

CURRICULUM

VITAE

Of

Dr. Sergio Santana

12 April 2018

Name Sergio SANTANA

Nationality Canadian

General Medical Council (UK) Registration number 3346635

**College of Physicians and Surgeons
of Alberta (Canada)** 021487

Medical Protective Association Membership no 1001228

Postgraduate Qualifications

**Certificate of Completion of Specialist Training in
General Adult Psychiatry, UK. Winter 1998**

**Certificate of Completion of Specialist Training in
Psychiatric Rehabilitation, UK. Winter 1998**

Diploma in Family Therapy, UK. Spring 1997

M. R. C. Psych., UK, spring 1994

**Diploma in Pedagogic Aptitude, University of the Canary
Islands, Spain, 1986**

**Master in Medicine and Surgery, University of the Canary
Islands, Spain, 1984**

Medical Degree **M. B. Ch. B. equivalent, Licentiate in Medicine and
Surgery, Medical School of La Laguna, University of the
Canary Islands, Spain, 1983**

Further Certification

Approved under section 12 (2) of the 1983 Mental Health Act, England, UK, Autumn 1994

Certificate in HoNOS (Health of the Nation Outcome Scales) assessment, Spring 2008, Edmonton, Canada

IELTS (International English Language Testing System), summer 2008, Alberta, Canada (Average score 8.5)

Externship in Family Therapy, August 1 – 15, 2013, Family Therapy Centre, University of Calgary, Alberta, Canada

Academic Positions:

Adjunct Professor, Brandon University, Manitoba, Faculty of Health Studies, Nursing Program. Spring 2018 to date

Associate Clinical Professor in Psychiatry, University of Calgary, Canada. Autumn 2009- to date

Assistant Clinical Professor in Psychiatry, University of Alberta, Canada. Summer 2005-2010

Clinical Lecturer in Psychiatry, University of Alberta, Canada. Summer 2001-2005

Clinical tutor to psychiatric residents, St. George's Medical School, University of London, England, UK, 1998-2000

Clinical Research Fellow in Forensic Psychiatry, St. George's Medical School, University of London, England, UK, 1995

Awards

Award of the Royal Spanish Society of Education and Hygiene for a project on prevention of drug abuse in schools, Canary Islands, Spain, 1987

Award of the Lions Club of Tenerife, for outstanding work in addictive behavior's, Canary Islands, Spain, 1988

Achievement Award of the Chichester Health Authority for outstanding work in Psychiatric Rehabilitation, Chichester, West Sussex, England, 1992

Dr. Keith Pierce Award of the Department of Psychiatry of University of Calgary for outstanding Creativity and Innovation with Clinical Practice as clinical lead of the Not Criminally Responsible Team, Calgary, Alberta, 2017

CURRENT POSITION

MEDICAL DIRECTOR (FORENSIC ASSESSMENT AND COMMUNITY SERVICES) AND CONSULTANT IN FORENSIC PSYCHIATRY (SOUTHERN ALBERTA FORENSIC PSYCHIATRY CENTRE) AND ASSOCIATE CLINICAL PROFESSOR IN PSYCHIATRY (UNIVERSITY OF CALGARY)

January 2014 to date

Responsibilities

- Undertake 8 sessions of clinical work: 4 with the Forensic Assessment and Outpatient Services 4 at the Southern Alberta Forensic psychiatric services, Calgary, Alberta, Canada
- Devote one session to academic activities with the medical school of the University of Calgary, Canada.
- One session to administrative work with the forensic assessment and outpatient services

Medical Director, Forensic Assessment and Outpatient Services, Peter Lougheed Center, Calgary, Alberta, Canada

- The Forensic Assessment and Outpatient Services is a regional service that provides assessment and treatment to mentally ill people in conflict with the law (mentally disordered offenders) in southern Alberta. This service follows a multidisciplinary intervention model and patients are seen by a team of a psychiatrist a social worker, a psychologist and a member of nursing staff in order to facilitate communication and allow for comprehensive care planning and assessment.

The court or the probation services refers most patients either for court reports or for psychiatric intervention and the offenders have a variety of diagnosis ranging from schizophrenia to affective disorders to adjustment disorders together with substance abuse/dependence and personality disorders. The majority of patients are transferred to the psychiatric general services when they complete their legal mandate, however if their assessment indicated that the patients are likely to

require ongoing forensic care due to either their dangerousness or for specific diagnosis (stalking, sex offending, etc.), they remain under our care.

My main clinical input goes to the Forensic Rehabilitation services where I provide clinical leadership to a multidisciplinary team delivering clinical care for providing NCR-MD (Not Criminally Responsible by reason of Mental Disorder) and UST (Unfit to Stand Trial) population with emphasis on working with the victims of these offenders (families and strangers) through a family therapy clinic while reporting to the Alberta Review Board.

As medical director, I provide clinical leadership to the correctional services, the community geographic services (rural services) and specialist services such as the sex offender, family violence and forensic rehabilitation programs, in order to ensure appropriate communication with stakeholders and that the Southern Alberta Community services are appropriately resourced in order continue to develop adequate treatment/assessment depending on the needs of the population they serve by encouraging activities in clinical/service development, teaching, and research.

I also assist with strategic planning, capacity building and collaboration within teams, the department, and across the region as well as the Court, Correction and Probation services while fostering evidence-based practice and providing an environment of continuous learning and education. As such, I represent the forensic community services in a variety of agencies ranging from Court liaison Committee to the Forensic Services Operation Committee to the Forensic Rehabilitation Development Committee.

In addition, I provide forensic assessments, court reports and treatment for mentally disordered offenders. Consequently, I provide expert testimony to both the provincial court and the Court of Queen's bench when required and liaise with the probation services regarding the treatment of mentally disordered offenders under my care.

Finally, I was the physician representative of the Continuous Professional Development Committee from the spring of 2012 to the summer of 2015. As such I contributed to the educational needs of the Forensic Services in Southern Alberta by organizing forensic seminars, lectures and the forensic day (annual lectures).

Consultant in Forensic Psychiatry, Southern Alberta Forensic Psychiatry Centre, Calgary, Alberta, Canada

- Responsible medical officer and clinical lead for the treatment unit of the Southern Alberta Forensic Psychiatry Centre. This 9-bedded unit provides forensic assessments, court reports and treatment for patients found Not Criminally Responsible on account of Mental Disorder (NCR-MD) and Unfit to Stand Trial (UST) to a catchment area of approximately 1,800,000 people from Southern Alberta.
- Over 2 /3 of the in-patient population is NCR-MD and the rest are UST. Therefore, they have been disposed to the unit by the Court or the Alberta Review Board and are compulsorily detained under the section 672 of Canadian Criminal Code. The SAFPC team consists of 1 senior nurses 3 qualified nursing staff and a number of nursing assistants. A part-time recreational therapist, 1 part-time social workers and a part-time psychologist provide additional input. Consequently, I provide psychiatric reports to the Alberta Review Board for patients detained at SAFPC under the provisions of the NCR- MD and UST legislation.
- In addition I provide assessments and second opinions in complex cases where the NCR-MD defense has been raised and provide expert testimony to court when required.
- Finally, I am responsible for the forensic Community Rehabilitation Unit in Calgary. This unit is a 6- bedded hospital unit that operates in the community and as such has a full compliment of staff (nurses, social workers, psychologist,

occupational and recreational therapist along with community support workers) together with security staff that have been housed in a town house in the community in order to facilitate the transfer of patients that have either committed serious crimes and/or are too disabled to make a direct transition from the inpatient unit to the community.

