Psychoanalytic Consultation Frameworks in Forensic CAMHS: Approaches to Supporting Professionals Working with Justice-Involved Youth

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Abstract: This thesis explores the use and application of psychoanalytic principles in a Forensic Child and Adolescent Mental Health Service (FCAMHS) consultation model, presented through three distinct yet interrelated research articles. The first paper is a systematic review using narrative synthesis analysis to amalgamate existing literature conducted in the last ten years on mental health consultations with professionals working with at-risk or high-risk youth. The review identified significant gaps in the literature that call for more research on consultation structure to inform better guidance and practice. The second article is a qualitative research study using Interpretive Phenomenological Analysis (IPA) to explore consultant (n=6) and consultee (n=3) experiences of either delivering or recieving a psychoanalytically informed FCAMHS consultation. Findings underscore the importance of psychoanalytic attention to relational dynamics, such as containment in the consultant-consultee relationship and understanding the child's relationships to contextualise their forensic risk, in delivering meaningful forensic mental health consultations. The final article presents a thematic analysis of consultants' (n=6) conceptualisation of forensic consultation and how psychoanalytic principles inform its practice. The study identified distinct

phases of consultation and explored how psychoanalytic thinking shaped each stage. The three articles contribute to a more comprehensive understanding of how psychoanalytic thinking can be applied in various contexts, particularly in consultation. It further argues how the use of psychoanalytic concepts can be valuable to supporting professionals working with high-risk or justice-involved youth, a population that does not usually access mental health services.

Keywords: Forensic, Consultation, Psychoanalysis, CAMHS

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1.0 Thesis Introduction

This three-article thesis explores the role and impact of psychoanalytically informed forensic mental health consultations for professionals working with high-risk or justice-involved youth. It attempts to address serious gaps in current research about mental health consultations more generally and specifically on how psychoanalytic consultations operate within a forensic mental health context. The thesis first explores the broader contemporary literature on mental health consultation within the at-or-high-risk youth population. This is followed by a qualitative study on consultant and consultee experiences of a psychoanalytically informed forensic mental health consultation. The third paper presents a thematic analysis of how psychoanalytic principles are understood and applied across different stages of the forensic consultation process. Drawing on these interrelated domains, the thesis aims to develop a framework for integrating psychoanalytic principles into the delivery of Forensic Child and Adolescent Mental Health Service (FCAMHS) consultations.

The first article, “Mental Health Consultations with Professionals Working with At-or-High-Risk Young People: A Systematic Review,” provides an overview of contemporary literature on professional mental health consultations within at-or-high-risk youth populations. The synthesis of this literature lays the groundwork for further exploration of more specific consultation modalities within specialised settings using psychoanalytic frameworks. Key findings from the review highlighted the nuances in consultation characteristics and long-standing barriers to consultation that reflect wider systemic issues. Analysis of the findings led to the conclusion that further research is needed to understand more specific factors that underpin both the experience of consultation when working with such high-risk populations and a

deeper understanding of how current models have evolved around work with at-or-high-risk young people.

As such, the second article, “Forensic CAMHS Consultations: Understanding Consultants’ and Consultees’ Experiences of Delivering and Recieving a Psychoanalytically Informed Specialist Intervention”, builds on the insights from the review by focussing on psychoanalytic consultation with an FCAMH service. Qualitative, semi-structured interviews were done with consultants and consultees to understand better their experiences of giving or receiving this particular type of consultation. The findings identified key themes across both groups, highlighting the interplay between practical challenges, such as systemic constraints, professional anxiety, and network ‘stuckness’, and psychoanalytically-derived elements, including containment, reflection, and relational thinking, in shaping the consultation experience.

The final paper, “Framing the Psychoanalytic Process: Exploring Consultants’ Conceptualisation of Forensic CAMHS Consultation Stages,” attempts to bridge gaps identified in the research of the previous two studies by conducting a thematic analysis to explore in depth how consultants conceptualise the different stages of delivering a forensic consultation and how psychoanalytic principles might inform practice at various stages.The three stages- referral and initial meeting, consultation delivery, and ending a consultation outlined the key steps involved in a forensic consultation and how psychoanalytic thinking informs each phase of the process. These findings illustrate that psychoanalytic concepts, when applied, unfold in clear, distinct phases that can be structured into a feasible consultation framework.

These three papers link together to form a multi-layered exploration into psychoanalytically informed FCAMHS consultations. The systematic review

establishes the empirical basis for the study, while the two qualitative papers attempt to provide deeper insight into the process and experience of psychoanalytic FCAMHS consultations. By doing so, this thesis aims to bridge theoretical, empirical, and practical perspectives to enhance the delivery of forensic CAMHS consultations using psychoanalytic techniques

2.0 Article 1: Mental Health Consultations with Professionals Working with High or At-Risk Young People: A Systematic Review

2.1 Introduction

In a report titled "Children and Young People's Mental Health” (Health and Social Care Committee, 2021), the UK Parliament investigated the state of Child and Adolescent Mental Health Services (CAMHS) since the COVID-19 pandemic. The findings in the report demonstrated the extent and seriousness of the mental health crisis young people and their families have been facing since the pandemic; the prevalence of young people living in the U.K. with a probable mental health diagnosis has increased since 2017 from one in nine children to one in six in 2020. In terms of service demand, there has been a nearly 60% increase in young people's referrals to CAMHS since 2017. The mental health needs of young people referred to CAMHS have become more complex and severe compared to pre-COVID referrals (Health and Social Care Committee, 2021). As a result, the demand for mental health services has risen, increasing the need for specialist support for professionals working with high or at-risk youth. Reports specifically highlight the importance of expanding mental health consultations to bridge gaps in NHS services, particularly for at-risk populations (Committee of Public Accounts, 2023)

2.1.1 Social, Environmental and Psychological Factors for At-or-High-Risk Youth

Prevalence rates for at-risk and high-risk children in social care are high, with a 9% increase in children in care over the past five years since March 2023 (NSPCC Learning, 2024). In the case of high-risk youth, in 72% of cases where children were sentenced, mental health was a concern (Criminal Justice Inspectorates, 2023). It was also reported that high-risk children who offend have a higher likelihood of experiencing trauma, neglect, social disadvantage, and inability to access services when needed despite requiring more urgent support and care than the general youth population (Criminal Justice Inspectorates, 2023). Equally, children from racially minoritised backgrounds tend to be underrepresented in CAMHS services and overrepresented in youth justice services (Lane et al., 2021). This gap in care can lead to racial bias in the mental health treatment of Black, Asian and other minority ethnic (BAME) young people. Equally, BAME youth also tend to be overrepresented in highly prevalent mental health disorders in the forensic field, such as Antisocial Personality Disorder, Conduct Disorder, PTSD, and co-morbid substance misuse and mood disorders (Garb, 2021). Therefore, community-based professionals such as social workers and youth justice workers are vital in ensuring that these young people have equitable access to the level of support and care they need. NICE guidelines emphasise the importance of providing young people presenting with antisocial behavior or conduct disorders access to a consistent key worker who can support their engagement in treatment and connection to community resources (NICE, 2016). Despite the importance of these professionals in engaging at-or-high-risk youth in services, there is little support for front-line workers despite the well-

documented high rates of burnout, anxiety, and secondary trauma (Hopwood et al., 2019; Hatcher et al., 2011; Salloum et al., 2015).

The role of specialist consultation services within CAMHS has been essential in bridging the disparity in care by addressing gaps in support for at-or-high-risk young people and the front-line workers they engage with. By offering indirect work and multi-agency collaboration, CAMHS mental health consultations have emerged from the recognition that mental health professionals can best support professionals and young people through these accessible forms of care. In recent years, consultation services aimed at addressing complex and high-risk presentations in young people have emerged all around the U.K. Perhaps most notable has been the advent of the Forensic Child and Adolescent Mental Health Service, or FCAMHS.

2.1.2 Mental Health Consultation Frameworks in CAMHS Settings

Services such as FCAMHS and other CAMHS consultation services have been predicated on a gestalt of mental health consultation frameworks. Most notably, Caplan's seminal work *Theory of Mental Health Consultation* (1970) pioneered a framework for consultation within the mental health field. Caplan's model emphasises the role of collaboration between interdisciplinary teams, either delivering or seeking consultation. According to Caplan's (1970) model, four different types of consultation are defined: client-centred consultation, where the consultative task is to help the consultee with a particular individual case; consultee-centred consultation, where the consultant is seeking to support the consultee in an area of professional development; programme-centred consultation, in which the consultant is either helping to implement or improve mental health program delivery, and consultee-centred administrative consultation, where the consultation is aimed at helping a service develop capacities to maintain and address mental health concerns

(Caplan et al.,1994). Mental health consultation models have traditionally emphasised collaboration and moving away from top-down approaches to problem-solving, such as the consultant being an “expert” and possessing the tools for change instead of the network (Southall, 2005).

Caplan’s models for mental health consultations have been widely implemented in a variety of community-based settings, such as schools (Splett et al., 2013; Erchul & Martens, 2010), youth programs (Foster et al., 2013), and youth justice programs (Sinclair & Epps, 2005). Other frameworks for psychological consultations have been applied to child and adolescent mental health settings: Behavioural consultation models seek to help consultees manage and reduce behavioural difficulties in young people (Luiselli, 2019), whereas socio-ecological systems (SES) frameworks explore the interconnected relationships and systems within a young person’s environment. These systems range from exploring the child’s direct, individual interactions, relationships between individuals/systems, external factors that may impact the child’s environment, culture and society and finally, temporal factors and transitional periods (Brofenbrenner, 1979). The key to SES frameworks is to help consultees view the child’s world from various contexts and interwoven areas of experience to address their mental health needs (Eriksson et al., 2018).

Psychoanalytic, or other times referred to as psychodynamic or object-relations consultation, has a similar focus to SES models of consultation. However, it offers a unique approach to helping consultees understand the difficulties of young people through close exploration of the relationships between their internal and external worlds. Alongside giving considerable focus to the parent-child/child-adult relationships within the consultation (Rustin, 2008), psychoanalytic consultation also relies on bringing awareness to both the conscious and unconscious dynamics that

may underpin some of the challenges and difficulties being brought for consultation (Kennedy & Midgley, 2007; Emanuel, 2005). Helping consultees to be aware of and reflect on issues related to transference and countertransference in their work with young people or within the team is also a significant component of psychoanalytic consultations for those working with young people (Canham, 2001). Part of the aim of psychoanalytic consultation is to offer containment (Bion,1962) to the network on multiple levels that address the difficulty being named and the more complex experiences that may not be so easily or readily addressed. These specific concepts are integral to the development of what has been referred to as the “Tavistock Model” of consultation, namely deriving from the thinking of psychoanalytic child and adolescent psychotherapists at the Tavistock Clinic in London and has been used in a wide variety of settings (Jackson, 2010).

2.1.3 Background to Professional Consultation Research with At-or-High-Risk Youth

Though a breadth of studies have examined the role and efficacy of mental health consultation for professionals working with young people (Ghag et al., 2021), research exploring the role of consultation for at-or-high-risk youth populations is limited. In school settings (Perry et al., 2007), early interventions via mental health consultations with teachers and educational staff have been evidenced to reduce school expulsion for children displaying problematic or highly challenging behavioural difficulties. Though effective, mental health consultation in schools may be limited due to lack of funding, which may already be a significant concern for under-resourced schools (Perry et al., 2007). From a psychoanalytic approach, Louise Emanuel (2005) examined the role of a psychodynamic mental health consultation in schools where children display emotional/behavioural difficulties or

severe learning difficulties. She argues that the unique contribution child and adolescent psychotherapists bring to consultation in educational settings is the capacity to help make conscious the sets of unconscious defences, anxieties and other associated dynamics that might be occurring in the child by first helping education staff recognise how related feelings might be stirred within the staff group when working with such children. In so doing, the aim is to help staff identify what the child's behaviour might be communicating and if further work may be needed. Psychoanalytic case studies of professional work with high-risk children have illustrated how disturbances and anxieties of the child can find their way into professional networks, which can manifest in blame and hostility among professionals (Woods, 2005).

In the broader community context, Burns & Hoagwood (2002) examined the role of mental health consultation for professionals working with children with severe emotional and behavioural disorders. Their work focused on the need for mental health professionals to work collaboratively with frontline staff (teachers, probation officers, social workers) to provide psycho-education and consultation spaces that allow for a multi-disciplinary approach to applying different strategies based on an understanding of the child's multi-layered emotional needs. Though taking a collaborative approach to addressing severe emotional or behavioural difficulties in community settings has been illustrated to be effective, limitations to community-based approaches are inherent, such as challenges in being able to sustain a consultative relationship and risk of network fragmentation, which is a significant barrier when working with high-risk youth (Burns & Hoagwood, 2002).

In the field of youth justice, one solution to providing mental health consultation has been to attempt to embed mental health workers into Youth Offending Teams (YOTs)

to provide mental health consultation to youth justice workers, as justice-involved youth tend not to refer to mental health services directly and rely more on indirect means of engagement to assess their wellbeing (Callaghan et al., 2003). Similarly, Sinclair & Epps (2005) discuss the role of mental health consultation in YOTs as being vital to providing indirect mental health provision and supporting youth justice workers within their roles. Mental health consultation was viewed as facilitating this in the following ways: mutual collaboration between mental health professionals and youth workers where the consultant is not held within an “expert” position but rather a co-constructor towards problem-solving within the youth offending team. Secondly, effective consultation meant instilling clear boundaries and responsibilities between the consultant and the network, which was considered particularly important with external legal systems such as courts, who may view the consultants as the responsible case workers. Finally, consultation was seen as providing a space for youth workers to bring case work dilemmas, as in line with Caplan’s (1970) approach to client-centred consultation approaches.

2.1.4 Lived Experience of Consultation Work

Alongside the literature that exists regarding consultation models and work with high-risk children, the researcher’s personal relationship to working within a consultation service in a CAMHS setting served as the impetus to connect lived experience to the wider understanding of mental health consultation with CAMHS work. Having both worked in a Forensic CAMHS consultation service as well as having sought consultation for patients as a child and adolescent psychotherapy trainee, it has been integeral to my clinical experience that services that provide consultation are readily accessible and indeed, are known about by wider services. It was a common experience for referrers to report not having known the service previously existed,

despite having been running for some years. It was also often the case that despite being referrers seeking consultation, what was in the minds of the referrers about what a consultation could offer might not always marry up with the actuality of what the service could provide. At the heart of this review is my desire to understand how consultation service models are both conceptualised and experienced on a broader scale. I am particularly interested in exploring how access, visibility, and awareness of CAMHS consultation services can be improved to better support professionals working with young people facing complex needs.

2.1.5 Research Aims

While prior research compellingly advocates for mental health consultation for professionals working with at-risk or high-risk youth, relatively little has been done in the past decade to re-examine its role and effectiveness. Personal experience within CAMHS consultations further highlighted gaps in understanding and accessibility, underscoring the need for greater awareness of consultation models and how they function. This systematic review synthesises literature from the past ten years to identify gaps in support and explore potential future directions for mental health consultation.

2.2 Methods

2.2.1 Search Criteria and Strategy

PRISMA guidelines (Moher et al., 2009) were used first to identify, screen, and assess the studies' eligibility to be included in the current review (Figure 1). PRISMA guidelines were used to promote the reproducibility of current findings and inform a comprehensive research selection and analysis process. Study criteria were not limited to a methodological approach, and therefore, qualitative, quantitative, and mixed methods studies were permitted in the search. However, further parameters

were initiated to fit the research aims' relevancy. PsychINFO, PEP Archive, and Psychology and Behavioural Sciences collection databases were used to identify relevant studies. Google Scholar was also used to help identify peer-reviewed works that may have been outside the catchment of the above databases. Specific search terms were used to identify potential studies: CAMHS Consult* OR Consult* OR Reflective practice*, Collab* AND CAMHS* AND Risk, NOT supervision. Searches were also done using the terms Multi-disciplinary collab* AND CAMHS in recognition of work-culture shifts that have identified that the traditional usage of the term “consultation” has denoted collaboration as originating from an external entity rather than highlighting the roles that professionals can play in facilitating consultation from within their own teams. Related search terms were also used on Google Scholar to identify studies: CAMHS consultations with youth workers, CAMHS consultation with social care, CAMHS reflective practice studies, and CAMHS multi-disciplinary co-collaboration. In the database searches, further limiters were used to identify appropriate studies.

