Disability* Kasia Uzieblo, PhD, Petra Habets, PhD, Glyn Murphy, PhD, Leam A. Craig, PhD & John Taylor, DPsychol

**POST-CONFERENCE (June 15th, 2018)**

1. Cognitive Assessment of Offenders Before the Courts* Graeme Yorston, MRCPsych, Steffan Davies, FRCPsych, & Dariush Salehi, PhD
2. A Solution-Focused Approach to Working with Intimate Partner Violent Offenders* Emma Holdsworth, PhD & Kate Walker, PhD
3. Violence Risk and Threat Assessments: An International Overview of Law, Ethics, Science, and Practice* Christopher M. King, JD, PhD
4. Violence Risk Screening with the Fordham Risk Screening Tool (FRST)* Melodie Foellmi, PhD
5. Diagnosis, Risk Assessment and Treatment of Paraphilias/Paraphilic Disorders and Hypersexual Disorder* Kris Goethals, MD, PhD & Florence Thibaut, MD, PhD
6. DBT Milieu Structures and Strategies for Forensic Settings* Michele Galietta, PhD

*Halfday Workshop; *Fullday Workshop
Expanding Clinical Practice Into Research: Accounts from France and Belgium

Olivier Vanderstukken, PhD, MSc. | Clinical Psychologist, SMPR de Lille-Annoeullin and URSAVS Nord Pas de Calais, France
Audrey Vicenzutto, PhD student | Forensic Psychology Department, UMONS, Belgium

In this edition of the newsletter, two early career professionals provide contributions that highlight the diversity amongst early career professionals, and the many facets of forensic careers. Our contributors this month highlight the struggles and successes that come with expanding clinical practice into the realm of research.

I’m not exactly the typical example of the young researcher one would expect. I was trained as a master’s degree clinical psychologist at Louvain-la-Neuve Catholic University, Belgium. I began my psychological practice in 1999 and I’m currently working in a French jail for the health care system. The cultural context of my clinical and research practice needs to be defined. France’s system for offenders presents two aims: (a) utilizing probation agents working for the justice system as recidivism’s prevention, and (b) psychiatric teams working with offenders treating their psychological or psychiatric difficulties. One of the main issues remains on the articulation between these aims and their coherence for the offenders. My psychological practice with sex offenders raised a lot of questions in the French psychoanalytical context where standardized assessment is still perceived as “stigmatizing”, limiting an integrative perception of the patient internal needs.

That’s where academic contacts (professors/assistants/researchers) became the most valuable and determinant for my practice.

My story: I met Professor Thierry Pham during my psychological studies; he gave me the unique and powerful healthy virus of scientific research and tools to address some of these issues specific to France. We worked on my master’s thesis on psychopathy and executive functions at University Catholic of Louvain. A few years later, this master thesis turned out to be my first article, published in Aggressive Behavior. I returned to Professor Pham with my new clinical and assessment questions that led to beginning my PhD in the field of sex offenders. My PhD trained me to articulate multiple theoretical concepts and apply them to the clinical field in France. This integration needs to be shared with the entire psychological/psychiatric team working for the integrity of treatment programs.

Despite the cultural obstacles, the skills I developed in research allowed me to introduce both standardized instruments and self-report assessments. I have been involved in the validation of self-reports among French speaking offenders. This in turn resulted in presenting the case for respect of the patient, objective references during therapy, and assessing the effectiveness of therapy variables.

In conclusion, the forensic research gave me tools and methods to analyze, with a more focused comprehension of different theoretical concepts - such as cognitive distortion or denial - and treatment practice. This articulation is a long and continuous process, never ending through the evolution of knowledge.

Finally, the things you learn are more important than the final answer you may never have. Today, knowing that I will continue this long road of research, I must be wiser and not forget that life, family and friends are also necessary for the best balance possible.

Did you receive your degree within the last 7 years?
If so, you are an early career professional and we want to hear from you! Please consider writing about your experiences, your research, thoughts, and concerns for the next newsletter!
EARLY CAREER CORNER

Audrey Vicenzutto, PhD student
Forensic Psychology Department, UMONS, Belgium

After obtaining my Master’s degree in Cognitive Sciences at the University of Mons (Belgium), I held several part-time employments as a psychologist or neuropsychologist in various institutions among psychiatric populations; in particular, alcohol-dependent individuals or patients with dementia. In parallel, I worked part-time as an institutional psychologist in a Residential Service for Adults with Intellectual and Visual Disabilities, with psychiatric comorbidities and challenging behavior. These eight years of practice with various clinical populations developed not only my competencies in listening, assessing and managing individuals but also multidisciplinary skills for team work.

