Restorative Justice by Proxy: A Forensic Psychiatry Case Study

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Aims. Restorative justice (RJ) is the process of bringing together offender and victim in the aftermath of an offence. Handled correctly, there can be substantial benefits for both parties. Communication is typically direct with an RJ facilitator from the criminal justice system, but the Crown Prosecution Service makes reference to the option of "shuttle mediation", with the RJ facilitator relaying information indirectly between parties.

The use of RJ in forensic psychiatry has been limited, with reasons including concern for the patient offender's vulnerability, impact on their mental state from the stress of facing their victim, and unpredictability of response. Adaptation of the "shuttle mediation" model with use of a trusted mental health professional may help to overcome many such obstacles.

Methods. Patient A committed his index offence of murder at age 22. During his mandatory life sentence, he developed schizophrenia and was transferred to a secure hospital. His illness proved treatment resistant and many years passed before he was discharged to the community on life licence following Parole Board release. Although generally stable, he was easily overwhelmed by stressful situations, in which he could struggle to articulate his thoughts.

His victim's wife and daughter enquired about the possibility of restorative justice. A's probation officer liaised with A's consultant psychiatrist. A was considered unsuitable for direct approach, but following discussion with an RJ facilitator, a proxy model was agreed upon. This was based on shuttle mediation but with the consultant psychiatrist acting as shuttle, or proxy, for A.

The aims of the family were elicited in advance. Capacitous consent to information sharing was obtained from A, with boundaries of what would be shared clearly agreed. Information A wished to share with the family was established, including verbatim quotes.

Results. Following the RJ meeting, feedback from the victim's family and A was strongly positive. The victim's family reported a sense of peace and closure from the experience. A's longstanding anxiety, with feelings of guilt and self-blame reduced. Both parties expressed gratitude for the meeting and did not find the use of a proxy negated the benefits of the experience.

Conclusion. This case report demonstrates that a proxy model of restorative justice is feasible and can be successful for patient offenders with severe and enduring mental disorder. The potential benefits to patient and victim suggest that it could be considered more widely as an option in forensic psychiatry settings.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Case Study of Traumatised Sub-Postmasters

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Aims. The scandal of sub-postmasters wrongly accused by the post office of offences relating to the faulty IT Horizon system is of ongoing media prominence.

Since May 2021 I have undertaken personal injury medico legal assessments at the request of a solicitor representing those falsely accused and convicted of offences by the post office. Their convictions had been quashed in the court of appeal.

Methods. I interviewed fourteen individuals, age range 35 to 70 years, five women and nine men. Ten had brought claims for Malicious Prosecution. The remaining four sub-postmasters were part of the historical financial shortfalls scheme set up for those who had not been prosecuted but were applying for compensation.

Of the ten convicted sub-postmasters, four spent periods in prison and the remaining six were given suspended or community sentences. Those in prison were often separated from young children by distance or withholding family members.

I assessed to what extent and in what way their mental health and that of their families had been adversely affected as a result of their experiences.

Assessments were undertaken remotely, including speaking with a family member.

ICD 10 diagnostic criteria were used.

Results. All of the cases revealed evidence of psychopathology at the time of the allegations or convictions and continued to varying degrees subsequently.

A diagnosis of PTSD was made in five cases, Adjustment Disorder in 2 cases, Dysthymia in one case and depressive illness in eight cases. In only four cases had the disorders resolved.

Four of the five cases of PTSD had evidence of a past psychiatric history prior to becoming sub-postmasters. Past history included depression, impulsive overdose, eating disorder, problems related to gambling and abuse of alcohol and cocaine.

Both sub-postmasters who had been accused of taking money due to faulty software and those who had been wrongly convicted had high rates of psychopathology.

These findings are consistent with the only other study of the psychological effects on sub-postmasters which found high rates of psychopathology in both accused and convicted individuals.

Existing diagnostic criteria were limited in capturing the suffering of individuals who had endured such complex trauma so a narrative description including the effects on family members was also used.

Conclusion. This study of the mental health of falsely accused sub-postmasters demonstrates a high degree of psychopathology which may require therapeutic intervention.

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Imaginator

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Aims. Self-harm affects around 20% of all young people in the UK. Treatment options for self-harm remain limited and those available are either non-specific or long and costly and may not suit all young people. There is an urgent need to develop new scalable interventions to address this gap.

Imaginator is a novel imagery-based intervention targeting self-harm initially developed for 16–25-year-olds. It is a blended digital intervention delivering Functional Imagery Training (FIT) via therapist sessions and a smartphone app. In this study

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we piloted a new version of Imaginator extended to adolescents from age 12 after co-producing a new app with a diverse group of young people experts-by-experience.