2.2.2 Study Parameters and Limiters

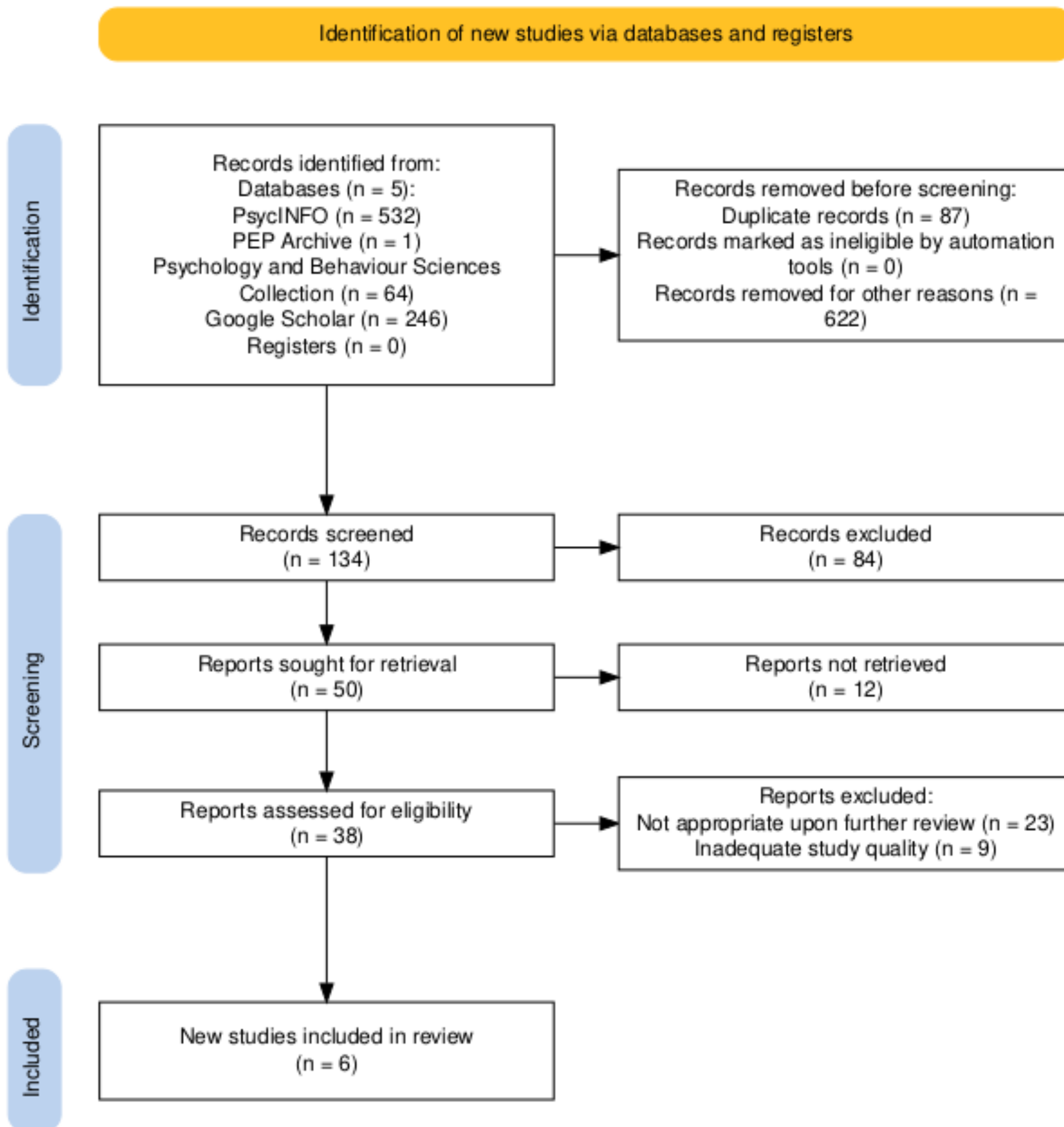
The present study concerns contemporary literature, defined as research published within the last decade. Publication date parameters were set only to include studies from 2012 to 2024, as the current research study began in 2022. Geography was also crucial to the review and limited to studies conducted in the U.K. to consider the larger systemic and institutional implications that may be at play when consulting within a particular health care and community system. Without geographical parameters, the transferability of the findings may be diluted. An age range parameter of 0 to 18 years old was included to reflect the typical service user cut-off age in most Child and Adolescent Mental Health Services (CAMHS) in the U.K.

Further limiters were set around the language of the studies, which needed to be in English, peer-reviewed, and have full-text availability.

2.2.3 Study Selection and Quality Evaluation

Studies were screened to determine their relevance to the research question. Titles and abstracts were first examined and excluded if they did not appear appropriate according to research aims. Qualified titles and abstracts were further screened by reading and evaluating the studies. The screening and selection process is outlined below in the PRISMA diagram (Figure 1). Where possible, the quality of selected studies was assessed using the Joanna Briggs Institute (JBI) guidelines for research evaluation (Lockwood et al., 2015). As most of the studies selected in this review were qualitative, the JBI Critical Appraisal Tool for qualitative research was used to assess the overall quality of the study presented. Though the JBI Critical Appraisal Tool for qualitative research does not have a specific threshold for inclusion or exclusion criteria, it can help inform if the study adhered sufficiently to best qualitative practices. For instance, the appraisal tool criteria looks for congruity between the research methodology, question, and presentation of findings and relevant discussion, accountability of the researcher’s influence and positionality, representation of participants and sufficient ethical considerations, and rigour of data collection and analysis (Lockwood et al., 2015).

Figure 1: PRISMA diagram *source: (Haddaway, Page, Pritchard, & McGuinness, 2022)*



2.2.4 Operational Definitions and Selection Criteria

Qualified studies also needed to adhere to operational definitions being used within the current review. For instance, CAMHS consultations were the sole mode of consultation delivery being examined. Specifically, the etiological framework for what is considered consultation was required to adhere to some aspects of Caplan's (1970) definition of mental health consultation. A mental health professional (consultant) is a person who has specialised knowledge in a specific area of treatment and can promote community programs related to mental well-being. This professional works with other professionals from various backgrounds who may be working with someone with mental health needs (nurses, GPs, educators, legal sector workers, social workers, etc). These professionals may also seek mental health consultation to understand better their professional practices around mental health or the provision of mental health practices within their services (Caplan, 1970, p.12). Therefore, this excluded studies that were about supervision or direct work.

Equally, the youth population in which professionals in the studies selected sought consultation is also quite specific. The terms "at-risk" and "high-risk" are typically used as umbrella terms to describe the level of a young person's predisposition to certain risk factors that can lead to poor mental health outcomes. These predisposing factors are based on a variety of psychosocial, environmental, economic, and relational factors, to name a few. Since these terms do not denote a specific symptomatology or psychopathology but rather a characteristic of factors that can contribute to poor mental health, these terms have a wide application both within and outside of the psychological field. "At-risk" youth described in selected consultation studies are those whom professionals have identified as at risk of

engaging in risk-taking behaviours due to psychological distress as a result of exposure to adverse life experiences, such as high-conflict households, abuse, trauma, witnessing community violence, poor peer relationships, substance misuse, and living in environmental or ecological hardship (Toews et al., 2024;Sheffler et al., 2020). “High-risk” in this review encapsulates the above predisposing factors for youth engaging in risk-taking behaviours, but with the addition that high-risk youth are already engaging in harmful behaviours that tend to align with crime, violence, and severe substance misuse (Hindley et al., 2017;Youth Justice Board for England and Wales, 2024). Due to the prevalence rates of both groups of young people being at risk of school exclusion and social care involvement (Office for National Statistics, 2022) as well as contact with criminal justice services (Youth Justice Board for England and Wales, 2024), selected studies may refer to consultation with professionals working within these various setting where there is a high prevalence of both sets of young people. Therefore, studies were not necessarily excluded by the lack of the terms “at-risk” or “high-risk” but rather by how they defined the population of young people being consulted in line with the above characteristics.

2.3 Data Analysis

Following the strucutured mapping for the identified studies, a narrative synthesis approach (Popay et al., 2006) was employed to interpret and integrate findings across studies. Unlike the structured mapping process, narrative synthesis allows for a more interpretive rather than evaluative approach, identifying thematic connections across different research perspectives. This approach enabled the integration of findings across different study designs, so that shared insights could be linked while accounting for variations in research focus and methodology. Importantly, narrative synthesis follows a constructivist epistemology, recognising

that the researcher's positionality shapes both the interpretation and presentation of findings (Breen, 2007). As a psychodynamic researcher and psychoanalytic child and adolescent psychotherapist, the researcher's professional background influenced the lens through which the studies were analyzed, particularly in making sense of the emotional and relational aspects of consultation work. The synthesis of findings is therefore not a purely objective process but a form of storytelling (Popay et al., 2006), weaving together diverse perspectives, methodological approaches, and theoretical insights into a coherent narrative. Table 1 shows the outline of the mapping process done of the narrative synthesis analysis for the included studies.

Table 1: *Narrative Synthesis of Included Studies*

Table 1. Studies included in the literature review

Author	Purpose	Study design	Sample	Relevant findings
Archard et al. (2022)	Examined consultation practices within a specialist CAMHS team over a 26-month period, identifying referral patterns and reflecting on the impact of COVID-19	Descriptive service audit	n=258 consultations recorded and analysed as a part of the audit data	Consultations remained vital during the pandemic. The shift to digital delivery allowed continued support but introduced challenges to access
Draper et al. (2022	Examined the role of psychological consultation to adoption services, highlighting the process, benefits, and challenges from the perspectives of social workers and clinical psychologists	Qualitative	n=6 consultees and n=4 consultants	Mental health consultation supported social workers in managing emotional demands, understanding attachment needs, and improved collaboration
Durka & Hacker (2015)	A mixed-methods study exploring staff and consultant experiences of consultation to LAC services, focusing on role clarity and relational dynamics	Mixed methods	n=30 consultees in the quantitative phase, n=13 consultees and n=2 consultants for the focus group phase	Consultation strengthened staff confidence, promoted reflective practice, and improved team cohesion
Jacob et al. (2024)	Exploration of referrers' experiences of the FCAMHS consultations and examining its role in supporting professionals working with high-risk young people	Qualitative	n=34 professional referrers to FCAMHS	Helped reduce professional anxiety, improved multi-agency coordination, and supported risk management for high-risk youth
Pretorius & Karni-Sharon (2012)	Qualitative evaluation of a nursery-based child psychotherapy outreach service by assessing impact of the service on children, parents, and staff	Qualitative	n=8 parents and n=10 staff members	Embedding a psychotherapy outreach service in a nursery improved access, with staff better understanding children's behaviours
Robinson et al. (2020)	Thematic analysis explored child psychotherapists' role in consulting with networks around looked after children	Qualitative	n=9 child psychotherapists who have worked with foster carers and in LAC services	Psychoanalytic consultation helped networks manage uncertainty and emotional complexity, despite tensions between service demands and capacity

Building on the narrative synthesis, thematic synthesis applied a more structured process of coding and theme identification, enabling a systematic organization of qualitative findings (Thomas & Harden, 2008). This method is particularly well-suited for qualitative literature reviews in health and social care, where studies may vary in methodological approach but share a focus on exploring nuanced, context-dependent insights. As a result, combining narrative synthesis for initial pattern identification with thematic synthesis for deeper analysis enabled the review to explore the current state of mental health consultations for professionals working with at-or-high-risk youth across a multitude of data.

Data from the selected studies was analysed and interpreted following Thomas & Harden's (2008) thematic synthesis process, which involved:

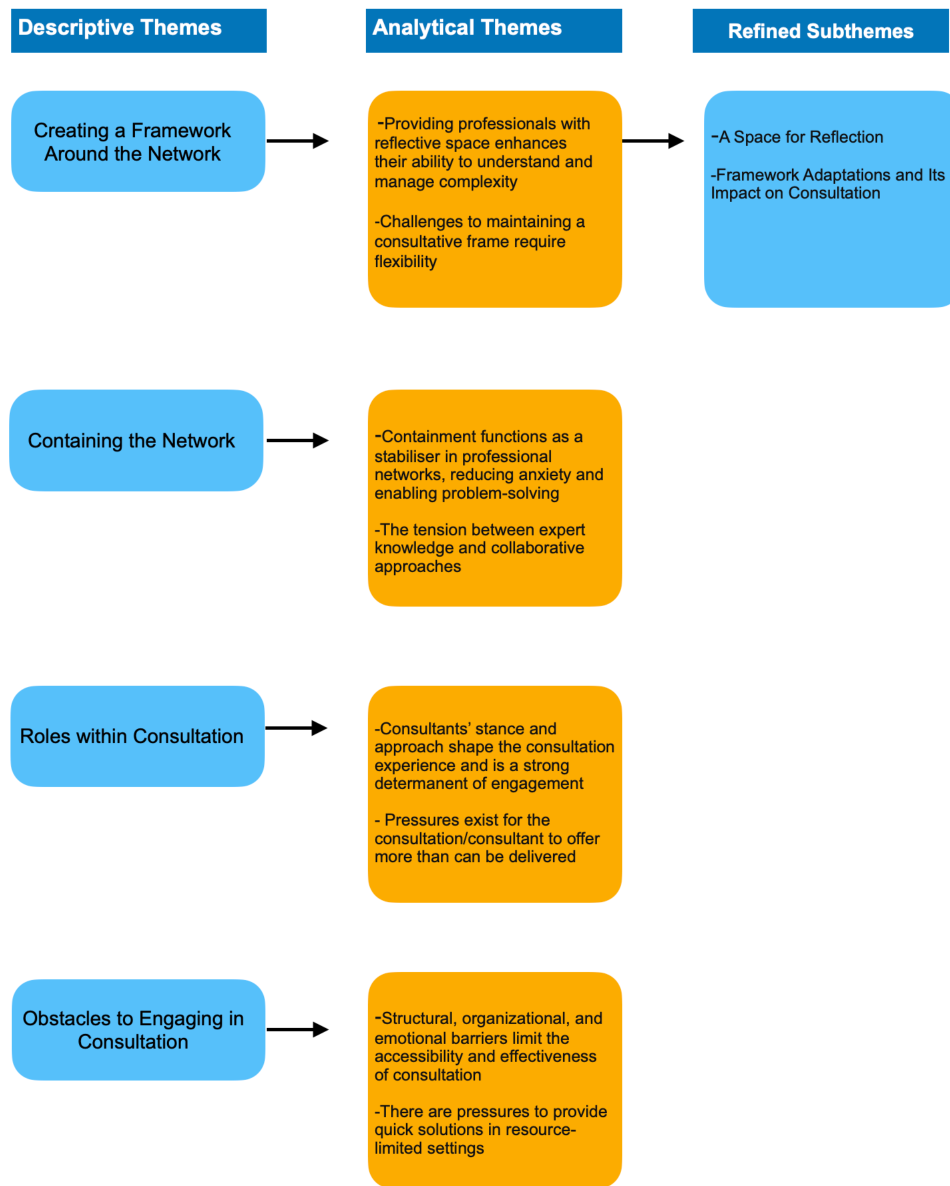
1. Coding key concepts from study findings
2. Grouping codes into descriptive themes to summarise parttens
3. Developing analytical themes that intrepret broader, contextual meaning
4. Refining and sythenesising themes and where relevant, developing subthemes

Themes identified through this process are presented in Table 2 below.

2.4 Findings

As shown by the PRISMA diagram, this review comprises (n=6) studies. (N=2) studies were service audits and evaluations, (n=1) was a mixed-methods study, and (n=3) were qualitative studies. The thematic analysis yielded four superordinate themes around the current characteristics of CAMHS consultations for professionals working with at-or-high-risk youth populations: creating a framework around the network, containing the network, roles within consultation, and obstacles to engaging in consultation.

Table 2: *Thematic Synthesis of Literature Review Themes*



2.4.1 Creating a Framework Around the Network

2.4.1.a A Space for Reflection

All studies (n=6) reported the importance of creating both the physical and emotional space of consultation work to facilitate a different way of thinking or approaching the mental health of an at-risk young person. In a qualitative study interviewing (n=9) child and adolescent psychotherapists on their experiences of giving consultations to

al. (2020) reported that the majority of the child psychotherapy participants indicated in their responses that what networks often conveyed needing consultation space to form "…a thinking space *around* the child" (p.316) in light of requests being made by the network for therapists to have direct involvement with the child rather than the network alone. The idea is that by encouraging professionals to reflect on the validity and strength of their individual and collective insights, mental and emotional space can be created within the network to have a clearer understanding of the child's needs and difficulties, rather than outsourcing this knowledge to another professional, which can run the risk of overwhelming both the network and the child. A similar finding was found in a thematic analysis done by Pretorius and Karni-Sharon (2012) as a part of a mixed methods study evaluating a psychotherapy outreach service in which child psychotherapists offer therapeutic work to parents and children and consultations to school staff at a nursery. A central theme generated from the individual interviews of school staff members' (n=10) perceptions of consultations with the child psychotherapist was that consultation provided staff members with a private space to think, which therefore contributed to staff being more reflective about the child as well as more consideration being given to how the child's environment may impact on their behaviour.

However, being able to work within a reflective framework as a means of consultation may not be possible for workers who feel too stuck in the challenges presented by a child or family to be able to take the space needed to have a reflective point of view. In a qualitative study by Draper et al. (2022), clinical psychologists (n=4) offering consultation to social workers within an adoption team defined mental health consultation as a "formulation space" (p.14), whereby the consultative environment is framed through a clear understanding of the aims and

rstanding of the aims and goals of the consultees to then offer formulations or intervention planning based on these goals. According to the study, this allows consultees the opportunity to step back and listen to ideas and solutions from a different perspective in which they can then locate themselves, rather than needing to rely solely on reflective capacities where the space required to work through complexity in this manner may not be available (Draper et al., 2022).

Another study by Durka and Hacker (2015) found similar findings in their qualitative interviews understanding the consultant's experience of delivering mental health consultations (n=15). Equal importance was placed on building a reflective space around the child to give consultees confidence in their capacities to provide what is needed for the child rather than immediately referring to CAMHS in the face of complexity (Durka & Hacker, 2015). Doing so may enable the team to locate the solutions to complex dilemmas faced when working with at-or-high-risk youth within the network rather than recruiting more professionals or services to try and solve the problem. This links to the preventative-like measures consultation serves in the Robinson et al. (2020) study, whereby the anxiety raised in the network around working with quite complex mental health presentations in high-risk young people can lead to further professionals becoming involved, which then has the potential to undermine the network's capacity in addition to running the risk of overwhelming the child.