**Associate Clinical Professor in Psychiatry, University of Calgary, Medical School,
Calgary, Alberta, Canada**

- Preceptor (tutor) for psychiatric residents from the medical school based at the University of Calgary. As a preceptor, I provide seminars in forensic psychiatry to psychiatric residents in general and to residents specializing in forensic psychiatry in particular. As such I have taught seminars on NCR-MD legislation, specifically the Review Board system, to residents in forensic psychiatry every year since the development of the forensic subspecialty in Alberta in 2014.
- Preceptor (tutor) of the Neuroscience and Special Block Seminars for medical students. As a preceptor of medical students, I supervise between six to eight medical students every year for six weeks at the time. I also provide lectures in general psychiatry to small groups of students every year.
- In addition I continued to research the application of systemic therapies to patients with complex needs, ranging from setting up a family therapy team to devising and conducting psychotherapy and psycho-educational groups. My results have been presented at seminars, lectures and conferences taking place in a variety of venues from the Tavistock Clinic in London to the International Academy of Psychiatry and the Law in Canada (See under research and publications for more information).
- Finally, I am currently in the process of obtaining approval for a research project exploring the impact of restorative justice on the recovery of the NCR-MD population and their victims.

CONSULTANT IN FORENSIC PSYCHIATRY (SOUTHERN ALBERTA FORENSIC PSYCHIATRY CENTRE AND FORENSIC ASSESSMENT AND COMMUNITY SERVICES) AND ASSOCIATE CLINICAL PROFESSOR IN PSYCHIATRY (UNIVERSITY OF CALGARY)

July 2010 to December 2013

Responsibilities

- Undertake 9 sessions of clinical work: 5 at the Southern Alberta Forensic psychiatric services and 4 with the Forensic Assessment and Outpatient Services of the psychiatric department of the Peter Lougheed Centre, Calgary, Alberta, Canada
- Devote one session to academic activities with the medical school of the University of Calgary, Canada.

Consultant in Forensic Psychiatry, Southern Alberta Forensic Psychiatry Centre, Calgary, Alberta, Canada

- Responsible medical officer for the assessment and treatment unit of the Southern Alberta Forensic Psychiatry Centre. This 29-bedded unit provides forensic assessments, court reports and treatment for a catchment area of approximately 1, 800,000 people from Southern Alberta.
- The Southern Alberta Forensic Psychiatry Centre (SAFPC) provides forensic assessments, court reports and treatment for mentally disordered offenders. Over 2 /3 of the in-patient population are undergoing forensic assessments regarding their fitness to stand trial or criminal responsibility or for sentencing purposes. Therefore, they have been disposed to the unit by the criminal justice system and are compulsorily detained under the section 672 of Canadian Criminal Code. The rest are patients that have been transferred from prisons or remand centre for treatment purposes. A minority of patients has been

transferred from psychiatric hospitals where they were receiving treatment when the police charged them.

- The SAFPC team consists of 3 senior nurses 7 qualified nursing staff and a number of nursing assistants. A full time recreational therapist, 3 full time social workers and 4 psychologists provide additional input.
- In addition I provide input to the prison system by conducting a clinic in the Lethbridge Remand center and psychiatric consultation services to the Mental Health Unit of the Calgary Remand Centre. In this capacity I provide psychiatric assessment and follow up to both male and female inmates. If seriously ill, patients are diverted to the Southern Alberta Forensic Psychiatry Centre for further treatment. In the future this service will expand to other centers such as the Red Deer Prison and Medicine Hat.
- I am also involved with the outpatient assessment team where I provide psychiatric day assessments, mostly for pre-sentencing purposes to mentally disordered offenders, which are being remanded in Calgary.
- Finally, I am be taking leadership for the development of the forensic rehabilitation services in Southern Alberta where I am hoping to develop a comprehensive and integrated model including inpatient and community teams, similar to the one I contributed to develop while working in Edmonton (See previous appointments).

Consultant Psychiatrist, Forensic Assessment and Outpatient Services, Peter Lougheed Center, Calgary, Alberta, Canada

- The Forensic Assessment and Outpatient Services is a regional service that provides assessment and treatment to mentally ill people in conflict with the law in order to avoid re-offending and facilitate community tenure. This service follows a multidisciplinary intervention model and patients are seen by a team of

a psychiatrist a social worker and a member of nursing staff in order to facilitate communication and allow for comprehensive care planning and assessment.

The court or the probation services refer most patients either for court reports or for psychiatric intervention and have a diagnosis of schizophrenia; affective disorders or adjustment disorders together with substance abuse/dependence and personality disorders. The majority of patients are transferred to the psychiatric general services when they complete their probation orders, however if their assessment indicated that the patients are going to require forensic care due to their dangerousness for specific diagnosis (stalking, sex offending, etc) they remain under our care.

There is significant emphasis on working with the family and given my interest in this field I see patients where family issues are particular relevant. I also provide follow up for these patients through a family therapy clinic for those patients that require further family intervention to maintain community tenure.

**Associate Clinical Professor in Psychiatry, University of Calgary, Medical School,
Calgary, Alberta, Canada**

- Preceptor (tutor) for psychiatric residents from the medical school based at the University of Calgary. As a preceptor, I have residents attached to my firm and therefore I am responsible for both their training in general adult psychiatry and their preparation for the fellowship exam. In addition I provide seminars in psychiatry to all psychiatric residents.
- Preceptor (tutor) of the Neuroscience and Special Block Senses for medical students. As a preceptor of medical students, I supervise between six to eight medical students every year for six weeks at the time. I also provide lectures in general psychiatry to small groups of students every year.
- In addition I continued to research the application of systemic therapies to patients with complex needs, ranging from setting up a family therapy team to devising and conducting psychotherapy and psycho-educational groups. My

results have been presented at seminars, lectures and conferences taking place in a variety of venues from the Tavistoc Clinic in London to the International Academy of Psychiatry and the Law in Canada (See under research and publications for more information).

Achievements:

- Development of the Forensic Rehabilitation Unit at the Southern Alberta Forensic Psychiatry Centre providing treatment for patients found NCR- MD and UST.
- Integration of Inpatient and outpatient facilities of the Forensic Rehabilitation Services by developing a community team working jointly with the inpatient unit the outpatient services and the community rehabilitation unit, in order to ensure consistency and continuity of care during the journey of the NCR-MD and UST population through the forensic system.
- Development of specific treatment options in order to meet the needs of the NCR-MD and UST population including a Family Therapy team, psychoeducation courses and the Integrated Psychological Therapy program for improvement of the cognitive dysfunction seen in Schizophrenia.
- Creation of a Service Development Committee to facilitate the expansion of the forensic rehabilitation services in Southern Alberta while coordinating the flow of patients through this service, including the return of patient to their home communities in the rural parts of Alberta.
- Implementation of comprehensive care plans to identify patients needs and provide appropriate therapeutic interventions while involving families and victims in their treatment whenever possible.

- Facilitating the community reintegration of the NCR-MD population by developing links with the General Psychiatric services in Calgary and rural Southern Alberta.
- Developing joint approaches with the Victim's Unit of the Calgary y Police Services in order to improve the support for the victims of the NCR- MD population.

PREVIOUS APPOINTMENTS

CONSULTANT IN FORENSIC PSYCHIATRY (SOUTHERN ALBERTA FORENSIC PSYCHIATRY CENTRE) WITH SPECIAL INTEREST IN THE TREATMENT OF SHORT STAY PATIENTS AND ASSOCIATE CLINICAL PROFESSOR IN PSYCHIATRY (UNIVERSITY OF CALGARY)

November 2009 to July 2010

Responsibilities

- Undertake 9 sessions of clinical work: 5 at the Southern Alberta Forensic psychiatric services and 4 with the short stay unit of the psychiatric department of the Peter Lougheed Centre, Calgary, Alberta, Canada
- Devote one session to academic activities with the medical school of the University of Calgary, Canada.

Consultant in Forensic Psychiatry, Southern Alberta Forensic Psychiatry Centre, Calgary, Alberta, Canada

- Responsible medical officer for the assessment and treatment unit of the Southern Alberta Forensic Psychiatry Centre. This 29 bedded unit provides forensic assessments, court reports and treatment for a catchment area of approximately 1,600,000 people from Southern Alberta.
- The Southern Alberta Forensic Psychiatry Centre (SAFPC) provides forensic assessments, court reports and treatment for mentally disordered offenders. Over 2 /3 of the in-patient population are undergoing forensic assessments

regarding their fitness to stand trial or criminal responsibility or for sentencing purposes. Therefore, they have been disposed to the unit by the criminal justice system and are compulsorily detained under the section 672 of Canadian Criminal Code. The rest are patients that have been transferred from prisons or remand centre for treatment purposes. A minority of patients has been transferred from psychiatric hospitals where they were receiving treatment when the police charged them.