After several years of clinically focused practice, I had the opportunity to work part-time as a researcher at the Center for Research in Social Defense, led by Professor Thierry Pham (Tourna, Belgium). My areas of research were the profile of forensic inpatients with intellectual disability and the neuropsychological profile of antisocial populations.

My first steps in research were not easy and required significant adaptability skills and self-transcendence. Research also includes moments of solitude in front of our computers, processing our data, and writing papers. Research is a fulfilling world, but needs to be considered in relation to its codes and requirements. There is much self-doubt. However, moments of doubt are quickly forgotten when our works are published. In research, we are often confronted with our fears and our limits. It is sometimes forgotten that being a researcher involves communication, traveling the world, and meeting a variety of interesting people. I remember going alone to my first conference, the IAFMHS in Toronto, to present my first English paper. It was the most terrifying trip of my life but also one of the best memories of my short career. The intellectual excitement of research is long-lasting.

In 2015, I was appointed as a full-time assistant position in the Department of Forensic Psychology, led by Professor Thierry Pham, at UMONS. This choice was challenging because it puts my clinical practice on standby. However, it allowed me to discover the field of education and teaching with students. I devote more time to research, particularly with the preparation of my PhD thesis, “Forensic patients with an intellectual disability: Analysis of the psychopathological, risk and neuropsychological profile.”

After more than 10 years in my career, now combining clinical practice and research, I tell myself that my career has not always been simple, and is sometimes discouraging. This temporary discouragement, however, is nothing compared to the personal and intellectual evolution, and people met and successes achieved.

PLED: Psychology Law Evidence Database

The field of Psychology and Law is vast, and is becoming increasingly challenging for professionals and the public to navigate through the ever-growing body of information to identify and access high-quality research relevant to their respective fields. The Psychology Law Evidence Database (PLED) was created to address this need, and is a collaborative endeavor between researchers at Simon Fraser University (Dr. Alana Cook and Dr. Ron Roesch) and Consolidated Continuing Education and Professional Training (CONCEPT)/John Jay College of Criminal Justice (Dr. Patricia Zapf).

The goal of the PLED is to offer a comprehensive, continuously updated, and open-access database of selected scientific papers and legal documents pertaining to psychology and law that have undergone expert review for quality and relevance. In addition to a snapshot of the source particulars, direct links to full text are provided (when not prohibited by copyright). New sources are added to the database on a regular basis.

To access the PLED, please visit www.psychologylawevidence.com. Individuals interested in serving as expert reviewers are encouraged to contact us at PLED@sfu.ca
Students Section Online Resources

Have you explored the great tools, advice, datasets, and workshops online at the IAFMHS website student section page? The IAFMHS Student Board has compiled helpful resources for student members at every stage of their academic journeys. These resources are available exclusively for IAFMHS student members; just login to your student account to unlock the resources tab.

Here is a sample of what is currently available. Keep an eye out for new content being added in 2018, including graduate school prep tools and mobile and computer apps perfect for students.

**Webinars & Workshops**

This is a hub that lines up a few companies and organizations providing students with free or discounted online opportunities to deepen your knowledge in various areas of forensic mental health (e.g., risk training) and research methodology, including statistics. Whether you are just interested in a topic or want to add to your CV or academic curricula, be sure to check out this hub.

**Writing & Publishing**

While the spotlight is on our very own journal, the International Journal of Forensic Mental Health, we also provide students with a list of common journals in forensic mental health (e.g., criminology, psychiatry, psychology) and their impact factors.

Did you know students can be reviewers for IJFMH? There are additional tips which will be useful for students preparing to submit papers, as well as guidance on how to navigate sometimes intimidating discussions about academic authorship.

Under this tab you will also find dozens of publicly available datasets, and ways to access them. You are just a few clicks away from digging into data from the 'Pittsburgh Youth Study' or years worth of US Bureau of Statistics National Longitudinal Surveys! Whether you are exploring a new research idea or looking to practice a tricky analysis, be sure to check out these links.

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**Have a posting?** Do you have funding, training, research or job opportunities for recent graduates in forensic mental health? Is there an upcoming conference, (free) workshop or (free) webinar that may be of particular interest for our students? Let us know at students@iafmhs.org.
The #IAFMHS2018 conference in Antwerp (BE) is fast approaching (June 12-14, 2018)! On this page you will find information about the conference as well as the many student-led conference activities, including the 5K fun run, free student social, and free student professional panel.