2.4.1b Framework Adaptations and its Impact on Consultation

Unprecedented challenges to holding a consultative frame and, even more so, holding the child in mind during consultative work with high-risk youth were apparent during the COVID-19 pandemic. The impact of the pandemic altered how many health and social care professionals looked after the children and young people in

hildren and young people in their care. Indirect forms of mental health care, such as psychological consultations to networks, are vital for justice-involved and at-risk youth to have some access to psychological care and traditionally relied on having face-to-face contact with consultants (Archard et al., 2022). However, in an audit conducted by Archard et al. (2022), the move to all-remote working in the context of the pandemic provided several barriers to maintaining a reflective consultative frame. Archard et al. (2022) commented on how issues such as zoom fatigue and the lack of space to pick up on non-verbal communication, unconscious desires to want things to be better in the face of the adversity brought on by COVID, and the complexity of avoiding pathologising certain behaviours in response to the extreme circumstances brought on by the pandemic threatened the reflective function of the consultative space to justice-involved youth workers. However, one qualitative study conducting a thematic analysis on referrers' (n=34) experiences of Forensic CAMHS consultations found that the move to remote delivery of consultation facilitated better accessibility to the service and was not reported as a significant barrier to accessing consultation (Jacob et al., 2024).

2.4.2 Containing the Network

In (n=5) studies, consultation offered assurance, or containment, to the network and was an essential characteristic of the mental health consultation experience when working with at-or-high-risk young people. One study reported that consultation is often sought when the network is at an impasse regarding addressing a young person's needs. In this instance, consultation provided a means of working through rather than being sought for direct advice (Archard et al., 2022). Impasses were reported as sometimes being due to the complex and difficult-to-understand presentation of a young person or their family. Having space to think about the

space to think about the complexities was seen as having the capacity to reduce the anxiety levels in the network that alternatively may be sought through direct action, which was not always deemed helpful (Archard et al., 2022).

Similarly, containment was also found to be an alternative "action" to sometimes reactionary decisions made by networks in the face of challenging and complex circumstances (Robinson et al., 2020, p.318). The study suggested that containment, by way of the consultant holding on to the network's conscious and unconscious anxieties, was one of the unique offers provided by child psychotherapists concerning psychoanalytic approaches to consultation work. Containment was also identified as stemming from the consultant's perception of expertise and responsiveness, which helped bring agencies together to “calm down” the network to an extent where thinking about risk and formulating a plan was possible (Jacob et al., 2024, p.7). Unlike the proposition of containment being a skill offered by child psychotherapists (Robinson et al., 2020), containment was also seen as a mentalisation-based skill rather than discipline-specific (Jacob et al., 2024).

Equally, the subtheme “r*eflection, containment and reassurance”* by Draper et al. (2022) pointed to the duality of the containment function in the social care-psychologist consultation relationship. Social workers identified consultation as helping them to replicate aspects of containment to offer better support to families while also describing how psychological consultations acted as a means of "emptying the worry bag" of professionals (Draper et al., 2022, p.1177). Themes around containment and reflective functioning were not found in Durka and Hacker's (2015) study on consultants’ and consultees' consultation experiences in a residential setting. Instead, the consultant's stance or attitude towards the consultation was indicated as being an essential part of the consultee's consultation

f the consultee's consultation experience.

2.4.3 Roles within Consultation

Much of the perceived benefit of consultations was reported as deriving from the consultant's stance or understanding of consultation roles within the framework. There were many similarities across the studies regarding how consultees perceived the consultant's attitude that helped facilitate the consultation: warmth, transparency, boundaried but flexible in response to network needs (Durka & Hacker, 2015), being consistent and naming difficulty (Pretorius & Karni-Sharon, 2012), and remaining curious by asking questions without being judgemental or proscriptive (Robinson et al., 2020). These consultant characteristics enabled consultation with other professionals to be more accessible by strengthening trust in the consultant-consultee relationship while also facilitating a learning environment where psychological skills and ways of thinking could be taken outside the consultations into the work with at-or-high-risk children and families (Durka & Hacker, 2015; Pretorius & Karni-Sharon, 2012; Draper et al., 2022).

However, in attempting to adopt a helpful consultant stance, navigating the pressures and needs of consultees and their clients can create friction between what a consultant can offer and an expectation of more than the role can perform. A common dilemma reported by consultants was a tension between what could be provided within a consultation and a desire for more or different from the network. Some of these conflicts resided in more structural components of consultation work, such as the relatively unstructured and reflective nature of some consultations and the demands of the network to have more behaviour management strategies (Robinson et al., 2020). Equally, the lack of clear, defined guidance on how to deliver consultation (Durka & Hacker, 2015; Draper et al., 2022) was also cited as a barrier,

) was also cited as a barrier, as this lack of guidance often leads to confusion among consultants as to the parameters of consultation work and what can realistically be offered.

In (n=4) studies, the role of expertise was a significant characteristic of consultation and held different meanings within each study. At times, this was reported to be due to the nature of the risk presented in the population and the specialist, complex nature of the cases being brought for consultation. Therefore, in certain instances, consultees viewed it as helpful as perceiving the consultant or consultation service as an “authority” (Jacob et al., 2024). In other studies, expertise posed a technical challenge to navigating consultation. In two studies, resisting taking on the role of “expert” was a significant dilemma for some consultants. This was perceived as meaning a less collaborative approach that could lead to a shutdown in the thinking capacity of the professionals involved in the case and sometimes frustration on behalf of the consultees that consultants are not providing answers (Robinson et al., 2020; Durka & Hacker, 2015). Though not explicitly stated as a matter of being “expert”, in one evaluation, a difficulty offering specialist consultation was a sense of CAMHS consultants being placed in a position where the network may be trying to indirectly refer a high-risk child through the use of consultation rather than using the space to consider the child’s difficulties (Archard et al., 2022). In another study, though there was a desire from the consultants not to be seen as the experts or as holding the expertise in the consultation space, consultees expressed that consultants holding the role of expertise better facilitated expressing their concerns and difficulties within the consultation space (Draper et al., 2022).

2.4.4 Obstacles to Engaging in Consultation

Several studies indicated the difficulty in engaging in consultation work, whereby organisational and institutional factors threatened the stability and consistency of the consultation space. Some of these obstacles were environmental, such as phones going off or the location of the consultation itself needing to be more suitable for confidentiality (Durka & Hacker, 2015) or moving to remote forms of working (Archard et al., 2022). Others indicated deeper systemic issues that pointed to a conflict between helping professionals who could not access their own needed support in the form of consultation. Overwhelming demands placed on the professional capacities of those seeking consultations created a barrier due to the time pressures and the difficulty of allocating dedicated time to ongoing consultation work. "Time poverty" and availability of resources could then lead to the staff coming into consultations underprepared and thus unable to fully utilise consultation spaces due to not having all or partial information about a case (Draper et al., 2022, p.16). A similar finding in one study reported that time pressures meant that the consultation framework may have to be more flexible than otherwise conceptualised (Pretorius & Karni-Sharon, 2012). Other instances appeared to be related to a conflict between organisational values and the operational reality of the service, which meant that protecting space for consultation proved challenging on multiple levels. Although they discussed organisations that very much encouraged the provision of protected space to think through practice elements, it appeared in some instances that organisational pressures made it difficult for staff to prioritise such meetings. In many cases, these were practical reasons, such as difficulties coordinating whole network meetings with a group of busy professionals, residential staff working shift patterns,

or education staff unable to attend meetings during teaching hours (Robinson et al., 2020).

These dilemmas around time, workload pressure, and organisational constraints also generated particular demands on how and what the consultation could offer. Time pressure resulted from one study in which consultants felt pressed to provide "simple solutions to complex situations" (Draper et al., 2022, p.17). Feelings of frustration, lack of confidence, and being overwhelmed were common emotions on both sides of the consultation relationship due to the challenges faced by networks. As such, consultants reported feeling overwhelmed by the amount of need displayed by the networks. In contrast, consultees can feel frustrated by the consultant's lack of knowledge or capacity to act on how their services operate (Durka & Hacker, 2015). Child psychotherapists offering consultation expressed a tension between wanting to provide something different than what was in their professional capacities to meet the needs of the network. This was at odds with a contrary belief that their approach to consultation was good enough for the network to take something valuable away from it in the face of adverse conditions (Robinson et al., 2020). These tensions between what could be offered and what was possible also led in one study to consultants finding themselves attempting to speak to various levels of needs, which could lead to confusion in the consultation (Durka & Hacker, 2015).

2.5 Discussion

2.5.1 Creating a Framework around the Network

The first theme, “Creating a framework around the network,” captures the essence of the aims and challenges in delivering CAMHS consultations with professionals working with high or at-risk youth in today’s climate. CAMHS consultations often need to manage both network needs that involve multi-agency interests and

adequately address the high emotional intensity of the cases being brought when working with this specific youth population. Robinson et al. (2020) presented their thematic analysis findings about the “tensions” of the consultation experience, and this presentational stance is apt (p.314). A key finding in this theme was the importance of consultation and the framework informing it being reflective and collaborative amongst inter-agency professionals. Many studies highlighted the emotional intensity and professional burden of working with such young people on a network (Archard et al., 2022; Draper et al., 2022). All studies recognised the importance of having a consultation space to address the network's complexities, though there were differences in how the structure of the consultation space may do so. Consultations as being a place to offer a reflective space were viewed as the most supportive way consultation could help professionals be able to make sense of the child’s difficulties and, in so doing, hold the child's needs from the network at the heart of the consultation despite the complexity of their presentation (Robinson et al., 2020; Pretorius & Karni-Sharon, 2012). In so doing, the solutions to the network’s challenges are held within the system rather than a reliance on an idea of someone or something from the outside being causal agents for change. This fits with reflective framework models described in previous literature, such as the “Tavistock Model” approach (Jackson, 2002; Emanuel, 2005; Canham, 2001). The aims described by the reflective consultation approach appear akin to trying to empower networks by moving away from “basic assumption” (Bion, 1961) group thinking, whereby an underlying sense of dependency on someone being able to come in and rescue or steer the group through its difficulties is apparent within the network and may both consciously or unconsciously underpin some of the reasons for seeking consolation.

However, some studies also pointed to the risk of this ideal type of consultation misaligning with the broader network realities. Given the nature of both the institutional difficulties as well as the inherent challenges of working with high and at-risk youth, being able to achieve the mental and emotional capacity to be able to exist within a reflective frame of mind may not be possible for some professionals (Draper et al., 2022), time pressures that disadvantage continuity in the consultation relationship (Pretorius & Karni-Sharon, 2012), or drastic changes to the mode of delivery of the consultation (Archard et al., 2022) can all impact on taking a reflective approach to consultation. As such, these studies point to gaps in the literature where flexible consultation models that work around time pressures and restraints exist and better address the needs of most professionals working in austere settings.

Though these risks to consultation efficacy have been raised in previous literature (Burns & Hoagwood, 2002), these challenges did not always indicate a permanent barrier in some studies (Jacob et al., 2024; Pretorius & Karni-Sharon, 2012). A possible solution to certain obstacles may be adopting flexible consultation models incorporating reflective elements within their framework and delivery. These challenges may speak to the wider difficulty in accessing CAMHS consultations, particularly in the case where professionals may be working with many at-or-high-risk young people who each may be presenting with multi-faceted levels of need, leading professionals to strike a balance between being able to reflect on the complexity of one case whilst also needing to embody a wider range of approaches that may be more immediately applicable to other areas of their work. One approach may be offering more CAMHS consultation services where professionals are embedded explicitly in the service to improve both accessibility and capacity to build professional relationships, which in previous literature on consultation where such

CAMHS services have been embedded have indicated promising outcomes (Sinclair & Epps, 2005; Canham, 2001).

2.5.2 Containing the Network

One of the most fundamental characteristics of CAMHS consultations for professionals working with this specific youth population was the role of consultation in offering containment. The role of containment was understood and described in various ways in different studies. Containment could be viewed as a means of supporting a network in the process of working through entanglements that have caused an impasse in the network by which the consultation space allowing for processing was one way in which containment helpfully functioned in consultation (Archard et al., 2022). In another, containment was a concentric process described as "emptying the worry bag", whereby families have the space to do so with professionals, and professionals have the space to do so within the remit of consultation (Draper et al., 2022, p.1177). Containment was also described as an alternative form of "action" the consultant could deliver, rather than necessarily providing advice or suggesting directly a solution to the network's problem (Robinson et al., 2020, p.318).

Similarly, containment was reported as a type of consultation skill that could be imparted to consultees through mentalisation-based techniques (Jacob et al., 2024). The emphasis on containment as being a key feature of CAMHS consultation to professionals working with this particular youth population possibly recognises that addressing the emotional needs of the network, particularly around anxiety and distress, is the primary need before being able to address the needs of the case being referred about. The nuance of this finding highlights the level of strain both services and young people are under, as documented by the U.K. Health and Social

Care committee report published in 2021. The significance of this finding possibly indicates that consultants may need to approach networks seeking consultation as almost being the “case” itself and improving the emotional well-being of the network working with such a high level of risk and complexity as one of the primary tasks of consultation.

The original formulation of containment (Bion, 1962) was that the container, typically a person in a caregiving role, can hold and process feelings that are unmanageable and unbearable to face on one’s own. By the container not becoming too overwhelmed by the anxieties and distress coming from the person needing to have these feelings processed, a space of containment can be created between the two where something of what was once unbearable to think or feel can be reflected on and processed. As stated in the report “Children and Young People’s Mental Health” (Health and Social Care Committee, 2021), the challenges characterising young people’s needs, professional workload, and CAMHS capacity are unprecedented and overwhelming. The risk professionals have to contend with is rising, and arguably, so are professional levels of anxiety and distress. In this finding, the role of containment, initially formulated by Bion (1962), seems to best characterise professional needs from CAMHS consultation. As stated in previous literature, one aspect of delivering successful consultation is cultivating a collaborative approach to difficulties being faced by the network (Caplan, 1970; Burns & Hoagwood, 2002), particularly with at-or-high-risk youth (Sinclair & Epps, 2005). Future development of frameworks may need to emphasise and centralise the role of containment in the network as part of the consultation process. This may also support the previous discussion around creating more flexibility in approaches by balancing more reflective with more directive forms of consulting. In prioritising containment of

network anxieties, consultants may be more able to attune to the flexibility needed by attuning to the emotional complexities experienced by the network in working with at-or-high-risk youth.

2.5.3 Roles within Consultation

The review's studies highlighted several factors regarding consultation roles and subsequent dynamics. These findings highlighted that both the current strengths and limitations of CAMHS mental health consultation to professionals working with risky youth populations lie within how different dynamics and roles are experienced. A key finding identified was the mismatch between what a specific consultation service can offer and network perceptions of what is needed. For instance, some networks reported wanting more behaviour-driven tools rather than reflective understanding (Robinson et al., 2020) or wanting outcomes that are beyond the scope of what can be delivered by a consultant (Durka & Hacker, 2015). These findings possibly point to a current gap in the literature that needs addressing about how CAMHS consultations can better meet the needs of professionals, particularly those working with youth populations where an increase in risk may require having consultants with a broader range of skill sets to address different areas of network need.

However, framing the mismatch of the network's need with roles of consultation can risk shifting blame for the incongruence onto consultant incompetency rather than possible more significant systematic issues, such as lack of institutional resources. According to Perry et al. (2007), it was not a function of the consultation itself not being effective. However, the resources needed to sustain CAMHS consultation with schools hindered continuing access. Though there is a recognition that CAMHS consultations are vital in meeting growing service demand (Committee of Public

Accounts, 2023), professionals may be asked to step into ever-growing consultation roles without proper guidance on how to facilitate these demands.

As such, emphasis in the findings on the personal characteristics of the consultant may be particularly focused on when the characteristics defining guidance of CAMHS consultation delivery are absent. Consultants being viewed as warm (Durka & Hacker, 2015), curious (Robinson et al., 2020), transparent and clear (Durka & Hacker, 2015) were important for being able to build strong consultative relationships with networks. Though not directly discussed in previous literature, the role of the consultant in creating and modelling an inviting, curious atmosphere within the consultation is implicit in some of the psychoanalytic approaches to consultation (Kennedy & Midgley, 2007; Emanuel, 2005).

In light of the above, the varying views on the role of expertise in consultation is a particularly relevant and nuanced finding compared to prior literature on CAMHS consultations. In past literature (Caplan, 1970; Southall, 2005; Sinclair & Epps, 2005), the consultant taking a non-expert stance was seen as vital to creating collaboration among professionals in consultation. However, in light of the current challenges faced by professionals seeking out CAMHS when working with such high levels of vulnerability and risk, this stance may not always be easily maintained (Robinson et al., 2020; Durka & Hacker, 2015).

Conversely, expertness was identified as a positive factor in the consultation experience as someone who could offer specialist mental health knowledge to professionals whose specialist knowledge may lie elsewhere (Jacob et al., 2024; Draper et al., 2022). Though contending with traditional models of mental health consultation, introducing the role of expertise in consultation in a current CAMHS climate where demand for services is high and the needs of young people

increasing, consultations as being space that can offer unique and specialised knowledge may address some of the gaps between the current mismatch network needs and what consultation can offer.

2.5.4 Obstacles to Engaging in Consultation

In the final theme of the review, studies highlighted the various obstacles and barriers to engaging in consultation that underscore crucial current gaps in accessibility to CAMHS consultation for professionals working with at-or-high risk youth. The key obstacles identified in the studies centred on environmental, systematic or, organisational, and emotional factors. Despite legislative calls for more resources to improve access to such services for young people (Committee of Public Accounts, 2023), these findings indicate certain areas that need to be addressed for mental health consultation to be effective.