- The SAFPC team consists of 3 senior nurses 7 qualified nursing staff and a number of nursing assistants. A full time recreational therapist, 3 full time social workers and 4 psychologists provide additional input.
- In addition I provide input to the prison system by conducting a clinic in the Lethbridge Remand center and psychiatric consultation services to the Mental Health Unit of the Calgary Remand Centre. In this capacity I provide psychiatric assessment and follow up to both male and female inmates. If seriously ill, patients are diverted to the Southern Alberta Forensic Psychiatry Centre for further treatment. In the future this service will expand to other centers such as the Red Deer Prison and Medicine Hat.
- I am also involved with the outpatient assessment team where I provide psychiatric day assessments, mostly for pre-sentencing purposes to mentally disordered offenders, which are being remanded in Calgary.
- Finally, I am be taking leadership for the development of the forensic rehabilitation services in Southern Alberta where I am hoping to develop a comprehensive and integrated model including inpatient and community teams, similar to the one I contributed to develop while working in Edmonton (See previous appointments).

Consultant Psychiatrist, Short Stay Psychiatric Unit, Peter Lougheed Center, Calgary, Alberta, Canada

- The short stay unit is a regional service that provides acute intervention to mentally ill people in crisis with the aim of stabilizing them and connecting to community services in order to avoid prolonged hospitalizations and facilitate community reintegration. This 18-bedded unit follows a multidisciplinary intervention model and a team of a psychiatrist a social worker and a member of nursing staff in order to facilitate communication and allow for an early discharge sees patients.

There is no age limit and therefore patients of all ages are admitted from adolescents to elderly patients. Most admissions have a diagnosis of affective disorders or adjustment disorders together with substance abuse/dependence and personality disorders. The majority of patients are discharged within 3 days, however if their assessment indicated that the patients are going to require more time for stabilization/treatment, particularly in the case of patients with major mental disorders or dementia or learning disability they are transferred to long stay units.

There is significant emphasis on working with the family and given my interest in this field I see patients where family issues are particular relevant. I also provide follow up for these patients through a family therapy clinic for those patients that require further family intervention to maintain community tenure.

On discharge some patients are followed up at our out-patient clinic until they establish or re-establish contact with community services.

**Associate Clinical Professor in Psychiatry, University of Calgary, Medical School,
Calgary, Alberta, Canada**

- Preceptor (tutor) for psychiatric residents from the medical school based at the University of Calgary. As a preceptor, I have residents attached to my firm and therefore I am responsible for both their training in general adult psychiatry and their preparation for the fellowship exam. In addition I provide seminars in psychiatry to all psychiatric residents.

- Preceptor (tutor) of the Neuroscience and Special Block Senses for medical students. As a preceptor of medical students, I supervise between six to eight medical students every year for six weeks at the time. I also provide lectures in general psychiatry to small groups of students every year.
- In addition I continued to research the application of systemic therapies to patients with complex needs, ranging from setting up a family therapy team to devising and conducting psychotherapy and psycho-educational groups. My results have been presented at seminars, lectures and conferences taking place in a variety of venues from the Tavistoc Clinic in London to the International Academy of Psychiatry and the Law in Canada (See under research and publications for more information).
- Finally, I researched the impact of the community treatment orders in Alberta. Community Treatment Orders (CTO) were introduced in Alberta in January 2010 to assist individuals with serious and persistent mental disorders in maintaining compliance with treatment while in the community, thereby breaking the “revolving door” cycle. Comparisons with previous studies but were difficult to draw as the CTOs from Alberta do not allow for enforced treatment but for return of patients to hospital in order to be assessed for further certification.

CONSULTANT PSYCHIATRIST IN PSYCHIATRIC INTENSIVE CARE WITH SPECIAL INTEREST IN FORENSIC PSYCHIATRY (NORTHERN ALBERTA REGIONAL MENTAL HEALTH PROGRAM) AND ASSOCIATE CLINICAL PROFESSOR IN PSYCHIATRY, UNIVERSITY OF ALBERTA, CANADA

April 2007 to October 2009

Responsibilities

- Undertake 9 sessions of clinical work: 6 with the psychiatric intensive care services and 3 with the general adult services.
- Devote one session to academic activities with the medical school of the University of Alberta, Canada.

Consultant in Psychiatric Intensive Care, Alberta Hospital Edmonton, Canada

- Responsible Medical Officer for the Psychiatric Intensive Care Unit (10-1 PICU). This 16-bedded unit provides treatment for a catchment area of approximately 1,600,000 people from Northern Alberta and the Northwest Territories.
- The PICU provides care for patients during the acute stage of major mental disorders, mentally disordered offenders and the long term mentally ill with challenging behaviors. The majority of the patients being treated in the unit fall into the category of dual diagnosis i.e. mentally ill with an associated drug / alcohol problem and/or underlying personality disorder. Approximately 50-60% of these patients are mentally disordered offenders and are or have been treated by the forensic services while residing in the community. Finally 40-50% are either learning disabled or of borderline intelligence.
- Given that the Northern Alberta Psychiatric services provide treatment for all Northern Alberta and the Northwest Territories, I have gained considerable experience in the treatment of The Albertan Native Population, The Cree first Nation and the Inuit Nation or Eskimos from the Northwest Territories, which overall make up for 5-10% of my patient population.
- Given that the main reason for admission to the PICU was the perceived dangerousness of these patients to themselves or others, they are compulsorily detained under Alberta Mental Health Act.

- The PICU Multidisciplinary Team consists of 4 senior nurses 6 qualified nursing staff and a number of nursing aids. A full time social worker, a part-time time recreational therapist and a psychologist provide additional input.
- The treatment program is based on the individual needs of each patient, and the majority of patients are transferred very quickly to open units. Indeed the average length of stay was just short of 4 weeks. Nonetheless, about 25% of patients remain in the unit for several months.
- In addition to providing reports and presenting to Mental Health Review Panels I provide forensic assessments and opinions mostly but not exclusively to patients in the Psychiatric Intensive Care Unit.

Consultant in General Adult Psychiatry, with special interest in forensic psychiatry, Alberta Hospital Edmonton, Canada and Community Assessment and Treatment Services (CAATS), Edmonton, Alberta

- I provided leadership for a newly created service addressing the care of patients with complex needs. When patients are identified as having complex needs at the PICU, I take over their care and provide treatment throughout the psychiatric services available both in hospital and in the community in order to facilitate their discharge and to help them maintain community tenure. Thus, once stable enough they are transferred to open units under my care and I follow these patients to the community, where I conduct clinics at CAATS while providing clinical leadership for a joint project between the Housing Department and the Mental Health services.
- The joint project between the Housing Department and the Mental Health services aims to integrate the Housing services providing accommodation for the mentally ill with the mental health services. In this capacity I led the inpatient team providing care for patients with Complex needs, and the

Community Multidisciplinary team, which includes mental health workers and housing resources, specifically the designated assisted living facilities.

- Patients with complex need were defined as severely mentally ill with enduring maladaptive behaviours that had deemed to lack rehabilitation potential by the rehabilitation services and could not be placed in the community on account, mostly of his forensic history but also because of his maladaptive behaviours (aggression, self-harm, drugs and alcohol, sexualized behaviour, etc) and were therefore trapped between the open units and the PICU. Moreover the few that were discharged were rapidly readmitted.
- Patients with complex needs that required PICU treatment would come under my care (Maximum of 5 beds) and once stabilized they would be moved to an open unit also under my care (Maximum of 6 beds) and from there transferred to adequate community housing were they would remain under my care (maximum of 30).
- Given my forensic experience I would also provide for her forensic needs, which would include liaising with the probation services, providing risk assessment and reports for the court.