Although we hope to see you in Belgium next summer, we have listed a few other international conferences that may be relevant to your research. This list, updated biannually, includes conferences and meetings in North America, Europe and further afield. After you scope out upcoming conferences be sure to take advantage of great templates and resources on how to design a winning conference poster and some tips on how to approach (potential) supervisors at conferences!

**IAFMHS Peer Mentorship Program**

Need guidance on academic and professional development but not sure who to ask? Interested in sharing your experience and expertise with other students? In spring 2018 the IAFMHS Student Section will be pairing up its next generation of Peer Mentors-Mentees. The Peer Mentorship Program offers undergraduate or incoming graduate student members the opportunity to engage in mentorship relationships with senior graduate students. If you are interested in becoming a peer mentor or mentee, please connect with us at students@iafmhs.org. We will follow up with additional information and send you our pairing survey.

**Student Grants & Awards**

The IAFMHS Student Section typically offers 4 financial award opportunities for students attending the IAFMHS annual conference. There will be two presentation awards to acknowledge the research and presentation work of first-author student presenters at the conference, valued at max $1000 CAD. There will also be two travel awards to increase attendance from students in underrepresented countries and/or institutions due to financial need, valued at max $1000 CAD.

Additionally, the Derek Eaves Student Research Grant honors Dr. Derek Eaves’ bursary and academic contributions to the International Association of Forensic Mental Health Services. Eligible candidates are individuals who are currently undertaking a Bachelor, Masters or Doctoral degree in a relevant field to forensic mental health and are current student members of IAFMHS. Grants are awarded twice per academic year (Fall/Spring), valued at max. $500 CAD.

For more information on these awards visit iafmhs.org or email students@iafmhs.org.
INNOVATIVE RISK REDUCTION STRATEGIES

No Force First: Cultural Transformation to Reduce Restrictive Interventions and Promote Recovery in UK Mental Health Services

Dr. Jennifer Kilcoyne | Clinical Director, Mersey Care NHS Foundation Trust, England jennifer.kilcoyne@merseycare.nhs.uk
Danny Angus | Senior Clinical Nurse, Mersey Care NHS Foundation Trust, England danny.angus@merseycare.nhs.uk
Iris Benson | Improvement Lead for Perfect Care (Lived Experience), Mersey Care NHS Foundation Trust, England iris.benson@merseycare.nhs.uk
Dave Riley | Improvement Lead for Perfect Care, Mersey Care NHS Foundation Trust, England dave.riley@merseycare.nhs.uk

Based in the United Kingdom, and inspired by the work of ‘Recovery Innovations’ in the United States, ‘No Force First’ is the Mersey Care NHS Foundation Trust’s restrictive intervention reduction programme that seeks to transform the experience of people who use our secure mental health and learning disability inpatient services. In response to national care scandals and progressive national guidance we have an audacious goal to completely move away from the historical use of physical restraint as a means of supporting people who become distressed. We feel that our main achievement is changing the culture of care within our services and transforming the care narrative from ‘containment’ to ‘recovery’.

Audacious Goal

We believe that our deliberately audacious goal of eliminating the use of restrictive interventions from our services is a testament to our ambition in this area and the ability of our staff to innovate. For generations, it has been assumed that conflict in mental and learning disability healthcare environments is inevitable and can only be addressed with restrictive interventions, such as physical restraint, to ensure safety. We feel that we are on a journey of discovery with the people who use our services to transform the culture of care by appealing to the very best instincts of our staff teams. We understand completely that staff really dislike having to use restrictive interventions and much prefer to take a compassionate and tolerant approach to support vulnerable people at times of distress. We consider that the recovery focused principles which underpin No Force First have freed staff up to try new approaches to improve the inpatient experience and reduce conflict as a result. When challenging behaviour occurs now, staff know they will be supported and celebrated for taking approaches that are less restrictive. We are proud that our determination to move forward in this area has been acknowledged at a national level by both the Care Quality Commission and the Department of Health as leaders in this area, as mental health and learning disability services have moved to respond to national concerns about the overuse and abuse of restrictive interventions in our services.