Environmental factors were identified as being linked to disruptions caused by technology or personnel interruptions, which compromised confidentiality that is necessary for consultation space to feel secure (Durka & Hacker, 2015) or suddenly changing to remote delivery in the face of COVID-19, which impeded upon the levels of reflection needing to occur in order to deliver sufficient consultations (Archard et al., 2022). These types of barriers to consistency and integrity in maintaining the consultation frame have been mentioned in previous studies as essential for engaging professionals in consultation settings, mainly where space and sudden changes to space availability can happen, such as schools (Jackson, 2010; Canham, 2001).

Equally, the notion of “time poverty” (Draper et al., 2022, p.16) permeated most studies and emphasised the current systemic and organisational barriers to accessing consultation. Consultations are becoming more pressurised to deliver

solutions in response to growing institutional demands placed on addressing increasingly complex difficulties arising in risks amongst youth populations. Some studies highlighted how institutional demands and organisational pressures may not always be in the young person's best interest. Previous literature on consultation services with YOTs identified a similar theme of youth workers seeking consultation to feel the need to quickly solve a complex problem presented by young people engaged in offending behaviours (Sinclair & Epps, 2005). In this instance, when issues brought to the consultation have an added layer of complexity, such as offending or violence, being met with systemic demands, such as legal or social care pressures to address these issues, consultations can come under pressure to meet organisational demands that may not align with consultative values of reflection and co-constructing collaborative solutions.

The environmental and systematic barriers presented in the studies also highlighted the emotional repercussions these challenges to engaging and sustaining CAMHS consultation have on professionals, such as frustration and overwhelm (Durka & Hacker, 2015) and feeling pressured to produce more than can be provided (Robinson et al., 2020). Particularly in working with high-risk youth, the enduring nature of these difficulties and the emotional impact they can have on professionals can run the risk of leading to professional burnout. These factors have been highlighted as contributing to network fragmentation and subsequent disengagement from consultation (Burns & Hoagwood,2002; Perry, 2007).

The alignment with prior literature and present findings is alarming, if not a cause for serious concern. Despite current legislation attempting to address the gaps in care created by these limitations (NHS England, 2023), more reforms may be needed as CAMHS consultation models appear to be contending with the broader scarcity

model being faced by the NHS and will otherwise run the risk of underdelivering mental health access to the at-or-high risk youth populations deemed in most need of these services.

2.6 Conclusion

This review synthesised and critically analysed the current literature on CAMHS consultations for professionals working with high or at-risk youth. This study aimed to highlight the characteristics of CAMHS consultations in the present context and identify, where possible, gaps between current studies and previous consultation literature. A thematic analysis was conducted on (n=6) studies that met the review criteria, which produced four themes: creating a framework around the network, containing the network, roles within consultation, and obstacles to engaging in consultation. Though findings broadly aligned with previous literature, this alignment seemed to speak to the enduring and stagnant barriers to making consultation accessible and practical, particularly to professionals working with high and at-risk youth.

Two new findings possibly reflect this need for more comprehensive systemic change to deliver more effective CAMHS consultations: the nuanced discussion around the role of expertise and the identification of containment as an essential characteristic of CAMHS consultation. Traditional models of mental health consultation have steered away from a view of the "consultant as expert" approach, which has been viewed as undermining agency within networks and their capacities to initiate meaningful change (Caplan, 1970; Southall, 2005). However, the varying findings around expertise in this review highlighted that consultants being seen as colleagues offering specialised, tailored knowledge to professionals working with an

increasingly complex and challenging youth population could be vital in facilitating rather than dictating how collaborative solutions could be developed in consultation.

Equally, the identification of containment as a key characteristic of current CAMHS consultations points to a potential therapeutic shift in the role of managing network anxieties, particularly given the nature of the difficulties presented by young people who are at risk. The findings suggested that a more reflective space about the young person’s needs could be created by containing the network's emotional distress. These findings point to possible gaps in both literature and wider legislative policy that, despite the efforts to improve services (Committee of Public Accounts, 2023), current barriers to accessibility and efficacy of CAMHS consultations remain, particularly to professionals working with at-or-high-risk youth populations that have been specifically identified as needing access to more mental health support (Health and Social Care Committee, 2021).

Key limitations to the findings of this review are the small number of studies identified and the degree of heterogeneity of the included. These factors can limit the generalisability of these findings. Equally, potential researcher bias towards specific consultation frameworks and professional proximity to the reviewed data may skew results and discussion of findings. More research is needed on CAMHS consultation, specifically qualitative research that investigates the experiences of consultants and consultees working with high-risk populations so there can be a better understanding of how these specific types of CAMHS consultation dynamics operate. As this review was limited to studies conducted only within the U.K., conducting a more expansive review of consultation models for child and adolescent mental health services in other countries may also be beneficial. Nevertheless, it is clear that further future

research could help develop better and more specific consultation practices for professionals working with at-or-high-risk young people.

3.0 Article 2: Forensic CAMHS Consultations: Understanding Consultants' and Consultees' Experiences of Delivering and Receiving a Psychoanalytically Informed Specialist Intervention

3.1 Introduction

Since the publication of the UK National Health Service's Long-Term Plan in 2019, there has been a significant demand for mental health services to increase psychological consultations in public and community sector services. This has been particularly the case for professionals working with people presenting Wirth complex or high-risk mental health difficulties. Increased psychological consultations aim to improve treatment access within this patient demographic by increasing professional support to those working with these individuals, who typically do not access mental health provision through direct means (NHS; Long Term Plan, 2019). In child and adolescent mental health, consultation work has become integral to supporting young people's mental health and well-being by liaising with community sector services that work directly with children and their families, such as schools, social care, youth justice organisations and other community-based programs.

In forensic child and adolescent mental health, this development is most notable in the advent of the Forensic Child and Adolescent Mental Health Service, or FCAMHS. FCAMHS is a nationwide specialist and predominantly consultation-based service comprising a multi-disciplinary team offering tailored community liaison services for professionals working with the forensic youth population. In part, the development of FCAMH services derives from the institutional recognition of the need to shift approaches towards youth offending from“punishment and deterrence” to “education and welfare”, of which improving access to mental health provision is necessary (Hindley et al., 2017, p.36). 13 FCAMH services were therefore commissioned

across the UK to address these gaps in support between justice-involved youth and their access to mental health care (Lane et al, 2021).

3.1.1 Terminology

The use of the term “forensic” typically refers to individuals whose difficulties intersect between mental health and the law. (Arboleda-Florez, 2006). Therefore, young people presenting with forensic mental health difficulties are those who have engaged in offending or whose mental health needs put them at higher risk of engaging in offending behaviours. Though there is no definitive threshold of what offences meet forensic mental health criteria, the scope of offending behaviour tends to be predominantly violent crime. Still, it can also relate to harmful sexual behaviour as well (Hackett, 2014; Creeden, 2017). The term “forensic” is not typically used to denote a particular group of people. Instead, young people within the forensic population are more typically referred to as “high-risk” or “justice-involved youth” rather than as offenders or as “forensic” themselves (Hindley et al., 2017; Lane et al., 2021). For the purposes of this study, “justice-involved youth” and “high-risk youth” will be used interchangeably to reference young people presenting with forensic mental health difficulties.

3.1.2 Prevalence and Risk Factors in the Youth Justice Population

According to the UK Youth Justice report published in 2024, the most commonly occurring offences in custodial youth were violence against a person, breach of statutory orders, robbery, sexual offences and other non-categorised offences (Youth Justice Board, 2024). In the UK, most proven offences were committed by predominantly white adolescent boys (Youth Justice Board, 2024). However, in urban, metropolitan areas, it has been highlighted in reports such as the Lammy Review (2017) that BAME youth have been and continue to be disproportionately

over-represented in Youth Offending Institutions (Mayor of London, 2021). Several psychological, social, and environmental etiological frameworks have been used to understand the risk factors that may lead young people to engage in offending. Mental health disorders and neuro-developmental conditions are highly prevalent and well documented within the custodial youth population, with the most common being major depressive disorders, mood disorders, substance abuse/misuse, PTSD/ C-PTSD, ADHD, psychosis, and long-standing conduct disorders (Teplin et al., 2021; Beaudry et al., 2021). Lack of strong social support, including exposure to antisocial peers and gang membership, has been found to put youth at high risk of engaging in offending behaviours (HM Inspectorate of Probation, 2023). Equally, numerous studies on the impact of trauma and other significant life stressors, typically referred to as Adverse Childhood Experiences (ACEs), have been identified as risk factors for youth offending (Astridge et al., 2023; Baglivio & Epps, 2016). High comorbidity amongst all these factors has also been found within the specific population of young people referred to FCAMH services (Lane et al., 2021).

3.1.3 Psychoanalytic Approaches to Understanding Violence

Longstanding psychoanalytic frameworks for understanding violence and offending behaviours have focussed on the relational and unconscious dynamics that can cause one to engage in harm. Most notably, Mervin Glasser’s (1979) formulation of “core complex” anxieties has been pivotal in understanding why an individual might engage in violent enactments (Nathanson et al., 2022). Glasser suggests that the individual who harms others or is at high risk of doing so may have unconscious fears of either abandonment or of being enmeshed with another person, usually stemming from early childhood carer relationships. This anxiety can then cause hostile feelings to arise towards the other, overwhelming the individual with this

conflict of closeness and distance. To get rid of the emotional overwhelm, these unconscious processes may become externalised through engaging in violent acts (Wood, 2010). Portman Clinic clinicians further developed thinking around forensic risk by helping professionals to see the person as usually being both a perpetrator *and* a victim rather than enforcing a split between those who harm and those who have been harmed (Parsons, 2022). This approach to seeing the young person as both victim and perpetrator has also been emphasised as necessary in the broader field of adolescent forensic psychiatry (Lengua, 2004). The child team at the Portman Clinic has spent years developing a carefully informed psychoanalytic approach to treating young people and consultation with professionals working with youth who offend (Nathanson et al., 2022).

3.1.4 An FCAMH Service in the Portman Clinic

In general, psychoanalytic consultation aims for a more open-ended, non-directive stance where professionals are invited to be curious about the conscious and unconscious anxieties and dynamics that inform their work (Rustin & Bradley, 2008; Emanuel, 2005). Equally, these consultations also tend to focus on the broader, institutional or organisational dynamics that might influence how professionals approach their specific difficulties (Hinshelwood & Skogstad, 2000; Menzies-Lyth, 1988). The Portman Clinic children's team is predicated on similar ideas yet has a specific approach to consultation. This approach was borne out of recognising the need to foster a sense of stability by creating a collaborative atmosphere within the network to reduce professional anxiety (Allan, personal correspondence). It was observed by the team that there was often an urgency to act within the network for the child to be seen immediately for therapy when perhaps the most therapeutic intervention lay within the network’s capacities to meet the child’s needs themselves

(Allan, 2016). With the demand for the team's unique approaches to risk assessments and consultation increasing, additional resources and support were needed, resulting in a successful bid for an FCAMH service to be contracted out of the Portman Clinic (Parsons, 2022). The North Central London FCAMH service has been founded as a hybrid between the FCAMHS framework's service specification and as rooted in the psychoanalytic traditions of the Portman Clinic children's team. The use of psychoanalytic principles and ways of thinking has been upheld in different ways in the service, such as incorporating child and adolescent psychotherapists into the multi-disciplinary team and providing primarily relationally-based forensic risk assessments.

3.1.5 Current Research

Despite the demand for mental health consultation, relatively little research has been conducted regarding either consultants' or consultees' experiences of CAMHS or FCAMHS consultations. Further, no research has qualitatively explored the psychoanalytic contributions to forensic child and adolescent mental health consultation. In relation to wider FCAMH services, a recent qualitative study (Jacob et al., 2024) analysed interviews of referrers' (n=34) experiences accessing FCAMH services across the 13 nationwide sites. The study found three main areas of referrer experience that were positive associations to service utilisation; referrers experienced FCAMHS involvement as promoting inter-agency working, viewed the service as an authority and providing expertise that leads to successful outcomes, and as able to contain and manage network as well as parental/carer anxiety through consistency and accessibility.

Further afield, predominantly qualitative studies in social care have emerged in recent years that have looked more generally at consultant-consultee experiences of

CAMHS consultations. A mixed-methods study by Durka and Hacker (2015) examined the consultants' and consultees' experiences of a generic CAMHS consultation within a residential setting. Particular emphasis via thematic analysis was placed on the consultant's consultation experience. Themes touched on areas such as difficulties managing network expectations that were experienced as exceeding what was within the consultant role, adapting an open, welcoming stance with consultees, and building confidence by promoting inter-agency working. Consultants also described challenges, particularly concerning environmental disruptions during consultations and feeling overwhelmed by the network's level of need.

A thematic analysis conducted by Draper et al. (2022) looked at both clinical psychology consultants' (n=4) and social worker consultees' (n=6) experiences of giving or receiving a psychological CAMHS consultation. The combined thematic analysis of both interview groups generated five superordinate themes: understanding the complexity of highly emotive work in the context of resource scarcity, the systemic and specific theoretical underpinning of the consultation model, the value of consultation despite the challenges it presents, mutual learning process for both consultants and consultees and collaboration in a combination of the benefits of the consultant being in the "expert" position. The positive findings regarding expertise in both the Draper et al. (2022) and Jacob et al. (2024) studies are both nuanced and significant, as these findings stand contrary to traditional approaches to the role of consultant as "collaborator" rather than an expert (Caplan, 1970) and seen as a devaluing of the network's cumulative professional knowledge and problem-solving capacity (Southall, 2005).

Within the psychoanalytic field, a qualitative study by Robinson et al. (2020) examined the experience of consultation delivery among psychoanalytic child and adolescent psychotherapists (n=9). The thematic analysis explored “tensions” a child and adolescent psychotherapist may experience in delivering a consultation. The first theme identified was the dilemma faced when network anxieties apply pressure for the child to be seen directly rather than being consulted, leading to a “shutting down in thinking”. Similarly, a second theme identified a tension between what the psychotherapist could offer in terms of reflective space to understand what was in the child's best interest versus what targets needed to be achieved from institutional pressures. The final theme discussed the tension between generic models of reflective practice and what elements of consultation were understood as psychoanalytic. This finding highlighted that the psychotherapists’ “action” may be in their capacity to offer containment (Bion, 1962) of both the network’s conscious and unconscious anxieties.

3.1.6 Research Aims

Though the current developing body of research provides some understanding of the experience of consultation and some indication of the role psychoanalytic thinking plays within it, there needs to be more literature combining both elements. No research exists on the consultant’s and consultee's experience regarding psychoanalytic approaches to forensic consultation within child and adolescent mental health services. To understand if services such as FCAMHS, which have been commissioned as a result of the ‘Future in Mind’ (2015) agenda, are improving the care and support for both young people and professionals most in need, it is essential that their experiences are being heard and understood.

The primary aim of this study is to explore consultant and consultee experiences of either giving or receiving a psychoanalytically informed FCAMHS consultation. Given the specialist psychoanalytic approach at the Portman Clinic FCAMH service, a secondary aim is also to understand how psychoanalytic frameworks may influence the experience of delivering or receiving the consultation. By doing so, the study seeks to inform future service development and consultation delivery to better tailor to the needs of the professionals working with high-risk and justice-involved youth.

3.2 Methods

3.2.1 Research Design

This study utilised a qualitative design using Interpretive Phenomenological Analysis (IPA) (Smith et al., 2022) to collect and analyse data from two semi-structured group interviews. IPA research designs have been praised in mental health research due to their ability to explore depth and emotional experience afforded by their flexible design and ontological approach, which views the subject and researcher as a "cognitive, linguistic, affective and physical being" (Smith & Osborne, 2008, p.53). IPA was therefore chosen for this study as the research aims align with the methodological approach of gaining an in-depth understanding of professionals' lived experiences of receiving or delivering a specialist consultation. This research design also considers the researcher's role in interpreting and understanding participants' consultation experiences. This study's ontological standpoint is that generating knowledge and data is interpersonal, experiential, and co-constructed between the researcher and the lived experiences of consultants and consultees. This is often called the double hermeneutic that lies at the heart of IPA research design (Smith & Osborn, 2008).

3.2.2 Reflexive Statement

The researcher's interests and lived experiences fundamentally shape the study's aims, as well as the collection and analysis of data. As a research assistant on the Portman Clinic FCAMHS team, I was struck by the psychoanalytic core embedded in the multidisciplinary team's thinking around risk and violence. Recognising this as a defining aspect of the service's consultation approach, I became curious about whether—and how—this psychoanalytic formulation of forensic risk, often discussed in MDT meetings, translated into referrers' experiences of FCAMHS consultation.

This curiosity deepened when I left the service to train as a child and adolescent psychotherapist in a different region. During this time, I found myself on the receiving end of an FCAMHS consultation after referring one of my own patients. The model of consultation I encountered differed significantly from my previous experience at the Portman Clinic FCAMHS, reigniting my interest in what seemed to be a distinctive way of thinking within the Portman Clinic FCAMHS's approach, compared to how other FCAMHS services might operate.

The decision to use Interpretative Phenomenological Analysis (IPA) in this research was informed by its double hermeneutic approach, which reflects key principles of meaning-making familiar to psychoanalytic practice (Shinebourne, 2011). While the study's focus on psychoanalysis is partly due to its unique application within the forensic service being examined, it also aligns with my professional background and academic interests. Having trained as a psychoanalytic child and adolescent psychotherapist, and previously worked within the clinic where the service is based, I approach this study with both personal and professional connections that inevitably influence how the data is interpreted.