Assistant Clinical Professor in Psychiatry, University of Alberta, Medical School, Edmonton, Alberta, Canada

- Co- Chairman of the Alberta Hospital Academic Program. My duties involved preparing the schedule, presenting and organizing relevant lectures for the academic program, which in turn entail liaising with the medical school, the general psychiatric services and the different psychiatric departments within Alberta Hospital Edmonton in order to keep up to date with recent developments within the field of psychiatry.
- Preceptor (tutor) for psychiatric residents from the medical school based at the University of Alberta. As a preceptor, I have residents attached to my firm and therefore I am responsible for both their training in general adult psychiatry and

their preparation for the fellowship exam. In addition I provide seminars in psychiatry to all psychiatric residents.

- Preceptor (tutor) of the Neuroscience and Special Block Senses for medical students. As a preceptor of medical students, I supervise between six to eight medical students every year for six weeks at the time. I also provide lectures in general psychiatry to small groups of students every year.
- In addition I continued to research the application of systemic therapies to patients with complex needs, ranging from setting up a family therapy team to devising and conducting psychotherapy and psycho-educational groups. My results have been presented at seminars, lectures and conferences taking place in a variety of venues from the Tavistoc Clinic in London to the International Academy of Psychiatry and the Law in Canada (See under research and publications for more information).

Achievements:

- I implemented service development meetings in the psychiatric intensive care unit in order to promote the advancement of psychiatric intensive care and to raise the standards of intensive psychiatric care to internationally agreed standards. The development of a rapid tranquilization policy for aggressive patients and joining the international branch of the National Association of Psychiatric Intensive Care Units (UK) were some of the results of these multi-disciplinary meetings.
- Integration of Mental Health Services and Housing associations providing care for people with severe mental disorders (See under Current position for more information)
- HONOS (Health of the Nation Outcome Scales) implementation. Following conversations with regional authorities in December 2007 Regional Mental Health decided to follow my advice and introduce HONOS as an outcome scale measure for the regional mental health services in the Edmonton region. Subsequently, I was

appointed by the Clinical director to provide clinical leadership for the implementation of HONOS at Alberta Hospital Edmonton. This entailed training and supporting other doctors and disciplines in the use of HONOS and liaising with management at a local and regional level regarding data collection and interpretation.

- I took a refresher seminar in HoNOS conducted by Professor S. Kiseley and was certified as FAOS assessor in the Spring of 2008 at the Community Assessment and Treatment Services (CAATS), Edmonton, Alberta.

CONSULTANT IN FORENSIC PSYCHIATRY (ALBERTA MENTAL HEALTH BOARD) AND
CLINICAL LECTURER IN PSYCHIATRY, UNIVERSITY OF ALBERTA CANADA

April 2000 to April 2007

Responsibilities

- Undertake 9 sessions of clinical work for the mentally disordered offender population, 5 with inpatients (Forensic unit), and 4 with the community services.
- Dedicate one session to academic work both at the department of psychiatry at the University of Alberta and at the forensic department.

CLINICAL DUTIES:

Consultant in Forensic Psychiatry, Alberta Hospital Edmonton, Alberta

* Catchment area: Alberta (3,000,000 population). Referrals are accepted between the ages of 18 and 65 years old.

* In-patient Unit based at Alberta Hospital Edmonton: 20 beds.

Community facilities based at Forensic Assessment and Community Services (FACS) in Edmonton.

* Responsible Medical Officer for a Close Supervision Unit (Unit 3-2), specializing in the rehabilitation and community reintegration of patients who have been found Not Criminally responsible by reason of mental illness (NCR). The 20 beds are devoted to the treatment of mentally disordered offenders. The majority of these patients fall into the category of dual diagnosis i.e. mentally ill with an associated drug / alcohol problem and/or an underlying personality disorder. In addition a minority are also learning disabled or of borderline intelligence.

Over 2 /3 of the in-patient population have been disposed to the unit by the criminal justice system and are therefore compulsorily detained under the section 16 of Canadian Criminal Code. The rest are voluntary patients that have been either discharged from their original detention order but remain under the care of the forensic services (Ex-NCR) or mentally disordered offenders needing forensic intervention

The main criterion for admission to unit 3-2 is dangerousness. Indeed, all the inpatients have committed violent crimes ranging from arson to grievous bodily harm to murder.

The 3-2 team consists of 2 senior nurses 5 qualified nursing staff and a number of nursing assistants. Additional input is provided by a full time occupational therapist, a full time social worker. A recreational therapist, psychologist, forensic counselor and therapist assistants provide part-time input.

The Individual Care Plan, a comprehensive assessment tool, is used for the assessment of the patient's needs, risk assessment purposes and the implementation of an adequate treatment plan.

The therapeutic options offer a wide range of psychological approaches including family therapy, together with occupational therapy, pharmacotherapy etc taking place both within the unit, the department and the hospital site.

A range of outpatient services comprising day facilities based at FACS, community drug and alcohol team, etc supplements the in-patient therapeutic facilities.

Besides providing assessment and treatment I appear before the Alberta Review Board (Similar to the British MHRT) in order to make pertinent recommendations to this body regarding need for further detention and the therapeutic needs of this population.

*** Consultant responsible for Assessment and Community Services (FACS, Edmonton, Alberta)**

As responsible medical officer for the community services providing treatment for the NCR population, I lead an outpatient team composed of 3 nurses, 1 social worker, 1

Occupational therapist, 1 psychologist and 1 therapy assistant. Other consultants within the Forensic Assessment and Community Services share this team.

NCR patients who have been discharged to a variety of community settings make up for the majority of my workload. Ex-NCRs and mentally disordered offenders under probation orders complete the rest of my community population.

This team aims to provide support and follow up to NCR patients who have been discharge from hospital in order to facilitate their community reintegration.

In addition I provide psychiatric assessments on mentally disorder offenders when appropriate and I also treat a minority of patients from general psychiatry on account of their perceived dangerousness.

As part of my community responsibilities, I attend the court when necessary in order to assess and make pertinent recommendations on people who have been identified by prison medical officers, the court liaison practitioner, police, etc as needing an specialist opinion regarding their mental state.

Finally I also visit penitentiary establishments in order to assess or treat mentally disorder offenders.

In addition to providing expert opinion in court and visiting prisons, I am actively involved in the development of services for Mentally Disordered Offenders. This includes liaison with different services within the forensic spectrum, general psychiatric services, general practitioners, probation services, the police force and specialist services.

As part of the service ongoing commitment to the improvement of patient's care, I developed a group for mentally disordered offenders suffering from affective bipolar disorders, a family therapy team and outreach services which visit group homes and makes home visits when appropriate.

In addition I was The Co- Chair of the academic program of the forensic department. This involves coordinating the monthly academic meetings, the timetable of presentations, the selection of appropriate topics and lecturers, etc, as well as being actively involved in regular presentations of Journal Clubs and clinical cases in the academic program based at Alberta Hospital Edmonton.

Finally I am the psychiatrist representing the forensic medical staff in the Committee for the development of the forensic services in Northern Alberta

Clinical Lecturer in Psychiatry, University of Alberta, Medical School, Edmonton, Alberta, Canada

- Co- Chairman of the Forensic Academic Program. My duties involve preparing the schedule and organizing relevant lectures for the academic program, which in turn entail liaising with the medical school, the general psychiatric services and within the different psychiatrists within the forensic department in order to keep up to date with recent developments within the field of psychiatry in general and forensic psychiatry in particular.
- Preceptor (tutor) for psychiatric residents from the medical school based at the University of Alberta. As a preceptor, I have residents attached to my team for six months at the time and therefore I am responsible for both their training in forensic psychiatry and their preparation for the fellowship exam. In addition I provide seminars on forensic psychiatry to all psychiatric residents.
- Preceptor (tutor) of the Neuroscience and Special Block Seminars for medical students. As a preceptor of medical students, I supervise between six to eight medical students every year for two weeks at the time. I also provide lectures in general psychiatry to small groups of students every year.

ACHIEVEMENTS:

- I. – Establishment of a liaison service with the general psychiatry services in order to facilitate the transfer of forensic patients to these services.
- II. Development of the forensic academic program.
- III. Implementation of the Individual Care Plan system of assessment and review for the department of forensic rehabilitation (Inpatients and Community).
- IV. Creation of a family therapy team for forensic patients.