Implementation

Culture change is incredibly challenging but we feel strongly that we are well on the way to establishing a culture of continuous improvement in this area and a critical sense that there is a new way forward. We have connected with front line staff at an emotional level through telling stories from ‘survivors’ about the traumatisation that physical intervention can cause for people through our engagement sessions for all staff. We utilise quality improvement methodology in the shape of Plan, Do, Study, Act cycles (simple, measurable changes to ward practices, service and activities) to reduce conflict through collaboration between ward teams and the people they serve. This mechanism of testing out new ideas over short periods of time creates a more dynamic approach to change that is replacing traditional long-term studies that tended to delay innovation and implementation. A great example of this was one of our wards that worked on a new model for more positive, recovery focused nursing handovers. After rapidly implementing the required training in this area, they found positive results associated with the intervention, and this led to other teams adopting the approach quickly. We have produced a comprehensive No Force First Guide to support wards embarking on the change process through implementing Plan, Do, Study, Act cycles on the ward to support an improved inpatient experience and measuring the impact of these changes on levels of challenging behaviour. While the ward teams, and the people who use services, are encouraged to develop the cycles that address their own needs, the guide showcases particular Plan, Do, Study, Act cycles that have been particularly effective for our teams.

Good Practice Example – HOPE(S)

We do not believe that any area of care, or any person, irrespective of their level of distress or their history of challenging behaviour, should be left behind as we move forward. The HOPE(S) model of care successfully adapts the principles of No Force First within our High Secure Services at Ashworth Hospital in Merseyside, England. People using our services, who have historically been deemed so difficult to support that they have been nursed in long term segregation, are now seeing their lives transformed by an approach that, while
recognition of the need for safety for all, encourages de-stigmatisation, positive risk taking, and the need to develop a culture of compassion even in the most challenging of circumstances. Ward staff are supported by specialist practitioners, who help them through the understandable psychological barriers to moving away from restrictive solutions, as well as role modelling the person-centred approaches required as people integrate successfully back into the ward community—sometimes after years of hugely traumatic isolation. The success of the HOPE(S) approach is critical in emphasising to our workforce that there is no person that cannot be supported by these compassionate principles and that recovery is wholly attainable when we are aware of our own cultures and the bias and stigma that may exist around mental health issues and challenging behaviour. The critical message of reduced levels of segregation and reduced levels of harm that HOPE(S) has delivered is that this approach really can succeed anywhere. Once again, the journey of transformation of our High Secure ward teams in order to adopt these innovative approaches and restore hope where it didn’t seem to exist, is a source of huge credit to them and a source of huge pride to Mersey Care.

Results

Our initial pilot wards recorded reductions in the use of physical intervention of around 60% in the first two years. As the process has been implemented across all wards in the Trust we have managed to achieve 25% reductions in restraint use between April 2016 and August 2017 across all areas. Concurrently, assaults on staff have decreased by 46%. NHS Protect data identified the trust as being 65% below the national average for serious assaults on staff in 2015/2016, whereas in 2012/2013, when the No Force First implementation just began, we were 8% above the national average.

In the secure division of the service last year these savings equated to £279,115 (approximately $419,870 CAD or $333,740 USD). These cost savings are in addition to the obvious qualitative benefits of the approach in terms of reported positive experiences of our staff and the people we serve.

References


SPECIAL INTEREST GROUP FEATURE

African Special Interest Group

Dr. Adegboyega Ogunwale | Senior Consultant Psychiatrist, Forensic Unit, Neuropsychiatric Hospital, Aro, Abeokuta, Nigeria

Forensic mental health services are in a nascent stage in Africa. Many countries lack secure mental health treatment facilities and where they exist, these services are largely rudimentary. Coupled with this, are the apparent lack of structured training in forensic mental health and the attendant shortage of skilled manpower in the subspecialty. In recognition of this state of affairs, the Africa Interest Group of the International Association of Forensic Mental Health Services was established in 2013 as a means of providing a forum for African forensic mental health practitioners to exchange ideas on how to develop and sustain forensic mental health services in different parts of the continent while also seizing the opportunity of the larger association to interact with specialists from other parts of the world to further these aims. It is the vision of the interest group that a robust multidisciplinary approach to research, training and service development in the area of forensic mental health within Africa will evolve from the various opportunities of interaction that the group will provide.

The Africa SIG has tried to achieve its mandate by taking a
number of steps as outlined below:

- Holding meetings during the annual IAFMHS conference with deliberation on common challenges to service development as well as relevant symposia during future IAFMHS meetings.
- Developing a directory of like-minded practitioners (including non-Africans with interest in developing forensic mental health services in Africa) to share information and encourage collaborative research. This will also help to key into available training opportunities.