To acknowledge and navigate positionality and potential bias, a structured self-reflexive process was embedded throughout the study. Reflexive journaling was undertaken before and after each group interview, as well as during the coding process, to critically reflect on potential preconceptions and emerging conscious or unconscious dynamics. Additionally, ongoing reflexive meetings were held with my research supervisor, where notes from these self-reflexive sessions were discussed. These practices aimed to maintain an iterative, reflexive approach, ensuring that while my perspective informs the study, it does not overshadow the personal narratives and lived experiences shared by participants.

3.3.3 Study Design

Consultants and consultees were divided into two groups; the consultee group met online over Zoom, and the consultant group met in person within the clinic where the service is located. Interviews for each group adhered to a semi-structured interview schedule that lasted between 60-70 minutes. Both consultants and consultees were asked about their experience in giving or receiving consultations from the service. Follow-up questions were asked to understand how their experience of this particular type of consultation may or may not differ from other consultation experiences and what, if any, were some of the challenges and difficulties of this specific consultation. Participants were encouraged to give examples where possible.

The decision to conduct focus group interviews as opposed to individual interviews was considered for a few reasons: As the nature of the consultations being delivered has a heavily relational and group-orientated approach, the lived experience of the individual is also very much situated within the lived group experience. With the focus on collaboration generating reflection and ideas from individuals, it was hypothesised that the richness and depth of individuals' experiences might be

supported by allowing space to conduct a semi-structured interview that possibly mirrored elements of the consultation experience. Equally, it has been suggested that using the iterative approach of IPA in group interviews allows members to contribute to each other's narratives that highlight person-specific aspects of participant experience (Palmer et al., 2010). Given the phenomenological tensions between using group interviews within a traditionally individually-centred research design such as IPA, the reflexive journal described previously was also used to better account for and understand the researcher's contribution as a group member engaged in the meaning-making process (Love et al., 2020).

3.3.4 Sampling Strategy

Purposive sampling was used to identify consultant and consultee focus group participants. The consultee group comprised referrers who had contacted the consultation service in the past six months and had accepted a consultation referral. They were first identified by the consultation service staff members, who then passed on the referrer's contact information to be approached by the researcher via email. Service staff conducting the initial screening for referrers to participate in the study were encouraged to approach possible consultee candidates from varying professional backgrounds and settings (social care, youth justice, schools, CAMHS, etc.).

Initially, (n=9) consultee candidates were approached for the research, and (n=5) replied and accepted the offer to participate in the group research interview. Of the initial five, two dropped out due to time unavailability or schedule conflicts, leaving (n=3) consultees participating in the focus group. The consultant group participants were approached directly via email (n=9). The criteria for the consultant group were based on staff members having worked for the service for at least six months and

having completed at least one consultation before participating in the group interview. (n=3) participants were unavailable, which put the total number of consultant group participants at (n=6).

3.3.5 Participants

Within the consultee group, (n=2) were female and (n=1) were male. One participant from a psychology background worked in a youth justice service team; the other two were social workers. Two participants had previously worked with one another outside of the cases they individually brought for consultation. However, prior to the group interview, it was kept from consultee participants who would be joining the consultee group discussion. Within the consultant group, (n=2) were male and (n=4) were female. Unlike the consultee group, members of this sample were all colleagues in the same consultation service and, therefore, were aware prior to the interview. The consultant team and subsequent study participants come from a variety of backgrounds. Within the consultant group, (n=1) is a clinical psychologist, (n=3) are psychoanalytic child and adolescent psychotherapists, (n=1) is a social worker, and (n=1) is a psychiatrist.

3.3.6 The Portman FCAMH Service Context

The FCAMH service at the Portman Clinic serves most north-central London boroughs. It is commissioned to provide consultation with occasional brief assessment/intervention work to professionals working with young people up to 18. A generic audit conducted on referrals from April 2023 to April 2024 showed that most referrals come from community health services (such as CAMHS and GPs), social care, and youth justice. The average age of a child referred to the service is 15 and mostly come from White backgrounds, followed by Black, then Asian. Though children from Black and Asian backgrounds are within the minority of referrals,

compared to the general population, they are over-represented in the service. This is in line with previous findings that Black and Asian ethnic minorities tend to be over-represented in the forensic/youth justice field and underrepresented in general mental health services (Lane et al., 2021).

Regarding the consultation process, one to two clinicians will typically meet with a network and act as a point of contact between the network and the Portman Clinic FCAMHS team. There is no definitive number of consultation sessions a network is allotted; instead, it is determined by need. As a forensic consultation service, the key criteria for a referral to meet the threshold is the young person engaging in offending or at serious risk of engaging in an offending activity. Coupled with this, there also needs to be a network of professionals around the young person for a consultation to occur.

3.3.7 Ethical Considerations

Ethical approval was obtained for this study through the Tavistock and Portman Trust Research and Ethics Committee on the 17th of April, 2023. Participants were each given an information sheet and asked to sign a waiver to be included in the study. Participants were made aware of being audio recorded and how their data would be stored and kept. Participants were anonymised and randomly assigned a number (P1, P2, etc.). Any directly identifiable personal information was redacted from the transcripts and has been bracketed where such information has been removed.

3.4 Analysis

The two group interviews were audio recorded and transcribed with the assistance of Otter AI transcription software. Generated transcriptions were then reviewed against the recordings for any discrepancies in transcription. After transcription, both interviews were analysed according to the six-step IPA procedure outlined by Smith

et al. (2022). One transcript was selected to be analysed first, which involved reading and rereading the data to familiarise the researcher with the content. Exploratory notes were then made alongside the transcript to further familiarise the researcher with notable thoughts, feelings and interpretations that appeared meaningful. Experiential statements were then crafted using the researcher's approach and understanding of the exploratory notes and the participants' experiences captured within the transcript. Following this, connections between the exploratory themes were identified and subsequently consolidated into named group experiential themes (GETS). These steps were then repeated for the second consultant group interview analysis. Table 3 presents the four superordinate themes identified from the analysis of each group:

Table 3: *Superordinate Themes of the Consultant and Consultee Groups*

Consultee superordinate themes	*Consultant superordinate themes*
1) Experience of a forensic consultant	1) The psychoanalytic core of the consultation service
2) Challenges of working with justice involved youth	2) Working with professional anxiety about risk
3) Application of psychoanalytic principles	3) Challenges faced in delivering forensic consultation
4) Limitations of consultation	4) Hopes for what consultation can achieve

Data was analysed and interpreted through a psychoanalytic yet inductive lens. This meant approaching the data in an iterative process yet with an awareness of the psychoanalytic principles running concurrently through the data, such as theories around containment, institutional defences against anxiety, and psychoanalytic concepts around violence and aggression. These concepts were held in mind when hearing about participants' experiences of working with highly complex young people

and the particular defences that may arise when working with such difficulties. These ideas were drawn upon when generating experiential themes. Codes and themes were discussed with the research supervisor to ensure that the interpretation of the themes was congruent with the extrapolated data.

3.5 Findings

Analysis of the group interviews yielded numerous themes, many intersecting across both groups. Four themes were identified from the consultee group interview and four from the consultant group interview. Though not every group member in either interview may have explicitly spoken about each theme, the illustrated themes make up a gestalt of group experiences communicated during the interviews. In the consultee group, the four themes are the experience of a forensic consultant, the challenges of working with justice-involved youth, the application of psychoanalytic principles, and the limitations of consultation. The four themes from the consultant group are: the psychoanalytic core of the consultation service, working with professional anxiety around forensic risk, challenges faced in delivering forensic consultation, and hopes for what consultation can achieve.

3.5.1 Consultee Themes

3.5.1a Experience of a Forensic Consultant

*G*roup members tended to reflect on their relationship with the consultant and how their particular stance in addressing the forensic difficulties helped shift their thinking or notice a change within the network's approach to the problem. How the consultant facilitated this shift was experienced in different ways. For instance, all three consultees spoke about how the consultant encouraged professionals to use their sense of curiosity and the helpfulness of being invited to do so within the consultation, such as one participant stated:

> *Yeah, I mean, I've just…I think they were just prodding me to be curious about certain things and reminding me to be curious about certain scenarios…and I thought that-that was, you know, I thought that that was very, very helpful* (P1).

A sense of the network being *"stuck"* (P1) or a network being *"not sure where to go"* (P3) about how to best approach further interventions with a young person was what consultees reported often brought networks to refer to FCAMHS. The consultant's curious stance and posing questions to the network enabled obstacles in what to do or how to approach a young person's difficulties to be overcome or *"move something on"* (P2). This was highlighted in one consultee's experience of the consultant's curiosity about the network's knowledge on a case:

> *There were situations where we as a network just felt very stuck with a young person, and [the consultant] would be like, 'Oh, so that's information, what's that telling us about them?' and just yeah, even getting us to think about like what may be going on for the young person that's getting us stuck…* (P3).

Similarly, the idea of the consultant as someone "f*rom the outside*" (P3) was predominantly viewed as helpful and enabling more space within the consultation to hold an "*alternative perspective"* (P2). The location of the consultant outside of the direct relationship with the young person was experienced by one consultee as the consultant being able to have a meta-perspective about the situation that may

otherwise have gotten lost due to the closer levels of involvement professionals may have in the case:

> …*But getting someone who's maybe, I don't know, sort of out of the sort of professional circle and getting some new opinions and ideas in was yeah, was really helpful. I guess because you're just so in it with a young person sometimes, you just…yeah you can lose sight of things* (P1).

The consultees' experience of the consultant as an FCAMHS "expert" concerning work with young people also provided assurance and confidence. The service was viewed as "…*very much expert, uhm, in managing kind of high-risk young people"* (P2). Because of the perceived expertness of the service, consultants' views of the complexity or challenges of the case tended to validate the consultee's experience- *"…And if [the consultant] thinks we're managing a lot, we are definitely managing a lot* (P2)*. T*he service itself being identified as having *"clout"* (P1) for one consultee meant having decisions followed through by other services they may otherwise have been rejected:

> *Or I think there's maybe something again, about the clout that I think that comes with FCAMHS that comes in with services in that we might have recommended something that didn't get listened to but then having FCAMHS that's come and said actually, no, it would be helpful for you to be on board…There's something that's reinforcing about that that I think gives us more power as well to push back against a system that sort of turned us down which is helpful* (P1)

3.5.1b Challenges of Working with Justice-Involved Youth

Emotional and systemic pressures accompanying working with justice-involved youth were common difficulties in the consultee group. These pressures were attributed to staff turnover, burnout, difficulties in engaging young people and families and a sense of paralysis within the network when faced with high levels of complexity and risk. One consultee illustrated the level of risk and exposure to potentially violent or criminal activity that is a reality of working within youth justice:

> *I work across the borough. And like all of us, uhm, perhaps as a kind of impression that we predominantly do work, you know, we work the streets I work with gangs… We do deal with a lot of gang, uhm, a lot of gang-related issues, a lot of stabbings, a lot of issues relating to the movement of drugs, et cetera* (P3)

Sometimes, anxiety was an undertone that predicated reasons for referral; other times, it was much more about how anxiety was expressed and managed on a more overt level in a consultation. Anxiety responses working with such cases could leave consultees feeling *"walking on eggshells"* (P2) or, in another case, "…*just maybe not really saying anything…because you know everyone else is also holding a lot too, so you're just constantly walking around with this anxiety"* (P1). Even when cases had stabilised, there was a sense that anxiety remained high when working with justice-involved youth: "*I constantly had in the back of my mind that although my work was progressing on some levels, very nicely, I felt- I had this kind of feeling that something could happen or was about to happen… "* (P3).

Equally, the experience of institutional attitudes towards justice-involved youth was denoted by *"no one seems to want to touch it*" (P3). Two institutional responses were identified as ways organisational systems may be obstructive towards supporting the network: either a tendency to minimise the level of concern presented by a young person or not leaving networks with enough time to think about the case sufficiently. With minimising responses, one consultee spoke of the recognition by the network in an assessment of how severe the harmful sexual behaviours a young person was engaging in. However, this concern was "*minimised slightly by different systems"* (P2). Not having sufficient space to think through a case was experienced by another consultee as a sense of urgency from the institution for the case to progress quickly:

> W*e were really concerned about the young person and that we maybe needed more time to think things through. But that was getting squashed by this sort of criminal justice system and being like, 'it just needs to be quicker' kind of thing* (P1)

In light of these challenges, what was deemed helpful in FCAMHS consultation was the consultant's capacity to normalise the anxiety from the pressures being dealt with from the various angles that confronted the network. Some consultees spoke of consultation as a *"normalisation of our anxiety"* (P2), which provided a sense of safety to speak about the difficulties they were experiencing. Another described the consultation process as teaching one how to *"lose the anxiety"* (P3) experienced in making decisions they might not otherwise have felt comfortable to make; "*they invited me into taking more risks with this young person, particularly, in a way exposing the young person in terms of uh, socialisation with other young people"*

(*P3).* Feeling supported and validated by the consultant created an experience of consultation as *"kinda being on the same team in a sort of way, which may be isn't what's expected…like you're going to get told off for what you did wrong".* Therefore, a potential perspective shift was also possible through the FCAMHS consultation experience by perceiving the consultant as able to get alongside the network's difficulty rather than aligning with the anxiety of getting it wrong.

3.5.1c Application of Psychoanalytic Principles

In line with the idea of the consultant being someone who normalises the anxiety being experienced by consultees, implicit in this observation was also a sense of the consultant's capacity for containment, in which consultees did not have to hold in their distress but rather feel it could be communicated and taken in by the consultant:

> I *think there's a pressure that we have to hold everything together, But just having* [name redecated] *there to be the one that says 'this is…there's a lot going on. What is everyone doing in their part to help?' kind of felt like okay, we're not kind of going mad, we're not sort of being dramatic here. Actually, we are managing a lot* (P2)

Containment was talked about as an experience of *"sharing the load"* (P3) and as creating a consultative space that had the *"possibility of being able to think more clearly about things"* (P1). Containment of the network was not seen as taking over, as clarified by one consultee, "*not necessarily doing it for you, but hearing what you're saying about it being too much"* (P1). Tuning into and hearing the levels of difficulty experienced within the team holding the forensic risk, rather than the

consultant attempting to take away the concern, led to an experience of consultees being heard and understood.

Another psychoanalytic approach described within the FCAMHS consultation was supporting consultees to concentrate on the role of relationships in the young person’s life and how that may support their thinking. One consultee mentioned directly the use of psychoanalytic concepts in consultation and how this was delivered in a digestible way by the consultant:

> [the consultant] *spoke about psychoanalytic terms in a way that was very much about sort of relationships and stages which was something that other professionals can understand. That was really helpful for us to hold on to and think about, and also the relationship with us...maybe why this young person was acting the way they did* (P1)

The relational approach to FCAMHS consultations also meant “*having less focus on the young person and more focus on sort of their environment and how they've grown up and their parents and their parenting and how that has impacted the young person”* (P2). The consultant was perceived as paying close attention to how family dynamics played out in the young person’s life: *“They were curious about the fine details of it, like almost how each family member moves about the house”* (P3).

3.5.1d Limitations of Consultation

In the final theme presented, the analysis of the consultee group discussion illustrated where challenges were experienced during consultations that pointed to its limitations. The main limitation discussed was the uncertainty of how central the child was amid the consultation. The lack of child involvement in the consultation process

raised concern about the child's sense of awareness about FCAMHS' involvement and their lack of capacity for input into the consultation: "*it's like having a child in need meeting without the child present"* (P3) and further challenged if it is actually *"an ethical question"* (P3) that young people are not more involved in FCAMHS consultations. Attendance and disruptions to the professional relationship were other experiential barriers named in the consultation process and the repercussions this may have on understanding the young person:

> *I wondered, like, how much the young person was actually being represented in the discussions, especially when not all the network, or parts of the network, wouldn't always attend* (P1)

> *When* [the network professional] *left it kind of stopped the work with FCAMHS, I didn't know they'd been involved in the case until much later* (P2)

Another challenge was the gradualness with which change occurs when addressing the needs of forensic mental health concerns, which can be highly complex, as well as the complex set of feelings the consultee may have about the young person. Consultations with FCAMHS could be viewed as *"putting out one fire when another might be just around the corner"* (P3), which expressed a concern that the knowledge gained from a consultation may be situational rather than long-term. Noticing small shifts within the young person or family can be further complicated by the demands of the professional work itself; "*I think it's also hard to see that progress and change when you're just constantly just trying to, you know, keep up with*

everything and do everything that you can" (P2). Sometimes, barriers to noticing change were due to how personally emotive the nature of offending is and reflective of the distressing elements of the actual experience of working with young people where offences may have been committed:

> *Sometimes…it's just that what the young person has done, in terms of offences, is so big and complex what's happened it's hard to notice that yeah, anything that's being done is really making a difference* (P1)

3.5.2 Consultant Themes

3.5.2a The Psychoanalytic Core of the Consultation Service

At the heart of the consultant group interview was a recurring discussion about what elements of practice made up the psychoanalytic core of the consultation service. Much of the uniqueness of this particular FCAMHS service was identified as having an approach to forensic mental health stemming from the psychoanalytic work derived from the Portman Clinic, which was commonly referred to as *"Portman ideas"* (P4) during the interview. Using these ideas, consultants discussed the experience of attempting to communicate how this understanding of risk, violence and harmful acting out could help facilitate understanding in the network. Core to the psychoanalytic underpinning stemming from the work of the Portman Clinic was expressed as helping the network to see the duality of victim and perpetrator as co-existing sides within a young person:

> *And to also say that the young person, I think, is both parts of potentially a victim but potentially perpetrator. And I think that that's a really important*

> *part of our consultation is to help them see both sides of the young person, which I think is different to other teams- I don't know. I think that that's a bit more unique to us, perhaps* (P1)

One way in which the consultant may attempt to go about this with a network is fostering an understanding that "*is about really embracing these…more alarming sides of human nature that are a universal but uhm, in terms of what goes on inside our minds, but not necessarily universal in terms of how we act them out"* (P2). However, a network's experience of this may not necessarily align with the consultant's aims. A challenge in attempting to implement this approach is a network *"not really wanting to uhm, to see both sides…or only one side…maybe the network gets too identified with one over the other"* (P3).