- V. Implementation of psychological interventions for forensic patients. Specifically a psychotherapy group for forensic patients with bipolar affective disorders.

CONSULTANT PSYCHIATRIST IN GENERAL ADULT PSYCHIATRY WITH SPECIAL INTEREST IN FORENSIC PSYCHIATRY (SURREY OAKLANDS NHS TRUST, WEST PARK HOSPITAL, EPSOM, SURREY, ENGLAND, UK)

May 1998 to April 2000

Responsibilities

- Undertake 9 sessions of clinical work: 5 with the long term mentally ill with enduring maladaptive behaviors and mentally disordered offenders, 3 with the general adult services and one with the court diversion scheme.
- Devote one session to academic activities with the St. George's medical school, University of London, UK.

CLINICAL DUTIES:

Consultant in General Adult Psychiatry, Epsom General Hospital, Surrey.

* Catchment area 20,000. Referrals are accepted between the ages of 17 and 70 years old.

* In-patient Unit based at Epsom General Hospital. 5 beds.

* Community facilities based at Leatherhead i.e.: Community mental Health Team (2 Community Psychiatric Nurses, 1 Social Worker, 1 Part-time psychologist, 1 Part-time Intensive outreach worker and 1 Community support worker). Additional medical input provided by a psychiatric SHO (4 sessions) and a clinical assistant (2 sessions).

* Additional community support provided by a Psychiatric Day Hospital based at Epsom and the Cobham Health Centre (Outpatient Clinic).

Consultant in General Adult Psychiatry with special responsibilities for people with long term mental illness and enduring maladaptive behaviors, West Park Hospital, Epsom Surrey

* Responsible Medical Officer for a Close Supervision Unit (Burnham CSU), specializing in the treatment of the above. The Region of Surrey funds four out of the eleven beds of this unit and the rest are funded by referrals from the rest of the Country.

The Burnham CSU provides care for mentally disordered offenders and the long term mentally ill with challenging behaviors. The majority of the patients being treated in the unit fall into the category of dual diagnosis i.e. Mentally ill with an associated drug / alcohol problem and an underlying personality disorder. In addition a minority are also learning disabled or of borderline intelligence. Three beds were devoted to the treatment of patients with a primary diagnosis of personality disorder.

Given that the main reason for admission to the Burnham CSU was the perceived dangerousness of these patients to themselves or others, approximately 2 /3 had been disposed to the Burnham CSU through the criminal justice system and was therefore compulsorily detained by court orders. The rest were under compulsory detention on civil sections of the 1983 MHA.

The Burnham Team consisted of 2 senior nurses 5 qualified nursing staff and a number of nursing assistants. A full time occupational therapist, a part-time psychologist, part time family therapist and a part-time clinical assistant provided additional input.

The treatment program was based on the individual needs of each patient, which were ascertained by a comprehensive assessment tool (Individual Care Plan or ICP). The therapeutic options a wide range of psychological approaches including family therapy and cognitive behavioral therapy, together with occupational therapy, pharmacotherapy etc taking place within the unit.

A range of outpatient's services comprising day facilities, psychotherapy services, community drug and alcohol team, etc supplements the in-patient therapeutic facilities.

* **Consultant responsible for the Court Diversion Scheme**, Epsom Magistrates Court, Surrey.

As responsible medical officer for this scheme I attended the Epsom Magistrates Court once a week in order to assess and make pertinent recommendations on people who

have been identified by either prison medical officers, the court liaison practitioner, police, etc as needing an specialist opinion regarding their mental state.

As responsible medical officer of the Burnham CSU and the court diversion scheme I was actively involved in the development of services for Mentally Disordered Offenders (MDOs). This included liaising with general psychiatric services, general practitioners, probation services, the police force and specialist services.

I was also the representative of the body of consultants in the MDO steering group. At the time of my departure to Canada, this group was reviewing the MDO services with the aim of providing a comprehensive service for the totality of the East Surrey population, some 350, 000. I was supposed to assume the consultant responsibilities for this service.

As part of this initiative and in collaboration with a senior family therapist, I piloted a project providing family intervention for mentally disordered offenders receiving in-patient treatment at the Burnham Scathe results of the family intervention were very successful. Our work was presented at the Tavistock clinic in November 1999 and at the International Academy of Psychiatry and the Law in 2001.

Academic Activities (St. George's Medical; School, University of London)

In addition I was involved in the teaching and supervision of Junior Doctors and medical students from the University of London. This included regular presentations of Journal Clubs and clinical cases in the academic program based at Epsom General Hospital.

ACHIEVEMENTS:

- I. - Development of the home based model of community psychiatry in my catchment area.
- II. - Implementation of the Individual Care Plan system of assessment and review for the Burnham Close Supervision Unit.
- II. - Creation of a family therapy team for people with persistent mental disorder and enduring maladaptive behaviours at the Burnham Close Supervision Unit.

SOUTH WEST THAMES ROTATIONAL SCHEME
(St. George's Hospital Medical School. University of London)

May 1997 to May 1998

Senior Registrar in General Adult Psychiatry and Psychiatric Rehabilitation (Kingston and Springfield Hospitals)

Dr. V. Spotswood and Dr.N. Fisher

Responsibilities

* Undertook seven sessions of clinical work (Five with the general adult services and 2 with the rehabilitation services), one academic session and two research sessions.

CLINICAL DUTIES:

Senior Registrar to Dr. Spotswood (Tolworth Hospital). General Adult Psychiatry

* Dr. Spotswood's team caters for the psychiatric needs of a population of some 50,000 inhabitants in the outskirts of London. On joining her team it was decided that the best way of furthering my experience was to act as responsible medical officer for the Molesey population, some 15, 000 inhabitants, within her catchment area and manage this segment of population under her supervision. Therefore, Dr. Spotswood and myself shared the team facilities but I organized my outpatients clinics, conducted my own ward rounds and worked as an independent consultant which entailed liaison with the relevant general practitioners, assuming consultant responsibility for the Esher Community Mental Health Team, liaison with the day services, etc.

Senior Registrar to Dr. Fisher (Springfield University Hospital). Rehabilitation Services.

* By the end of my placement with the rehabilitation services, the team was successful in its application for funds to develop the partial hospitalization services. This project is based in research findings indicating that 30-40% of routine admissions can be successfully treated with daytime hospitalization (Burns 1993; Creed 1997; Zwerling 1964

etc). Therefore I decided to contribute to the development of this project that aims to maintain in the community people with severe and enduring mental illness. The service started running in June 1997. My role in this project is to supplement the range of therapeutic skills already in place by providing family therapy skills i.e., Engaging families in treatment (identified by referring agent), providing family work to patients within the rehabilitation service that might be potential candidates to partial hospitalization (PH), providing advice to professionals encountering difficulties with relatives of their clients and applying family work principles to careers other than relatives, etc.

* My on call commitments have increased to one in six (Kingston Hospital). The nature of my duty commitments, however, has not changed substantially from the ones I had at Springfield hospital (see under previous placements).

ACADEMIC COMMITMENTS:

* Took part in the academic program organized at Kingston Hospital (Supervision of junior doctors, presentation of relevant papers and topics, contribute to group discussions, etc).

* Clinical tutor to fourth year medical students.

* Supervision and teaching of the junior doctor attached to Dr. Spotswood team.

RESEARCH COMMITMENTS:

* Research into compliance. Supervised by Dr. Fisher (Consultant Psychiatrist) and Dr. C. Evans (Consultant Psychiatrist and Senior Lecturer in Psychotherapy).

*Qualitative study that will enable the publication of our experience of application of family therapy to people within the partial hospitalization project under the supervision of Dr. N. Fisher.

- My dissertation on the impact of family therapy was submitted for publication to the Journal of Family Therapy (October 1997).

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OTHER ACTIVITIES:

* 6th June 97. Speaker. Tolworth Hospital Academic Program. ***Application of family therapy to acute inpatients.***

* 27th June 97. Speaker. Clinical Conference about the future of psychiatry in the community. ***Partial Hospitalization as an alternative to hospital admission.*** Tolworth Hospital. Surrey.