Achievements and Challenges

Over the last four years, we have been able to grow the membership base from 1 to 12 with members from Nigeria, Ghana, South Africa, Australia, the United Kingdom, the United States, Canada and Australia. Most of these members joined based on the information available on the association’s website and a few of them have yet to attend any annual conference. Three key challenges have been identified since the inception of the SIG: (i) the need for training to drive service development across Africa, (ii) seeking funding for collaborative research, and (iii) seeking funding for attendance at annual conferences.

It is instructive to note that the membership drive has been hampered to an extent by the funding challenges faced by members who practice in developing countries. This discourages attendance at annual IAFMHS conferences and consequently affects the total number of members who are present at the SIG meeting. However, significant progress has been made in the area of funding for conferences with the recent launch of a travel grant by the association at the New York conference in 2016. The first grant was in the sum of 1,500 Canadian Dollars in 2017 and fortunately, one member of the SIG was among the awardees. In the area of training, some members from more developed settings have provided free access to webinars on violence risk assessment tools and also provided free workshop training during annual conferences.

Conclusion

The African Interest Group of the IAFMHS remains a useful organ which helps to place the association in a broader international context. While challenges remain, vital progress has been made by the SIG and the future looks bright with the possibilities of greater collaboration between African practitioners and colleagues from more developed institutional settings.

The IAFMHS newsletter team would like to invite members to contribute short articles/submissions for the next or a following edition of the IAFMHS quarterly newsletter. Contributions may include one of the following topic areas (listed below) or if you are interested in becoming involved in a semi-regular column or feature, please contact the newsletter editor to further discuss potential ideas.

1. International updates: Articles may highlight news, trends, laws or policies that impact the work of individuals in the IAFMHS community.
2. Innovative risk reduction strategies: Articles may highlight current research or clinical practice implemented by IAFMHS members.
3. Training and pedagogy in forensic mental health: Articles may focus on methods or emerging issues for enhancing knowledge for supervisors, trainers, instructors, professors, or other staff educating forensic mental health professionals.
4. Other topic of relevance: Members may submit articles of a topic relevant to the individuals in the IAFMHS community. Please contact the newsletter editor to propose a topic prior to submission.

Submissions should be sent to the editor in Word format and discuss the above subjects relevant to the IAFMHS community. When e-mailing a submission, please include full name, title, institutional affiliation, and contact information. All articles which are selected for publication will be proof read for content, spelling and grammatical errors.

• Suggested 500-1000 words/5 references
• Articles may include section headings
• Illustrations, tables, sidebars are encouraged to illustrate or emphasize article’s message

Authors names and affiliations will be included with their article in the newsletter. Authors will be informed of the decision to include the article in current or later editions of the newsletter, however, editors reserve the right to make minor editorial changes as well as not publish every submission.

If you have questions, please email the newsletter editor, Alicia Nijdam-Jones (anijdamjones@fordham.edu). We look forward to receiving your submissions!
FEATURE ARTICLE

International Journal of Forensic Mental Health

Criminal Responsibility in Canada: Mental Disorder Stigma Education and the Insanity Defense

Susan Yamamoto, Evelyn M. Maeder, and Kristin L. Fenwicka

Department of Psychology, Carleton University, Ottawa, Ontario, Canada;
Institute of Criminology and Criminal Justice, Carleton University, Ottawa, Ontario, Canada

These online studies tested whether combining education about the Not Criminally Responsible on account of Mental Disorder (NCRMD) defense with education about mental disorders might encourage jurors to use it in a suitable case. In Study 1, Canadian jury eligible community members (N = 370) were provided with mental disorder (vs. irrelevant) education, and NCRMD (vs. irrelevant) education, then read a fabricated NCRMD trial stimulus in which the defendant's mental disorder varied (schizophrenia, substance use disorder, depression). Results showed that in the trial involving depression, for the group who received mental disorder education, NCRMD education increased the likelihood of a guilty verdict. In Study 2 (N = 407)—which featured a different case—again, NCRMD education combined with mental disorder education increased likelihood of a guilty verdict in the depression condition. These studies show that mental disorder education is a potentially useful tool, but can backfire in some contexts.

Remember, as a member of IAFMHS, you will receive electronic access to current and past issues of the International Journal of Forensic Mental Health!