Acting out behaviours that alarm the network was identified as a priority referral concern amongst the consultant group. These behaviours were discussed as *"enactments"* (P1), which was described by one consultant as *"something's become external that really uh, is internal…that comes from what the young person wasn't able to put into words. We try to understand that"* (P4). However, not all consultants agreed that this approach to behaviour is unique to the service, "*my experience is that that kind of thinking is, had definitely…had definitely happened in that service"* (P6).

3.5.2b Working with Professional Anxiety about Forensic Risk

Consultants broadly described the experience of giving a consultation as listening and attempting to reduce levels of distress and anxiety present in the network. There was a shared recognition that the specific challenges both by working with justice-involved or high-risk youth present the network with a higher level of concern around

risk and, with that, potentially higher levels of network anxiety and overwhelm. One view that emerged from the interview was *that "the network is the primary patient"* (P2)*,* so the consultant's role is partly to address the network's anxiety first, then the concern about the young person referred. There was also a recognition that there are institutional *"stakeholders"* (P2) involved that contribute to network anxiety. One consultant mentioned, "*This is a very high-end clientele in terms of the risk*, *and I guess what comes along with that is an expectation that everyone gets it right…even us"* (P5). The consultant spoke about the experience of managing network anxieties by "*kind of containing the helplessness"* (P3). Sometimes managing the anxiety within the network is *"…a once off, they get an answer and it's straightforward, but sometimes it isn't and it takes time, a longer time, of FCAMHS being involved"* (P1). The aim of reducing network anxiety is to instil a different kind of response from within the network:

> *I think the hope is it leads to less reactive practice, that capacity then to sort of stand back and have an understanding about why this is occurring, and what its function is, I think the hope is it leads to less reactive practice* (P5)

In acknowledgement of the levels of anxiety networks come with when referring to the service, consultants described the consultation as a chance to both hear and contain the anxieties existing within the network as a means of helping the network to become *"unstuck"* (P5) in their thinking. The expertise of the service was one such way consultants described being able to offer containment to the network. One

consultant discussed how the *"Portman stroke psychoanalytic understanding of the cases"* (P4), such as the duality of perpetrator/victim, internal world mirroring the external, etc., is the unique offering of expertise that may help to contain some of the anxieties existing within the network. Another consultant recognised the tension ascribed to the consultant being designated as an "expert" in a consultation situation; however, given the highly complex and specialist nature of forensic presentations, the role of the expert may be necessary to help ease some of the difficulties experienced in the network:

> *I really think the role is about providing an expertise, when people are coming to you with a, with a problem that the child is presenting with that is really complicated, and really scary and overwhelming, and they're looking for a specialist team to provide expertise uhm and that they can- we can wrap that up and kind of formulation or report or whatever it is* (P1)

3.5.2c Challenges Faced in Delivering Forensic Consultation

Discussion about the experience of giving a consultation included consultants speaking about the particular difficulties posed when being a consultant delivering a specialist consultation to a network. Some of these challenges were experienced as *"tuning into the network's defences"* (P3) towards receiving a consultation. These defences may come into play at the referral stages of consultation, whereby the consultant may have to tolerate a degree of ambivalence from the network to understand whether a consultation is actually what the network is seeking, as described by one consultant:

It's a bit like therapy with an individual client. Clients might come into therapy with different degrees of ambivalence…uh, clarity about what they might want to get out of therapy or not, resistance to therapy or you know…some of them are quite clear about what they want some of them are not very sure want to meet with us… (P5)

Other challenges in delivering consultation included the tension between staying within the consultation framework and the perceived desire from the network for the consultant to take on a more active role. One consultant described the experience as *"tempting to rescue the network and say, 'I will carry your burden for you, or here is the answer'"* (P2). Stepping outside of the consultant stance was described by one consultant as becoming more of a *"case manager"* (P1), which moves the consultant into taking over a different role and responsibility of the case. A tension was also inherent in the idea that consultations were solely for reducing anxiety in the network. Though primarily one of the aims of consultation was identified as attempting to mitigate against a reactive practice that may stem from network anxiety about a young person, one consultant spoke about the difficulty of sometimes being in a position where concern or anxiety must be raised within a network:

It's about containing anxiety, but also, at times, it's about saying you should be worried or worried about this. And I think that's- that's difficult to do, especially when there is a lot of worry around. You might be tempted to not rock the boat though that may be what's needed (P1)

3.5.2d Hopes for what Consultation can Achieve

The consultant group shared various aims for consultation outcomes; however, most discussed a wish for consultees to use aspects of the consultative perspective to shift towards something more integrated and functional in their approach towards a young person. For one consultant, this aim was more critical than consultees developing a better understanding of the psychoanalytic way of thinking the consultation may be working to instil:

> *Leaving aside any kind of complicated psychoanalytic understanding they will have, they will have forgotten or not know about just really important basic facts that help you understand the case. And that's as important as any as anything else that we did* (P4)

*S*upporting the network to *"gather up the facts"* (P1) was experienced by one consultant as leaving the network with a more integrated understanding of a young person that prevents a less reactive practice, "*The hope is* t*hat consultation can change that idea, that they think that the only way containing them is in custody, or a secure setting"* (P1). Additionally, the wish for consultation to empower networks by instilling greater confidence in their autonomy is by "*giving them a new or different or opened way of looking at things"* (P5). It was recognised that the impetus for change lay within the network's capacity of which the experience of giving a consultation is to provide a sense of understanding that may serve as a guide for the network towards finding their solution:

> W*e're giving people an opportunity to discover the answers themselves, we give them the understanding, but they, you know, we teach them how to fish, but they are actually pulling the fish out of the water* (P2)

The particular understanding consultants spoke of hoping would galvanise networks towards change by providing a deeper level of awareness around what the behaviour of the young person may be communicating, "*And that by kind of giving that behaviour of voice, then, then there becomes opportunities for the network to then know what to do…how they might do something differently"* (P1). Another consultant described trying to help the network "*see the child in the middle of the behaviour"* (P5) to encourage the network to attune to the need being communicated through the young person's actions rather than stay preoccupied with the anxiety of their risk.

3.6 Discussion

This study explored the consultants' and consultees' experiences of a psychoanalytically informed forensic CAMHS consultation to understand better the lived experience of those working with high-risk or justice-involved young people and the professionals that support them. A secondary aim was to understand how psychoanalytic thinking may play a role in delivering or receiving a specialist forensic CAMHS consultation. This is the first study of its kind to explore the experiences of consultants and consultees receiving FCAMHS consultations from a psychoanalytic lens. The study highlights the importance of such services amongst the professionals who receive forensic consultation and the specialist skills of the consultants who deliver psychoanalytically informed forensic consultation. This study has contributed to prior research analysing referrers' experience using FCAMH services (Jacob et

al., 2024). Also, it adds to the research looking at consultant and consultee consultation experiences (Durka & Hacker, 2015). The study further contributes to the growing body of understanding of how psychoanalytic thinking across interdisciplinary teams can promote new ways of thinking and the relevance of including professionals such as child and adolescent psychotherapists in consultation delivery (Robinson et al., 2020). Findings from the consultee group, followed by the consultant group, will be discussed, pointing to areas of inter-relatedness and unique perspectives from the group's experiences. These findings will also be discussed alongside current research literature and psychoanalytic frameworks.

3.6.1 Consultee Themes

In the first consultee theme, "*Experiences of a Forensic Consultant*", consultees appeared to stress the importance of how Portman Clinic FCAMHS consultants could engage the network's sense of curiosity to bring about change in the network's thinking. Curiosity appeared to serve as a tool demonstrated by the consultant that consultees might use to address paralysis in decision-making within the network. This unstructured, exploratory model of consultation facilitation seems to suggest underpinnings of more psychoanalytic approaches to consultation, in which flexibility and a willingness on behalf of the consultant to follow a consultees' free-floating ideas and sense of curiosity may lead to a new thought or discovery (Rustin & Bradley, 2008; Emanuel, 2005). Perhaps most notable in this theme was the importance expertise played in the consultation experience. The idea of the FCAMHS consultant as an "expert" provided both validation and a sense of confidence in consultees' decision-making. Having an FCAMHS "expert" meant that networks working on the case were listened to by other systems that may have

otherwise minimised or pressurised the network's decision-making skills. The notion of expertise as being valuable in specialist consultation settings is supported by previous research, where the perceived authority of FCAMH services was an essential driver towards inter-agency collaboration and the complex nature of the work feeling understood by referrers into FCAMHS (Jacob et al., 2024). Similar findings around expertise have been described in more general CAMHS consultation settings (Draper et al., 2022). This finding suggests that there may be a shift in the understanding of the consultant role within previous consultation frameworks, where the notion of expertise can be viewed as "devaluing" the consultee's skillsets (Southall, 2005, p. 76) or viewed as an impediment to collaborative working (Durka & Hacker, 2015). Consultees did not directly link expertise with the more psychoanalytic structure offered through this particular consultation. Further research may be needed to explore perceptions of expertise within different frameworks, such as psychoanalytically-informed consultations.

The experience of emotional intensity and high-level institutional pressures accrued by professionals seeking a Portman Clinic FCAMHS consultation was evident in the second theme, "C*hallenges Working with Justice-Involved Youth".* Anxiety was experienced as both an acute aspect of the role as well as a more pervasive symptom of the realities of working with such high complexity and levels of risk, which has been reflected in the experiences of consultees in previous studies (Draper et al., 2022). Mirroring findings of the first theme, the perception of institutional responses as being antithetical to the network's needs when working with high-risk youth was another supportive factor in seeking FCAMHS consultation. Similar experiences of professional and institutional stressors were found in previous studies where professionals were also exposed to high-risk youth; what might be in

the child's best interests could sometimes be at odds with institutional demands and expectations that can be difficult to respond to within the consultant role (Robinson et al., 2022). As such, one benefit of FCAMHS consultation was normalising the anxiety professionals were experiencing. By normalising the complexity and pressures the consultees were under, it appeared they experienced both an emotional shift in themselves and more professional confidence to act differently. This finding highlights Bion's (1962) psychoanalytic concepts within the container/contained relationship, whereby the consultant and consultation space can facilitate an environment where network anxiety can be held and understood.

The third theme, "*Application of Psychoanalytic Principles",* partly responds to the second theme by illustrating how consultants may address their anxieties through a psychoanalytic lens. The psychoanalytic "action" (Robinson et al., 2020) of the consultant normalising anxieties described in the previous theme meant the consultant listened and validated the experience consultees without directly getting involved, creating a space where complex and intense emotions might be digested and understood. Psychoanalytic approaches might describe this as a "container/ contained"(Bion, 1962) method to addressing distress within a network where professional anxieties can be thought about and digested so that the network might be more able to think through the difficulty (Robinson et al., 2020). Though citing mentalisation-based techniques rather than psychoanalytic, this finding regarding the role of FCAMHS as containing the network is supported by a current FCAMHS study that found that the FCAMHS consultation can facilitate thinking through containing the network's and parent/carer's worries (Jacob et al., 2024). Other studies have also found that centralising consultation spaces as places where consultees can take

their worries is integral to facilitating and building a supportive consultative relationship (Draper et al., 2022).

Equally, the experience of the emphasis on the relational aspects of the child's environment, rather than solely focusing on the individual child and their behaviours, was noted as a particular psychoanalytic difference to the consultation approach. This reflects Parson's (2022) suggestion of the Portman Clinic's relational approach to understanding offending behaviour in young people and that often, addressing the risk that these young people pose to either themselves or others involves considering the more expansive, concentric context of their environments to truly understand the nature of the difficulty (Allan, 2016).

The final theme, "*Limitations of Consultation*," suggests some inherent challenges of working within a consultation framework. The concern around the lack of the child's voice and participation potentially highlights a controversial area within consultation work: how little the child is involved in the consultation decision-making process alongside the professionals in the network. This finding may indicate a possible limitation of consultations more generally, whereby consultation outcomes may or may not be experienced by the young person as being aligned with their actual needs. Disruptive environmental factors have also been widely cited as a barrier to consultation (Durka & Hacker, 2015; Robinson et al., 2020). Specifically, the disruptions to the relationship due to professional changeover or challenges in regular network attendance made apparent the importance of stability within the consultation relationship and the network's sense of cohesion. A lack thereof may interfere with a network and young people getting the support they need. An important and perhaps unique finding to the challenges discussed by consultees is the precarious relationship to change when working with justice-involved youth. It

appeared that the enormity and seriousness of some of the offences or behaviours being displayed by some of the young people they work with can inhibit the consultee's capacity to notice incremental changes coming into effect or doubt that their skills make a difference. Because of this, consultations might be experienced as less impactful in the longer term and being able to hold in mind the different aspects of the young person outside of just the perpetrator aspects may further inhibit the network's capacity to consider the young person's needs underlying the behaviour (Parsons, 2022; Allan, 2016).

3.6.2 Consultant Themes

The first theme, "*The Psychoanalytic Core of the Service*", understanding how the "Portman ideas" of the service fit in with how consultants carried out consultation, was fundamental in the findings that also came with some variation within group members. However, an overarching goal of applying a psychoanalytic lens seemed to be to introduce to networks the idea that duality is essential to understanding the problem or forensic complexity. Perhaps the most crucial duality the consultants discussed is between what is within the young person's internal world and how this will be reflected to some degree in their external world and vice versa. Many consultants made the case for their approach to viewing behaviours as unconscious communication that needs to be understood and worked through. Though this idea is not a unique feature of psychoanalytic thinking, its uniqueness in this context is how consultants encourage the network to also look at how enactments in the form of offending behaviour may require thinking about what aspects of the young person's internal world are being expressed. The inherent argument in this approach is that the best way to address and reduce forensic risk is to try to understand what need is attempting to be met by offending and by what part (victim/perpetrator) of the young

person (Allan, 2016). However, it is important to note that this approach to understanding risk, as unique to psychoanalysis, was not a universally held view within the group and has been a concept used by other disciplines to understand forensic risk (Lengua, 2004). This particular way of thinking about risk and offending may also not be an approach to risk reduction that the network is willing to take on and, therefore, be an obstacle in consultation.

Interrelated to the consultee theme "C*hallenges Working with Justice-Involved Youth*", consultants similarly expressed the deep levels of anxiety present in forensic consultation in the second theme, *"Working with Professional Anxiety around Forensic Risk".* Consultants expressed a high level of understanding of what is at stake for the professionals working with such young people and the importance of helping the young person by first trying to alleviate the distress within the network. These pressures the network faces consequently extend to the potential pressures consultants face in a consultation, creating a sense of wanting more from the consultant than can be offered (Durka & Hacker, 2015). One way consultants spoke of attempting to manage this was by trying to contain some of the network's anxieties with the idea that, in so doing, networks may feel more confident in their self-sufficiency to manage complex problems when they arise. The psychoanalytic idea of offering containment to address institutional anxieties and understand systemic pressures is a relatively well-understood phenomenon (Hinshelwood & Skogstad, 2000; Menzies-Lyth, 1988).

However, particular nuances to these ideas attributed to Portman Clinic's ways of thinking, particularly trying to understand the underlying unconscious processes informing the young person's behaviour, were offered up by consultants to contain professional anxieties around forensic risk. This finding is closely linked to the

consultee's positive experiences of expertise provided through the consultant role discussed in the first consultee theme. There did appear to be tension in the consultant discussion around offering expertise as a forensic consultation service. This is perhaps in recognition that the potential view of "consultant as expert" breaks away from some approaches to consultation that de-centre the role of expertise (Southall, 2005). As previously mentioned, the experience of expertise as being supportive of the network's capacity to make positive change has been reported by other studies that reported similar findings around this theme (Jacob et al., 2024; Draper et al., 2022).

Further complexities experienced within the consultant role were demonstrated in the third theme, *"Challenges Faced Delivering Forensic Consultation",* where consultants predominantly discussed the role of defences within the network and how this may inhibit consultation delivery. Like the role of containment to institutional anxiety, accompanying this approach is the psychoanalytic understanding of the role both conscious and unconscious defences play when working with different systems or organisations (Menzies-Lyth, 1988; Hinshelwood & Skogstad, 2000) and is a challenge for consultants when approaching consultations from a psychoanalytic context (Robinson et al., 2020). However, the specific difficulties outlined by consultants in this study were working through the various degrees of ambivalence a network might have towards engaging in a consultation. Some of this ambivalence appeared within the network's desire to seek consultation and what they may be prepared to think about. Other times, the difficulty lay within the network's desire for the scope of the consultant role and consultation to be broader and more action-orientated than prescribed, leading to confusion about roles or misunderstanding of what consultation can provide (Durka & Hacker, 2015). An interesting, paradoxical

finding in this theme that may be unique to the area of forensic mental health was the tension between needing to contain the network and also, at times, raising the levels of concern, which may be a particularly challenging area to navigate within forensic work given the already high levels of anxiety and alarm around concerning behaviours that precipitated referrals to the service.