* 9th August 1997. Examiner. MRCPsych. Part I Residential Revision Course. University of Surrey. Guildford. Surrey.

* 1-5 October 1997. Speaker. III European Congress of Family Therapy. Barcelona. Spain. ***The impact of family therapy on psychiatric rehabilitation.*** Authors: Dr. S. Santana & Dr. C. Evans (Senior Lecturer, St. George's Medical School, University of London).

* 8th October 97. Speaker. Tolworth Hospital Academic Programme. ***Interviewing Skills: Interviewing families with young children.***

* 29th 10.97. Speaker. ***The Fragile X Syndrome in general adult Psychiatry.*** Joseph Palmer Centre, Esher CMHT.

* 5th November to date. Co -therapist for a psychodynamic group under the supervision of Dr. D. Montgomery. Consultant Psychotherapist.

Achievements:

Furthered my experience on taking consultant responsibilities for the management of both in-patients and community patients under the supervision of Dr. Spotswood. This included assuming clinical leadership for the Esher CMHT and the in-patient team based at Tolworth Hospital.

Continued to gain experience in the assessment and management of patients with serious and enduring mental illness and their families in the community. This involved continuing to work with families if the patient was admitted as well as liaising with the admitting team during their admission.

Gained experience on the application of family therapy techniques to the families of both in-patients and community clients.

Continued to further my research experience and academic experience through my involvement in research projects and carrying out presentations in different academic settings.

SOUTH WEST THAMES ROTATIONAL SCHEME
(St. George's Hospital Medical School. University of London)

May 96 to May 97

**Senior Registrar in Psychiatric Rehabilitation and General Adult Psychiatry
(Springfield University Hospital)**

Dr. N. Fisher and Professor T. Burns.

Responsibilities and achievements:

* Undertook seven sessions of clinical work (Five with the rehabilitation Service and 2 with the community psychiatric services), one academic session and two research sessions.

CLINICAL DUTIES:

Senior Registrar to Dr. Fisher

The Merton and Wandsworth Combined Rehabilitation Team (only teaching district in the south west area of the south Thames region) provided psychiatric rehabilitation for a population of 355, 000 and it is set up to meet the needs of more than 200 clients. Of those, the in-patient population constitutes a minority (just over 40). The majority lives in a range of supported community based facilities or independently.

Rehabilitation aims are achieved by working with statutory and voluntary providers within a multidisciplinary framework of individual care planning and the care programme approach.

The team provides support to enable clients to access ordinary facilities in the community (work, education and leisure). Additional sheltered settings are provided within the service.

The service provides emergency and respite facilities and additional support when required. Care is not handed over.

* As part of the Rehabilitation team I provided psychiatric care for

1) The inpatients facilities: the challenging behavioural unit based within these services (14 patients), the inpatients unit (12 beds), and a hospital ward based in the community (14 patients). The challenging behaviour unit was an equivalent of the High Dependency Unit within general services as it provides care for patients with serious and enduring mental illness and challenging behaviours such as aggression, self-harm, fire setting, etc.

2) A number of community houses providing different degrees of support to the rehabilitation clients. This support ranged from 24 hours staffed houses to patients living independently in different housing associations.

3) A small number of patients who lived in the community either independently or with their families (five patients).

I assumed consultant responsibility for these facilities under the supervision of Dr. Fisher, i.e. ran the inpatient's multidisciplinary team, conducted my own ward rounds,

ensured the implementation of management plans, etc. The registrar attached to the team was also part of my team and worked under my instructions and supervision.

As responsible medical officer for this section of the Department I attended the business, audit and referrals meetings of the Rehabilitation and Continuing care Services.

* I treated and liaised with a number of clients where the family issues were of particular relevance. The success of this approach fostered a greater degree of cooperation between the rehabilitation services and the family therapy unit and the development of a number of joint projects (Family factors affecting Compliance, devising family intervention packages, working with families of clients referred to the partial hospitalization services....).
Senior Registrar to Professor Burns (July 1996 to January 1997)

* My input to the community services took the form of psychiatric input to the IOW team [Intensive Outreach Workers]. This entailed the provision of assessments, advice on management or direct input to the clients served by the team (some 200), together with the systematic review of their management plans. The IOW team was a research project aiming to ascertain whether the provision of intensive care to patients with enduring mental illness living in the community would decrease their need for repeated hospitalization hence increasing their quality of life. In addition the project aimed to identify the particular components of the programme that seemed to be more effective in the treatment of these types of clients.

This was achieved through a care plan drawn up by the community mental health team and implemented by the intensive outreach worker (usually a community psychiatric nurse). The IOW tried to ensure compliance, helped the patients with practical problems, monitored mental state, offered support through adverse experiences, etc with the help of the psychiatrists attached to the project.

After one year the number of admissions had not decreased but the length had been reduced significantly.

* My out of hour's duties remained as in my previous placement as I continued to be based at Springfield University Hospital.

ACADEMIC COMMITMENTS:

* One session dedicated to attendance to and active participation in the academic programme organized by St. George's Hospital Medical School. This included presenting clinical cases and giving lectures on topics relevant to psychiatry as well as taking part in-group discussions. As part of these activities I presented a clinical case (September 1996) and gave a talk on the impact of Family Therapy on the rehabilitation services (November 1996).

* In addition I was the clinical tutor of fourth year medical students (St. George's medical school) and acted as examiner on their finals. I also attended a number of workshops aiming to improve teaching skills and selected and prepared pertinent summaries on suitable patient for examination purposes, not only for medical students but also for MRCPsych candidates.

* Supervision and teaching of the junior doctor attached to Dr. Fisher's team.

* I was also actively involved in the in house teaching carried out by the rehabilitation services (selecting and presenting relevant topics, taking parts in discussions...).

RESEARCH SESSIONS:

- * Completed the Diploma in family therapy and submitted my dissertation.
- * Started a project on factors determining compliance in people with enduring mental illness under the supervision of Doctor Nigel Fisher and Dr. C. Evans.
 - Attended the XVII Congress of the Spanish Association of Family Therapy. Canary Islands October 1996. Presented my findings on the impact of family therapy on psychiatric rehabilitation.

SOUTH WEST THAMES ROTATIONAL SCHEME
(St. George's Hospital Medical School. University of London)

September 95 to May 96

Senior Registrar in General Adult Psychiatry and Learning Disabilities
(Springfield University Hospital)

Dr. G. Zolese and Dr. R. Kadambari

Responsibilities and achievements:

* Undertook 7 sessions dedicated to clinical work (three and a half with each team), one academic session and two research sessions.

CLINICAL DUTIES

Senior Registrar to Dr. Kadambari

* As a member of the learning disability team (Central Wandsworth Team) my commitments included:

1) Providing psychiatric in-patient care for the **resettlement steering group**. This group was created to facilitate the resettlement of institutionalized clients in the community. As a psychiatrist, I was involved in the assessment of those clients and in the drawing up of a management plan aiming to meet their needs in the community and facilitate their transition from an institutionalized setting to community living. Once the clients were discharged to the community I followed them up and provided psychiatric input for their mental health needs.

2) Part of the **community mental health team** providing care for clients based within Dr. Kadambari's catchment area. If they needed admission, they were admitted to general wards which entailed liaising with the general adult services before, during the admission and after discharge.

3) Member of the **family therapy team** specialized in families with one or more member with learning or physical disabilities. This team met once a week and I was the primary therapist of three families and part of the team providing feedback to families and other primary therapists.

4) Half way into my placement (January 1996), Dr. Kadambari took over the catchment area of the Senior Lecturer attached to the Central Wandsworth Team (some 25,000 inhabitants) and I assumed consultant responsibilities for this area under the supervision of Dr. Kadambari.

As part of my duties I attended the meetings of the resettlement steering group (monthly), referral meetings (weekly) and review meetings (weekly).

Overall I gained clinical experience not only in the assessment and management people with learning disabilities but also their families. I also obtained considerable managerial experience through my attendance to the above-mentioned meetings.