We aimed to assess feasibility of delivering Imaginator in Children and Adolescent Mental Health Services (CAMHS) and adult secondary mental health services and gather young people's feedback on the intervention

Methods. Participants were recruited from West London NHS Trust Tier 2 CAMHS and adult Mental health Integrated Network Teams (MINT) teams. They underwent a baseline screening and were allocated to a therapist for three face-to-face FIT sessions in which the app was introduced followed by five phone support sessions. Outcome assessments were conducted after completing therapy, approximately 3-months post-baseline, including questionnaire measures and a qualitative feedback interview.

Qualitative data were analysed using a co-produced thematic analysis method with lived experience co-researchers.

Results. Thirty-four participants were referred (31 female, 2 male, 1 transgender; mean age = 18.4), of which 30 met inclusion criteria and completed screening. Out of 25 who started therapy 16 completed the intervention. Only 15 completed the quantitative outcome assessment, and 10 the interviews. There was an overall reduction in number of self-harm episodes over 3-months from pre- to post-intervention

Five main themes were identified: Imaginator therapy impact, mental imagery acceptability and efficacy, usefulness and usability of the app, integration of the app in therapy and need for improvements. Young people found Imaginator helpful at improving their mental health, in particular the use of mental imagery techniques. The app was overall well received but improvements were suggested.

Conclusion. Our study suggests that Imaginator can be extended to adolescents, is acceptable and has potential as a brief intervention reducing self-harm in young people under mental health services. A future RCT is needed to robustly test the intervention efficacy, after considering issues around high attrition in outcome measures.

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Administration of Atropine Eye Drops Sublingually for Clozapine-Induced Sialorrhea in Bipolar Disorder

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Aims. The aim of this study is to explore the off-label use of atropine, administered sublingually, for the management of clozapine-induced sialorrhea in a patient who showed inadequate response to commonly used agents. The investigation stems from a clinical scenario where traditional approaches failed, prompting an exploration of alternative and cost-effective options to alleviate sialorrhea associated with clozapine therapy in a patient of lower socio-economic status.

Methods. Mr. A, a 29-year-old with bipolar affective disorder, experienced persistent sialorrhea during clozapine treatment, resistant to trials with trihexyphenidyl and glycopyrrolate. Following a brief discontinuation of clozapine, the patient relapsed into a manic episode, leading to hospitalization. Despite the re-initiation of clozapine, sialorrhea reoccurred. Various doses and combinations of trihexyphenidyl and glycopyrrolate were ineffective, with affordability issues limiting the latter. As sialorrhea persisted, clozapine dose reduction was necessary. Attempts with different antipsychotics were made, and valproate sodium was increased, but sialorrhea remained problematic.

Given the patient's unique case and previous medication failures, an off-label use of atropine via a sublingual route was done after obtaining informed consent. Quantitative measurement of sialorrhea was conducted using a sialometry machine. The patient underwent a trial with sublingual atropine drops, and the salivary rate significantly decreased, indicating a potential efficacy in managing clozapine-induced sialorrhea.

Results. The discussion encompasses the challenges faced in managing clozapine-induced sialorrhea in the presented case. Traditional agents, including glycopyrrolate and trihexyphenidyl, proved ineffective or were hindered by affordability issues. The subsequent reduction of clozapine dose compromised overall treatment efficacy. The introduction of atropine eye drops via sublingual administration emerged as a novel approach, demonstrating a reduction in salivary rate without notable adverse effects except elevated heart rate 2 hours after administration of atropine. The unique pharmacological properties of atropine, despite being an off-label use, provided a potential avenue for addressing persistent sialorrhea.

Conclusion. In conclusion, the off-label use of atropine via the sublingual route showed promise in alleviating clozapine-induced sialorrhea in this particular case. Despite demonstrable efficacy in pre and post-sialometry, the clinical challenges and practical considerations associated with atropine's use in this context raise concerns. The case underscores the need for alternative strategies in managing medication-induced side effects, especially when standard interventions fail. Further research is warranted to explore the broader applicability and safety of this approach in a larger cohort.

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Diagnosis and Treatment of Anxiety Disorders in Autistic Patients: A Case Report

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Aims. Anxiety disorders are common in Autistic Spectrum Disorder (ASD) patients. There are limited resources dedicated to ASD and mental health services are not equipped to adapt assessment and treatment protocols to address their needs. Adaptations to diagnosis and treatment are discussed in a single case study of an autistic patient with anxiety disorders. In addition, effectiveness of providing adapted versus standard treatment is evaluated.

Methods. This study describes a 45-year-old, single, employed male diagnosed as autistic at age 37. He was referred for a second course of Cognitive Behavioural Therapy (CBT) for anxiety disorders consisting of agoraphobia with panic; blood injury phobia; needle phobia; dental phobia; claustrophobia. The duration of symptoms was 35 years. The main impairments to functioning were inability to use public transport; attending

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