Despite these challenges, the final theme of *"Hopes for What Consultation can Achieve"* generally communicated a hopeful and empowering stance that forensic consultation can be of benefit. Though previous discussions did centre heavily on the importance of the psychoanalytic approach to providing consultation, the hopes for what was gained by professionals receiving the consultation was less about imparting psychoanalytic knowledge onto consultees, but rather confidence in the knowledge each network member posses and the integration of this knowledge being the network's most valuable tool for change. Though tapping into the more unconscious levels of behaviour was considered necessary in formulating about the difficulties, a thorough, synthesised understanding of the "basic facts" and what might have been forgotten or not spoken about where reported as typically holding the key to meaningful change. In this way, the deeper understanding does not necessarily need to lie in unconscious communication but in what is already known and presented by the child. Such an approach may be vital in supporting the network to engage in less reactive practices or worst-case scenario solutions (Allan, 2016), such as custodial or secure settings. Equally, empowerment may be a valuable tool to support networks away from reactive practices, such as seeking out inappropriate interventions (Robinson et al., 2020). This finding appears to emphasise change as coming from within the network, which cannot be supplemented by solutions solely located in the "expertise" of the consultant. Previous studies have also found that

different approaches to helping the network understand the young person's behaviour can empower the network to make more holistic changes to how they approach work with a young person (Durka & Hacker, 2015).

3.7 Limitations

The current study presents some limitations that should be considered in conjunction with its findings. First, the sample size of each group is relatively small. Where IPA allows for a smaller sample size to investigate the participant's experience more deeply, this was limited by the decision to use focus groups instead of conducting individual interviews. Though advantages of using focus groups have been identified, such as groups being able to support one another in a collective meaning-making process (Tomkin & Eatough, 2010) as well as to highlight the relational aspects of experience (Love et al., 2020), there were also limitations to utilising group interviews with small sample size. For instance, one group member may speak more than others, whereas in a one-on-one setting, participants may respond more easily and openly. This might particularly be so for members of the consultant group, which was fairly homogenous as each member came from the same team. Therefore, underlying team dynamics may have informed who and what was spoken about rather than in an individual interview. Purposive sampling of the consultee group was also used, which may have also led to a bias in whom was selected by team members, particularly if there was a positive professional relationship or experience with the consultee.

Though the researcher included reflexive strategies throughout the research process, an inherent limitation is the possibility of researcher bias in the study. As a former colleague and a trained psychoanalytic psychotherapist, this may have introduced biases at any stage of the research process and may have meant that

data collection, analyses and conclusions drawn may be influenced by the researcher's personal and professional connections to the material. Finally, the specialist nature of the service and its approach may limit its transferability to other services and consultation models. Services working within forensic mental health are already specialist in nature. Though there are currently 13 different FCAMHS sites across the U.K., this study focuses on the FCAMH service at the Portman Clinic, with a unique psychoanalytic framework underpinning its practice. In addition to the already highly specialist nature of forensics, the application of psychoanalytic frameworks is understudied and underutilised (Fonagy & Lemma, 2012; Shedler, 2010). Therefore, the transferability of these findings to other specialist consultations may be limited.

3.8 Conclusion

This study aimed to understand the consultants' and consultees' experiences of giving or receiving a psychoanalytically informed FCAMHS consultation. A secondary aim was also to explore what psychoanalytic principles might be attributed to the consultation experience. The inter-relatedness in themes between consultants and consultees was core to synthesising the findings. Key findings from the study emphasised the role the consultant and forensic consultation play in containing the network's anxiety when working with justice-involved youth. The findings suggested that the consultant offers this containment to the network in mainly two ways: through practical yet essential elements, such as gathering up detailed information about the young person or offering an external view and by using psychoanalytically informed approaches to help get the network thinking about what might be going on for the child- such as close examination of their relationships, or helping to engage the network in thinking about the child as both victim and perpetrator. These aspects

of the consultation experience were viewed as helping networks feel empowered to be active agents of change for the network's functioning and addressing the child's needs. Equally, these findings highlight how using psychoanalytic thinking to understand the internal world of a young person paired with practical consultation approaches can contribute to delivering services to professionals that can improve how justice-involved youth are thought about and supported by the networks that work with them.

This is the only study of its kind that looks at both consultant and consultee experiences of FCAMHS consultation and how a psychoanalytic approach to understanding violence and offending is present in FCAMHS consultation work. Given this, more research is needed exploring FCAMHS consultations, their processes, and how their delivery is experienced. A possible area of future research might involve comparative studies between different FCAMH services, which may introduce valuable insights into how different theoretical approaches to consultation frameworks seek to best address the professional needs of those working with high-risk or justice-involved youth. Studies investigating the longitudinal impact of different theoretical approaches in FCAMH services on forensic risk management may also help improve service delivery and referrer engagement.

4.0 Article 3: Framing the Psychoanalytic Process: Exploring Consultants'Conceptualisation of Forensic CAMHS Consultation Stages

4.1 Introduction

Mental health consultation in CAMHS has long been recognised and well-documented as essential to providing much-needed support to professionals and young people alike (YoungMinds, 2023; ACAMH, 2015). Particularly in the treatment of high-risk or justice-involved young people, consultation with professionals has been deemed integral to being able to support these youths who might not otherwise willingly or may not yet have the capacity to engage in psychotherapy (Allan, 2016). As such, consultation literature and research are necessary in order to adopt a holistic way of providing mental health support for this group of young people, their families, and the professionals who work with them. A variety of frameworks exist specifically catering to mental health consultations in order to facilitate more collaborative multidisciplinary and inter-agency working (Caplan, 1970). These models can range in their focus from behaviour-based approaches (Luiselli, 2019) to looking at wider environmental factors and relationships in socio-ecological systems (SES) frameworks (Brofenbrenner, 1979). Psychoanalytic approaches to mental health consultation tend to expand on the underpinnings of these frameworks by also adding emphasis to paying close attention to how the young person's internal world interacts with the external world, be it through their wider environmental landscape or in the behaviours they display and engage in (Rustin, 2008). Consultants adopting a psychoanalytic approach attempt to engage networks in understanding the child's difficulties by encouraging professionals to adopt a curious, reflective stance on how their own emotional responses and experiences with the young person arise in their work. In so doing, the professional may uncover a new source or way of

understanding both the conscious and conscious anxieties that may underpin their work with a young person (Rustin, 2008). This way of approaching consultation has been offered, primarily by child psychotherapists, in various ways, such as through work discussion (Rustin & Bradley, 2008). The delivery of psychoanalytically informed mental health consultation adheres to similar principles that underpin its psychotherapeutic practice. Though there may be a specific problem or question that a network may be coming with, consultations are held in a relatively unstructured way to allow space for professionals to reflect on their experiences and for the consultant to be able to attune to areas where issues around transference-countertransference may be at play (Emanuel, 2005), and to where possible professional or wider systemic defences may be contributing factors (Hinshelwood & Skogstad, 2000).

4.1.2 Psychoanalytic Applications of Consultation within Child and Adolescent Mental Health

Despite the recognised value of this approach, the literature on the process or guidance around how psychoanalytic consultations are conducted is less common and explicit, primarily due to the exploratory, open-ended nature of their delivery. In the case of work discussion groups, the method and the process tend to have a structure that involves having a discussion leader and an agreement of either a member of the group bringing material or agreeing on a subject to be “unpacked” in order to develop the reflective capacities of the professionals in the group (Jackson, 2008, p.58). The process is one where group members “….are there to study their work role and to reflect on their experience at work in close detail, with the expectation that they can learn from this process and then apply their enlarged understanding in the work setting” (Rustin, 2008, p. 8). For example, Canham (2001)

describes embedding a work-discussion based model in social care services, where he delivered psychoanalytic work group consultations to social care staff, management, and individual consultations when needed. Staff group consultations were structured around a case presentation in which the group were encouraged to think about the dynamics that might be interfering with the work around the child. This meant that staff also indirectly learned about unconscious dynamics that might influence their wider professional relationships. Management meetings focused on understanding group dynamics amongst professionals and how management adapts to staff and institutional changes. Canham (2001) emphasised the need for long-term, consistent consultation with social care staff for changes to develop and be maintained.

Nuances predicated upon work discussion approaches have also developed in recent years. A qualitative study exploring the role of child psychotherapists in mental health consultation with social workers found that, unlike the more formal structure found in work discussion models, consultants perceived the benefit of having an unstructured framework around consultation discussions, which was thought to "promote curiosity" and reflection. This was reported as resulting in professionals feeling more contained in their work (Robinson et al., 2020, p. 322). The theoretical frameworks of Bion heavily guide these practices; specifically, his formulation of the container-contained dynamic can manage and reduce anxiety and his thinking on group dynamics through his theories on Basic Assumption groups (Bion,1962; Bion,1961). Simultaneously, understanding how unconscious processes underpin institutional and workplace dynamics also influenced psychoanalytic consultation thinking about how wider institutional systems impact healthcare professionals. In particular, Menzies-Lythe's (1960) seminal work on how specific defences within

healthcare institutions are deployed to manage professional anxiety and, conversely, the professional defences workers use to protect themselves from anxieties deriving from institutional factors. Menzies-Lythe applied this thinking around institutional defences against anxieties to child development with children growing up in heavily institutionalised settings, such as residential care. Part of the argument made in this paper is that children, through projective identification processes, may adopt part of the staff or organisational defences that have been unconsciously adopted to deal with the emotional hardship and difficulty faced when working with vulnerable children. In turn, these children may experience the institutions and professionals as cold and detached and may themselves become shut off and detached in their emotional development (Menzies-Lythe, 1985).

Psychoanalytic consultation frameworks have also been applied in forensic settings. Though not extensively written about, the children's team at the Portman Clinic has had a long-standing tradition of offering psychoanalytic consultation and relationally-based risk assessments as a part of the service for many years. From early on, it was recognised that the children and young people being referred to the service were often either those who would not readily engage in any therapeutic intervention or, for a variety of factors, would not be ready for such an undertaking. Despite this, the forensic nature and risk of these young people tend to generate a lot of worry and concern in the professionals they do engage with, leading to a gap in intervention. Consultation with professionals was then seen as an indirect means of reaching the child while also imparting a new understanding of the nature of the child's risk (Allan, 2016). The children's team's psychoanalytic approach has been primarily written about using risk assessments as network consultation. Though no formal structure has been indicated in the literature, the frameworks for these

consultations help the professionals address areas of risk by understanding a young person's engagement in acting out as a reflection of an unmet need that is seeking to be expressed (Parsons, 2022). Equally important is the creation of a "concentric circle" level of understanding from the network about the young person's world: home life, peer relationships, wider social networks, environmental context, past experiences and how all these experiences may be inter-related to what may be going on in their internal world (Allan, personal communication). One aim is to help the network see both sides of the young person, the perpetrator parts, and where the young person has been exposed to vulnerable, victimising situations (Parsons, 2022). Due to the success and unique approach to risk formulation, the Portman Clinic children's team won a bid to have one of the thirteen nationally commissioned Forensic Child and Adolescent Health Services (FCAMHS) housed in the Portman Clinic (Parsons, 2022). The idea being that these psychoanalytic approaches to risk and understanding violent or sexually harmful acting out could reach an even wider group of professionals by incorporating this primarily consultation-based service into the clinic.

4.1.3 Context to Present Study and Research Aims

Despite the extensive theoretical contributions of the Portman Clinic (Nathanson et al., 2022) and the current literature demonstrating the efficacy of FCAMHS services (Lane et al., 2021), no current literature exists that explores how such forensic consultations are delivered in practice, particularly from a psychoanalytic lens. Despite the vast body of literature discussing theoretical frameworks, the lack of methodological approaches to consultation has been cited as a barrier to delivering mental health consultations more generally. It can, therefore, lead to confusion about roles and tasks within consultation (Durka & Hacker, 2015). Out of recognition of this

current gap in the literature, a qualitative research study examined both consultants' and consultees' experiences of either delivering or receiving a psychoanalytically informed forensic CAMHS consultation (Busse, 2024b, in press). An interesting finding in the original study from the consultant group emerged about the consultation process of the Portman Clinic FCAMH service and the psychoanalytic thinking occurring at different consultation stages. Due to scope limitations, these findings could not be fully addressed and incorporated into the preliminary study. Therefore, the present study aims to build upon these initial findings using thematic analysis to explore consultants' conceptualisation of delivering a psychoanalytically informed forensic consultation. Specifically, the study seeks to understand how consultants conceptualise the various stages of the consultation process and how the application of psychoanalytic ideas may inform the process at different delivery stages.

4.2 Methods

4.2.1 Research Design

This study employs a qualitative design using reflexive thematic analysis (Braun & Clarke, 2019). Using this approach, data was analysed from a previous group interview of purposively selected consultants from the North Central London FCAMHS service located at the Portman Clinic using semi-structured interviews (Busse, 2024b, in press). As this study aims to draw together consultants' conceptualisation of the different consultation stages, thematic analysis was selected as the most fitting approach to analysing and interpreting the data.

The flexibility of the approach allows for themes to be generated across wide-ranging data, which lends itself to drawing comparisons or variations, particularly when looking at the process throughout the consultation stages. Specifically, reflexive

thematic analysis allows for coding both semantic content (the literal description of how consultants may describe the consultation process) and latent content (the underlying meaning of what is being said) (Braun & Clarke, 2006). This methodology lends itself well to understanding how psychoanalytic theory underpins the consultation process, as consultants may mention concepts directly and indirectly. Reflexive thematic analysis (Braun & Clarke, 2019) also acknowledges the subjective nature and active presence of the researcher in generating data, similar to the "clinical fact" in psychoanalytic theory (Bion, 1967). Therefore, reflexive thematic analysis aligns with the epistemological stance that both researcher and subject drive the co-construction of meaning behind the data. Given this, reflexive thematic analysis was deemed fitting as a methodological approach for exploring psychoanalytic processes in a forensic consultation.

4.2.2 Positionality Statement

Given the nature of this study, it is important to acknowledge my positionality and relationship to both the research and the data. My motivation for this study stems not only from a professional interest in psychoanalytic consultation but also from direct experience engaging with and within these services. Having both been involved in the Portman Clinic FCAMHS consultation formulation and having received an FCAMH consultation outside of the Portman Clinic FCAMHS, I have encountered firsthand the complexities of how these services are understood, accessed, and experienced by professionals working with high-risk youth.

This dual perspective inevitably informs how I interpret the data, as my background as a psychoanalytic child and adolescent psychotherapist and prior involvement with the Portman Clinic shape my understanding of consultation processes. At the same time, I have sought to create space for perspectives that differ from my own. To

mitigate the risk of my prior experiences overshadowing participants' narratives, I engaged in ongoing self-reflexive practices, including keeping a reflexive diary to track where my own preconceptions might be influencing analysis. This was particularly relevant before and after interviews, as well as during the coding process, allowing for a critical reflection on how my familiarity with consultation work may shape the way themes emerge (Busse, 2024b, in press)

4.2.3 Participants

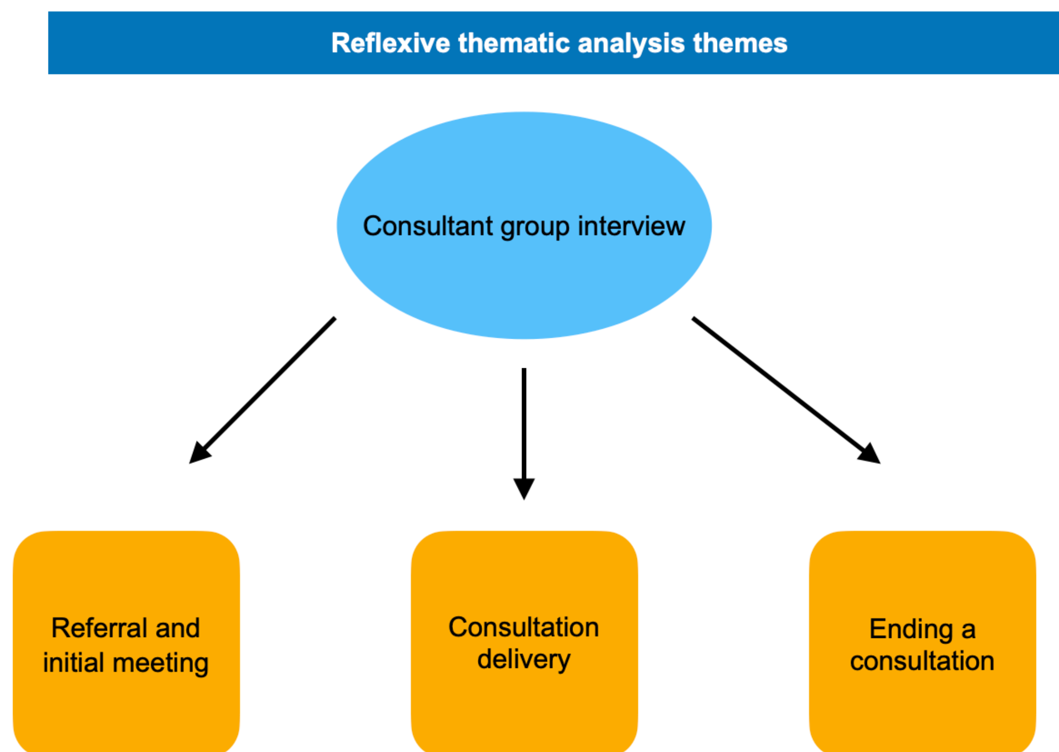
Participants (n=6) were recruited in a previous study (Busse, 2024b, in press), each from the same FCAMHS team. A group interview was conducted in person at the team's location site for about one hour. Within the consultant group, (n=2) are male and (n=4) are female. In terms of the professional background of the group, (n=1) is a clinical psychologist, (n=3) are psychoanalytic child and adolescent psychotherapists, (n=1) is a social worker, and (n=1) is a psychiatrist. The inclusion criteria for consultation participation were having worked for the service for at least six months and having delivered at least one consultation before the interview.