Senior Registrar to Dr. Zolese

* My sessions within the general adult team entailed an ongoing commitment to the Central Wandsworth Community Mental Health Team (CWCMHT). This involved:

1) Being key worker of some 25 clients (including in and outpatients). Therefore I provided medical input for them and coordinated their care which entailed liaising with other mental health professionals, and when required with other professionals such as lawyers, probation officers, housing organizations, etc.

Together with preparing psychiatric reports and attending Mental Health Review Tribunals and manager's reviews, when pertinent, I also prepared psychiatric and forensic reports for court proceedings and attended hearings when necessary.

2) I also took part in multidisciplinary meetings: referrals (weekly), audit (monthly) and business meetings (weekly).

Since most of my clients were community patients, in both teams, my job included considerable liaison with general practitioners (GPs).

* Part of the Senior Registrars duty roster based at Springfield University Hospital (one in fourteen). My duties entailed providing Mental Health assessments arising out of hours within the catchment area of Springfield Hospital. This involved considerable liaison with the high dependency unit based at Springfield hospital, mostly to assess patients

brought by the police under section 136 of the 1983 Mental Health Act, as this unit was a designated place of safety within the South West Thames region.

I also provided emergency assessments in the community i.e. patients houses, prisons, police stations, etc, advised the junior doctors on duty and liaised with the consultants on duty when required.

I gained considerable clinical experience in the assessment and management of psychiatric emergencies not only in the community but also in hospital. I continued to further my experience in the assessment of psychiatric emergencies and on the use of the 1983 Mental Health Act.

I obtained considerable experience with legal procedures through my attendance to Mental Health Act and managers review tribunals, liaising with police and court attendance.

Continued to develop managerial skills through attendance to administrative meetings and I also had the experience to the running of the Multidisciplinary team as medical officer responsible for some 25 patients.

ACADEMIC COMMITMENTS

* Within the learning disability team I was involved in the academic meetings, which took place in the medical school every week and which entailed the presentation of relevant papers and clinical cases. Within this context I gave a talk on the relevance of Family Therapy in the management of learning disabled clients (November 1995).

* As part of the CWCMHT I took part in presentations of particularly relevant cases and attended the Academic sessions organized by the General services within the medical school and at Springfield Hospital.

* Supervision and teaching of the junior doctors attached to the teams of Dr. Kadambari Dr. Zolese.

OTHER ACHIEVEMENTS:

* Completed the first year of the Diploma in Family Therapy organized by The Prudence Skinner Family Therapy Clinic.

* Organizer of the Clinical MRCPsych part II Exam (November 1995). This entailed the selection of adequate patients for the exam together with the administrative running of the exams and liaison with junior doctors and other Senior Registrars before the exam. During the three days of the exam, I was responsible for the day to day running of the exam process (allocation of patients, time keeping, ensuring attendance of patients, keeping a register of attendance, etc). The organization was commended by the Royal College of psychiatrists.

RESEARCH

* I completed the project that I started in the Forensic department. Data from this project i.e. the relevance of Family therapy on long-term users of psychiatric services were used as initial ground for my dissertation for the Diploma in Family therapy.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL

UNIVERSITY OF LONDON

March to September 1995

Clinical Research Fellow and Honorary Registrar in Forensic Psychiatry (Springfield University Hospital, Regional Medium Secure Unit)

Dr. N. Eastman. Senior Lecturer and Honorary

Consultant in Forensic Psychiatry

Responsibilities and achievements:

Undertook six clinical sessions, three research sessions and 1 academic session.

CLINICAL DUTIES

* Member of the Multidisciplinary team providing for the forensic needs of Dr.

Eastman's catchment area. This entailed:

1) Medical input to patients at the regional medium secure unit based at Springfield Hospital (Assessment, monitoring of mental state, day-to-day management, attendance to ward rounds, etc).

2) Following up discharged patients and assessing new referrals with either a criminal history or a level of dangerousness requiring forensic attention.

3) Maintaining contact with and assessing suitability for transfer to our unit of patients from Dr. Eastman's catchment area but cared for in high security hospitals such as Broadmoore and Ramptom or temporarily placed in other security units.

4) Preparing reports for Courts, managers reviews or Mental Health Act Tribunals together with attendance to any of them when required. I also liaised with the Home Office on a day-to-day basis negotiating practical issues concerning feedback on in-patients, agreements for transfers to and from our unit, etc.

5) Developing new skills with specific regard to the assessment and treatment of sex offenders and anger management. I also assessed and treated a number of families with one or more members with a forensic history. This had the aim of ascertaining which strategies within the family therapy field could be more helpful in the treatment of these types of families. The team of the Prudence Skinner Family Therapy Clinic based at Springfield University Hospital supervised me.

6) Providing psychiatric care to a variety of prisons mostly HMP Wandsworth and Hydown (Sutton).

* Thus I gained considerable experience in:

1) The assessment and management of dangerous and mentally disordered offenders.

2) Liaison with legal institutions, probation officers, police force, etc.

3) Assessment and management of sexual offenders and families of mentally disordered offenders.

ACADEMIC COMMITMENTS

* Through active involvement in the academic activities organized by the department (Seminars, Journal Clubs, Conferences, etc), I gained experience in the theoretical knowledge underpinning this branch of psychiatry.

* Teaching of fourth year medical students further enhanced my knowledge of this field.

RESEARCH

* My research sessions were dedicated to carrying out a joint project with the family therapy unit to ascertain the impact of family therapy on long-term users of psychiatric services.

The hypothesis being that family therapy had had little impact on these services, which in turn contributed to their detachment from their families and to significant difficulties when trying to reintegrate them back into society.

Forensic patients were compared with patients with a similar turn over, i.e. Rehabilitation patients.

The findings from this project were used as basis for my dissertation for the diploma in family therapy. This project was supervised By Dr. Evans Senior Lecturer, family therapy clinic and Dr. Eastman.

EXPERIENCE IN PSYCHOTHERAPY

Psychodynamic Psychotherapy

* November 1997 to November 1998 I co- conducted a psychotherapy group at Kingston Hospital under the supervision of Dr. D. Montgomery, Consultant Psychotherapist.

* Conducted Psychotherapy group at Queen Mary's University Hospital (Roehampton, London) under the Supervision of S. Hasler-Winter, Senior Social Worker and Group Analyst, September 1994 to March 1995. The group had to be discontinued, as S. Hasler-Winter, due to unforeseen circumstances, could offer no further supervision.

* Provided Individual Psychotherapy under the supervision of J. Boakes, Consultant Psychotherapist, St. George's Hospital Medical School, University of London, March 1993 to August 1994.

* Regularly attended weekly seminars on Psychotherapy at Graylingwell Hospital, West Sussex. Organized and conducted by Dr. S. Hartland, Consultant Psychotherapist and regional psychotherapy tutor. Seminars included presentation and discussion of relevant papers and practical cases by Dr. Hartland and psychiatric trainees, March 1992 to March 1993.

* Performed Individual Psychotherapy under the supervision of Dr. F. Burns, Senior Clinical Psychologist, Bedford General Hospital, and March to October 1989.

Family therapy

* Member of the Family therapy team of the Family Therapy Unit (Springfield Hospital), March 1993 to September 1994. I was the primary therapist of a family under the supervision of Mrs. B. Warner, Clinical Director, between July 1993 and September 1994.

* Member of the family therapy team specialized in families with members affected by learning and or physical disabilities under the Supervision of Mr. J. Hale, family therapist, September 1994 to May 1996. During this time I acted as primary therapist for three families with one or more members suffering from learning disabilities. In addition, I was part of the reflecting team providing feedback to families and other therapists. This included working with children with and without learning disabilities.

* Between September 1994 and July 1996 I undertook the 2-year part-time Diploma in Family Therapy organized by Dr. S. Lieberman, Consultant Psychotherapist and Family

Therapist and Mrs. B. Warner at the above-mentioned unit. As part of the course I worked with families for eight hours every week, either as main therapist or as part of a team and in addition attended an average of two study days a month.

As part of the diploma I submitted a number of clinical cases to the course examiners. These cases aimed to demonstrate the integration of the theoretical knowledge and clinical skills acquired in the course.

My dissertation (Research Project) analyzed the impact of family therapy on the Psychiatric rehabilitation services and suggested ways of enhancing the influence of this discipline.

I gained a sound understanding of the theoretical knowledge underpinning this treatment approach and acquired clinical skills on the management of families (Structural, Strategic, Trans generational and Systemic).

- May 1996 to May 1998. In close liaison with the family therapy clinic, I provided family therapy for patients receiving psychiatric care within the psychiatric rehabilitation services based at Springfield University Hospital, University of London.

January 1999 to March 2000. Together with M. Gower, Senior Family Therapist, I developed a family therapy team providing for mentally disordered offenders and patients with long-term mental illness and enduring maladaptive behaviours requiring psychiatric care in a close supervision unit. This work was presented at the Tavistock clinic in November 1999 and at the annual meeting of the International conference of psychiatry and the law in July 2001.

January 2001 to March 2007. Leader of family therapy team providing care for the MDO population of Alberta. This has afforded me the opportunity of gaining insight into different aspects of family dynamics present in population that has committed serious crimes against their families. This work has been presented in a variety of

venues ranging from the International Academy of psychiatry and the Law, The Canadian Psychiatric Association and the Alberta Psychiatric Association.

Spring 2010 to date. Leader of a mobile Family therapy team providing care to families of the NCR-MD and UST population. This team works with families that were victimized by this population either as primary (the patient offended against them) or secondary (the patient offended against others) victims. The families are seen either in hospital or community clinics depending on whether the patient is being treated.

Behavioural Psychotherapy

* Assessed and managed a number of patients suffering from a variety of anxiety disorders under the supervision of Dr. L. Drummond and H. Warwick, both Consultant Psychiatrists in the Department of Behavioural Therapy, St. George's Hospital Medical School, University of London, March 1993 to March 1994.

PUBLICATIONS

PUBLISHED ARTICLES

1. 1994, Dr. S. Santana and Dr. C. Abreu, **Bereavement reaction in Spanish doctors training in the UK**, *Psiqui* (Spanish Journal of Psychiatry)
2. 1997, Dr. S. Santana, **Understanding the teaching/learning system**, *Context* **30**: 28-29.

3. 1999, Dr. S, Santana, **The experience of Spanish trainees in the UK (1986-1996): a tragedy in four acts**, *Hospital Medicine*, **60**; 58-61
4. 2000, Dr. S. Santana and Ms. M Gower **The Burnham CSU model: a confidential review of a family intervention program in a close supervision unit**, *Internal Publication*, Surrey Oaklands NHS trust, Surrey, UK.
5. 2017, Dr. S. Santana and Mr. Michael Power, Director, Queensland Health Victim Support Services, **The Calgary model: a family intervention program facilitating the process of restorative justice**, Internal Publication, Alberta Health Services, Calgary, Canada

PUBLISHED ABSTRACTS

1. 2001, **The application of systemic principles to Forensic psychiatry**, 26th. Annual Conference, International Academy of Psychiatry & The Law, McGill University, Montreal, Canada
2. 2002, **Violence in the mentally ill Versus General Population**, 28th. Annual Conference, International Academy of Psychiatry & The Law, University of Amsterdam, Holland.
3. 2003, **Applying Family Therapy to the Severe and Long Term Mentally Ill**, 53rd Annual Meeting, Canadian Psychiatric Association, Nova Scotia, Canada.
4. 2004, **Team approach and decision making in forensic psychiatry**. Annual Meeting of the Canadian Academy of Psychiatry and the Law, Lake Louise, Alberta, Canada

5. 2004, **Group Psychotherapy for Mentally Disordered Offenders with Bipolar Affective Disorders**, Annual Meeting of the Canadian Academy of Psychiatry and the Law, Lake Louise, Alberta.
6. 2005, **Rebuilding Family Networks for Mentally Disordered Offenders**, 29th Conference, International Academy of Psychiatry The Law, University of La Sorbonne, Paris, France
7. 2005, **Group Psychotherapy for Mentally Disordered Offenders with Bipolar Affective Disorders**, 29th Conference, International Academy of Psychiatry & The Law, University of La Sorbonne, Paris, France
8. 2006, **Group Psychotherapy for Mood Disordered Forensic Patients**, Meeting of the Alberta Psychiatric Association, Banff, Alberta, Canada
9. 2006, **Applying Family Therapy to Forensic Populations**, Conference of Australia and New Zealand Royal College of Psychiatrists, Forensic Section, Sydney, Australia.
10. 2007, **Applying Family Therapy to Treatment Resistant Patients**, Meeting of the Alberta Psychiatric Association, Banff, Alberta, Canada.
11. 2009, **Working with families to develop effective treatment plans**, Meeting of the Alberta Psychiatric Association, Banff, Alberta, Canada.

12. 2010, **Psychiatric implications of Filicide**, Meeting of the Alberta Psychiatric Association, Banff, Alberta, Canada.
13. 2012, **Using Family Therapy to facilitate the community reintegration of mentally disordered offenders that have committed serious crimes**, Meeting of the Canadian Association of Psychiatry and the law, Whistler, BC, Canada
14. 2013, **Using Family Therapy to reduce the risk of violent recidivism in forensic patients**, Meeting of the Canadian Association of Psychiatry and the law, Mont Tremblant, Quebec, Canada
15. 2013, **Rebuilding Family Networks to Minimize Risk of Violence**, Pacific Forensic Psychiatry Conference, Vancouver, BC, Canada
16. 2014, **Societal and Professional Discourses: Inviting Victims to Enter the Forensic Dialogue to Avoid Patient Victimization**, 64th Annual Conference of the Canadian Psychiatric Association, Toronto, Ontario, Canada
17. 2015, **Learning to work with victims of mentally disordered offenders to decrease risk violence and victimization: Preliminary findings of the Lighthouse rehabilitation program**, 20th Meeting of the Canadian Association of Psychiatry and the law, Quebec, Canada
18. 2016, **Applying systemic interventions to victims of mentally disordered offenders that have committed serious violence to**

promote secure recovery: Preliminary findings of the Lighthouse rehabilitation program, Conference of the International Association of Forensic Mental Health Services, New York, USA

19. March 2017, **Fostering Recovery by applying family interventions to the process of restorative justice: Findings from the Southern Alberta Forensic Psychiatry Centre**, 22nd Meeting of the Canadian Association of Psychiatry and the law, Quebec, Canada
20. April 2017, **Understanding delusional disorders to prevent serious violence**, Scientific Conference of the Alberta Psychiatric Association, Banff, Alberta, Canada.
21. March 2018, **Outcomes of Restorative Justice interventions on Violent Recidivism and Recovery in a NCR-MD population**, 23rd Annual Conference of the Canadian Association of Psychiatry and the law, British Columbia, Canada.

PUBLICATIONS IN PROGRESS

1. 2016, Dr. S. Santana and Dr. S. Jung, **Forensic barriers to rehabilitation; a movement towards rebuilding networks to ensure successful community reintegration** (International Journal of Law and Psychiatry) **Accepted for publication (Awaiting requested changes)**.

CURRENT RESEARCH

- 1- *The role of restorative justice in the development of treatment services for mentally disordered offenders*, with Dr. S. Patten, Professor in Psychiatry, University of Calgary, Michael McComb, senior project manager Southern

Alberta Forensic Psychiatry Services and Dr. Riedel, psychologist, Southern Alberta forensic rehabilitation services.

2- *The Alberta NCR-MD project* with Dr. A. Haag, psychologist, Northern Alberta Forensic Psychiatry Services, Michael McComb, senior project manager Southern Alberta Forensic Psychiatry Services and Dr. S. Acharya, psychiatric resident, University of Calgary.

INVITED SPEAKER:

March 2018, *Outcomes of Restorative Justice Interventions on Violent Recidivism and Recovery in a NCR-MD population*, 23^{3d} Annual Conference of the Canadian Association of Psychiatry and the law, British Columbia, Canada

2017, *Delusional Disorders and Ethical Dilemma's when leaving People in the Community at Risk*, Education Day, Calgary Police Services Headquarters, Calgary, Alberta