4.2.4 Procedure

Audio recordings of the original semi-structured consultation group interview were replayed, and the original transcription was re-reviewed prior to commencing coding the data. This initial step was taken to refamiliarise the researcher with the dataset and to engage in a reflexive note-taking process to notice where biases may arise in re-analysing the data due to the researcher's familiarity with the content. An inductive approach was taken to analysing the dataset, keeping in mind various psychoanalytic approaches to consultation and ways of thinking about forensic risk, violence, and acting out. Data was analysed, coded, and synthesised in the following steps outlined by Braun & Clarke (2019): The transcript was read and re-read

several times, each time making observational notes or highlighting areas of potential insight. Two rounds of coding were then conducted to systematically generate labels that appeared relevant to the research aim. Initial themes were synthesised and then refined in groups according to consultation phase. Once grouped, themes were refined and reworked to develop a narrative or pattern pertaining to distinct consultation phases. Themes were then written up and presented sequentially in line with the defined stages of the consultation process. Table 4 shows the three themes generated from the RTA findings:

Table 4: *Reflexive Thematic Analysis Generated Themes*



4.2.5 Ethical Considerations

Consent for the original study (Busse, 2024b, in press) was sought and approved by the Tavistock Trust Research and Ethics Committee in April 2023. In the original study, participants were asked to sign a consent form that outlined the scope of participation, rights to withdraw and permission to record and store data from the interviews. To protect participants' anonymity, names and personally identifiable information were removed from the transcripts, and each participant was assigned a number at random, which will be referenced in the findings, such as P1, P2, etc.

4.3 Results

4.3.1 Referral and Initial Meeting

An integral first step to initiating the consultation process was taking time to understand what a network may be referring for, which was highlighted as a more complex process. Consultants stressed the importance of first having a systemised approach to accepting a referral before further thinking about the case could be done. One participant described the referral as initially going through a "*triage*" process, "*whether we think it's for advice only, or ongoing consultation, or assessment*" (P1). A further step discussed in the process was the referral also needing to meet a form of "*criteria*" (P4), the first of which emphasised the importance of having a substantial network to consult to:

> *If there's more one person to actually consult to, there needs to be a network around, so that would be kind of the first criteria* (P1)

This preliminary process for referral screening provided the groundwork for further steps to be taken, such as assessing the network's capacity to engage. This was

described as there needing to be a “*willingness”* (P3) from the referring network, in recognition that though a network may be asking for help, it may not always be the case that they are necessarily seeking what is in the confines of a consultation. At the heart of this initial process seemed to be a conceptualisation of the consultation task at this stage as helping to “*untangle”* (P2) the network;

> *Uh, and I think it's what [consultant] was saying earlier about trying to work out what people might want. That's where the detangling process starts. We want to untangle with the members of the network…But that process can…. a person isn't always very neat. It can be can take place over a few sessions* (P2)

The aim of supporting the network in understanding what they want from a consultation was described as a *“dynamic”* (P.3) process between the consultant and the referring network. This involves understanding what the individual referrer may be asking for versus what the network as a whole may want, as well as what the consultant feels they can offer. As such, a further *“gathering up”* (P1) step of the various professionals involved is necessary to decide if an initial consultation meeting should be arranged. It was evident that even when an initial consultation meeting took place, a network can still be unsure of what they were asking for from the service. Some consultants took a directive approach in the initial meeting:

> *Yeah, so sometimes you find, you ask, kind of, what, what do you, what are you looking for from us? What would you want help with? Can you please tell us, like, so it'll focus on something in particular* (P4)

Others conceptualised the process as "*holding the question in mind"* (P5) throughout the initial meeting with the network. The key to following these steps to approaching a referral and setting up an initial meeting was for consultants to be attentive to both conscious and unconscious dynamics when processing referrals. One such dynamic mentioned by one consultant was understanding the role of projection of anxiety that might be reflected in the referral:

> *Because sometimes you do get these referrals where everyone is in a state and there's all this urgency around and you need to stop and ask yourself 'where's this urgency coming from?' Is this really coming from the child or family or is there something here the network's anxious about and they just want to get rid of it…dump it on the service and make it ours to deal with?* (P5)

Carefully facilitating conversations around the different levels of conscious and unconscious anxieties within the network may require a *"drawing out"* (P.2) the different concerns of network professionals, as described by one consultant:

> *Not all members will be holding on to the same levels of anxiety. Someone may be worried about this but someone else may feel that something else is actually the problem…but they're both actually sharing the same worry about what's happening* (P2)

4.3.2 Consultation Delivery

In this theme, the conversations around the structural components and psychoanalytic approaches appeared closely interwoven in the steps of consultation delivery. Consultants highlighted the importance of gathering information and re-connecting the network to the fundamentals of the case as key to the process of an effective consultation. There was a recognition from consultants that the emphasis on the fundamental tasks of gathering and synthesising as much information as possible about a case is in part borne out of a particular consultation task adopted from the Portman Clinic children's team:

> *I guess the consultation as we do it here, partly but not exclusively, kind of grew out of the kind of Portman child consultation. And often they were preceded by an unrealistic request for therapy. So that's the kind of wish for something to be done. And I guess what we've said in the past, is that sometimes you can't necessarily, for all the reasons we know therapy isn't going to be appropriate, but there is still is something in trying to understand the situation in depth* (P3)

Gathering the information from the network was recognised as a complex and involved process. Sometimes consultations needed to be held "*over a couple of sessions*" (P1) to formulate what was needed. In an example given by one consultant, it was evident that without being able to put together the information about a case, it was more challenging to achieve a meaningful consultation with the network:

And sometimes people think they'll just give us this case and say, well, is he risky or not? But you can't make that judgment because it's all about the details. It's all about understanding the distress that the child is communicating by being risky. And that requires a lot of information. And a lot of times it's not there. It's not that they're not giving it to us, it's just that they don't have it. And we've had lots of very frustrating cases where we can't make an assessment (P2)

Equally, being able to create a reflective space within the consultation was linked to achieving the step of gathering information that may have become fragmented throughout the network:

So first you get the information, but then you try and get them to think. And you try and offer some understandings and formulating (P4)

However, in instances where networks were struggling to reflect or regather information about a case, consultants discussed the role of projection that might provide insight into the barriers that prevent taking the next step of creating a reflective, consultative space:

I would always assume that what's going on in the network reflects what's going on in the family and what's going on in the child's unconscious. Often that kind of reflects something about the child, something about the family, which is very shut down, where there's some loss of curiosity (P5)

If a reflective space was developed within the consultation, a secondary step was described as helping the network see the child as both victim and perpetrator to address the forensic risk concerns at hand. As one consultant expressed:

> *And I think that that's a really important part of our consultation is to help them see both sides of the young person* (P1)

Engaging the network in a process that involves thinking about the young child as possessing both sides was viewed as helping to address issues related to splitting, which can prevent the network from working collaboratively. This was described in a case example given by one consultant:

> *I had a consultation at the school last week with [organsiation redacted]. And they just got very identified with this young person being a victim. And the rest of the network thought that he was the perpetrator and* [the young person] *was the problem, the sole problem. And actually it was much more complicated than that. And it was just really kind of helping them think about that. And it felt like a kind of, yeah, a moment where this clinician just kind of said, Oh yeah, I hadn't quite realised that that was going down that road* (P6)

Given the inherent difficulty in addressing splitting and resistance to viewing the duality communicated in the young person's behaviour, consultants pointed to the importance of having a consultation structure where consultants can co-work on a

case. Approaching networks with two consultants appeared to provide balance to the differing views being held by professionals:

> T*hat's why it's helpful as well to work in pairs. Like one will speak to one role and the other will…yeah speak to the other* (P4)

> *I think that's right that it is about sharing the roles. Kind of like the person who's both, at times, the perpetrator and the victim. I think by working with a buddy, you can also speak to those two different sides* (P1)

Whether it is in the process of synthesising information about a child or attempting to address splits within professional perspectives, consultants also discussed how the network may not always accept this particular consultation approach. The distressing nature of the work may activate different defences within a network, which were considered as sometimes coming from the levels of distress within the family or sometimes from professional's needs to protect themselves:

> *What's got in the network is something that's been cut off or deadened in the child, the family isn't working* (P5)

> *Networks aren't wanting to see how distressing a situation is, so the denial and avoidance is there* (P2)

4.3.3 Ending a Consultation

Like the *“dynamic”* (P3) process described in setting up the consultation, the process of how the consultation comes to an end was conceptualised as an iterative, “*collaborative”* (P2) process rather than being dictated by a set number of sessions. In so doing, the aim is to reach an organic conclusion to the consultation by both consultant and consultee: “*There's nothing more to understand for the moment”* (P3). As such, a benefit towards orientating the consultation ending in this way is reaching a place of understanding rather than solutions-based actions. One of the steps concluding a consultation appeared to be offering a sense of containment through the knowledge that has been gained that allows for the network to feel more able to work the case on their own:

> *It's closing, but they'd be welcome to come back if they wanted to. So there's some idea that you remain interested, you remain curious about what happens next. So I think we need to remain curious and open to the idea that we've got it right, we've got it wrong, there's lots more to learn, but I think now you can get on with it* (P5)

Flexibility within the consultation structure was also seen as being reflective of accommodating the varying levels of network need that otherwise might not be fully addressed in a set amount of sessions:

> *There's the different cases where there's one that will only use us just once for one consultation, that'll be enough, and then some where it's three, four, and then some where it's ongoing, maybe a year* (P4)

However, despite the flexibility in decision-making around closure, consultants also expressed the need to be boundaried with how a network may be using the open-ended nature of the consultation service:

> *Well if they start using you like a case manager, then that feels necessary to say it is time to close, that does happen* (P4)

One consultant expressed a similar boundaried but containing approach to consultation endings even in situations where networks do not engage or the consultation process is not able to be followed through:

> *I suppose you want to offer something that's containing yet without it becoming too much of a revolving door. It's important to let them know even when it's falling apart to notice that there is something really challenging going on and maybe it's too exposing to think about now that we've gotten started, or something like that. You don't want them to shut down completely and feel they can never come back…it's like therapy with a client. Sometimes they aren't as ready to start as they might have thought* (P1)

Consultants stressed that, unlike other service endings, concluding a psychoanalytic consultation is not *"it's all wrapped up in a bow and off you go"* (P5). Instead, it's about recognising the enduring need for flexibility and containment even beyond the

end of a consultation due to the complexity and challenges of working with justice-involved or high-risk youth.

4.4 Discussion

This study explored the consultant's conceptualisation of delivering a psychoanalytic forensic consultation. Particular focus was given to understanding how they conceptualised the process at different consultation stages and the application of psychoanalytic principles at each stage. This is the first study that has explored how consultants conceptualise the consultation process and how psychoanalytic thinking informs the consultation method. This research was predicated on a preliminary study exploring consultant and consultee experiences of a psychoanalytically-informed forensic consultation (Busse, 2024b, in press). Both studies were informed by both the theoretical and clinical thinking that has been garnered over the years at the Portman Clinic (Nathanson, et al., 2022), as well as the wider work that has given voice to the role of psychoanalytic thinking to the delivery and method of consultation practices to professionals working with young people (Bradley & Rustin, 2008; Robinson et al., 2020; Jackson, 2008; Canham, 2001). The consultation stages were divided into three parts: referral and initial meeting, consultation delivery and ending a consultation. The discussion will follow these findings sequentially and in conversation with existing literature.

4.4.1 Referral and Initial Meeting

In this theme, consultants discussed the management and thinking behind referrals and the important aspects that need to be considered when a network has referred to the service. This was broadly encapsulated in the idea of this stage being about "untangling" the networks' needs and anxieties that brought them to refer. On a structural level, a clear process was defined by which referrals are streamlined

based on what they request from the service. Criteria, such as the need for an established professional network around the child, also aided in this categorisation process. These criteria helped to further benchmark if a referral is appropriate. There was a clear emphasis on the importance of processing a referral as a vital first step in the consultation process. The process and criteria discussed also highlighted the importance of the relational aspect of the consultation process. Prior literature on psychoanalytic forensic consultations has highlighted understanding the child's wider relationships and how they relate to their internal world as essential to offering the right support to the network and, indirectly, the child (Allan, 2016). Beyond the procedural aspects, consultants also needed to be aware of the degrees of ambivalence and anxiety behind a referral that may only be fully addressed in an initial meeting. Here, it seemed that the less operational parts of the process gave way to a more psychoanalytic approach to understanding the referral. As Parsons (2022) mentions, what typically brings professionals to refer to specialist forensic services is a level of urgency of concern around a young person's behaviour and, with that, an attempt to mitigate these anxious feelings by trying to get something done or a child seen (Allan, 2016).

There was an overt recognition amongst the consultants that unconscious processes might underpin some of the reasons for networks to refer, such as anxiety around the child's risk that causes a sense of urgency or demand for something to be solved by the consultants. Understanding the role of projective identification appeared key to determining the level and source of anxiety a network was experiencing- how much of the anxiety was coming from the child's actual level of risk and how much of the unconscious group dynamics of the network were being played out. Robinson et al. (2020) described a similar tension in psychoanalytic consultation when a sense of

urgency for something to be “fixed” needs to be met instead with attempting to create a reflective thinking space around the child (p.315). In recognition that it may take time for conscious and unconscious anxieties to arise in the consultation space, the service adopted a consultation model that allows for networks to meet over a series of sessions. Both direct and indirect approaches were discussed in the process of problem formulation with the network. Some consultants expressed attempting to name the difficulty more directly, while others found it more helpful to take a less directive stance about the professional’s concern. Elements of both approaches appear to be attempting to offer a level of containment (Bion,1962) to the network. Rustin (2008) points to containment as a fundamental psychoanalytic approach to consultation when conducting work discussion groups and has been identified as a unique alternative to action in psychoanalytically informed consultation with social workers (Robinson et al., 2020).

4.4.2 Consultation Delivery

The key components of this consultation stage were primarily centred on two tasks: gathering and synthesising information from the network and helping the network recognise how it may be engaging in defensive splitting between seeing the young person as either a perpetrator or a victim. The emphasis on gathering as much information as possible was essential for delivering an effective consultation. This practice was recognised as stemming from traditions founded in the Portman Clinic children’s team, in which one can come to know what the child is struggling with by the very detailed gathering of information from the professionals around the young person. This aligns with the “concentric circles” (Allan, personal communication) approach to consultation. A complete understanding of each external layer of the child’s experience may provide the key to understanding the internal unmet

emotional need that may be causing the young person to act out (Parsons, 2022). As such, the process of gathering information serves a dual function of being both a technical necessity and creating a reflective structure around the child's difficulties.

Equally, other studies on psychoanalytic consultation have also noted that the practice of information gathering can sometimes be an adequate intervention for the network. By comprehensively talking through cases and helping the network gain insight into the child's difficulties, it may not be necessary for a child to be seen directly (Robinson et al., 2020). Exploring and engaging the network in deeply understanding a child's context and history may ultimately lead to less reactive practices on behalf of the network. This literature links with the current findings to suggest that information gathering goes beyond just a procedural task but a type of intervention itself that can promote more reflective thinking within a network.

The detailed, careful gathering of information also reflects elements of work discussion models, which are partly informed by infant observation practices- where close attention is paid to the minute details and interactions between mother and infant. Part of the implicit learning in work discussion groups is honing observational skills and placing importance on noticing the details that may be more latent if not carefully observed (Rustin, 2008).

The collaboration between the consultant and the network in gathering detailed information about the child also highlighted areas where the network itself struggled to work cohesively. Consultants did not view difficulties in working together simply as a lack of willingness but as potential indicators of unconscious defences operating within the network. In some cases, these defences reflected a projective identification process, mirroring what might be 'shut down' within the family. Recognizing these dynamics could help identify where further work with the network

may be needed before meaningful progress can be made with the child. A similar dynamic is described in Menzies-lythe's (1985) paper on children growing up in heavily institutionalised settings. Though her work focused on children in residential settings, there are similarities in work with justice-involved youth. The enduring nature of the young person's and family's difficulties typically means substantial and long-term involvement with various agencies. As such, the long-term exposure to both the high risk presented in these cases and institutional involvement with justice-involved youth may lead to similar levels of distress and difficulty in the network. In response, children and families may themselves shut down in the face of the network's defences, similar to Menzies-lythe's (1985) observation of children in care.

A second task identified in the delivery process was to help the network integrate both the victim and perpetrator sides of the young person to better inform practices around the child's level of risk and the appropriate network response—the underpinnings of this practice link directly to the clinical conceptualisations devised at the Portman Clinic. Parsons (2022) discusses the importance of addressing issues around splitting, particularly concerning this population of young people. Due to the nature of their offending behaviours, networks can often get caught between identifying the young person as either a perpetrator or a victim. This split paralyses thinking and collaboration within the network. This was clearly illustrated in the case example brought by one consultant where school staff struggled to combine both perspectives to understand the young person. Menzies-Lythe (1960) similarly mentions the role splitting plays in institutional defences that can lead to fragmentation within an institution and cause professionals to cut off from their capacities to attune to the problems and difficulties they face. To address the potential issues around splitting within the network, the consultants highlighted the

technical importance of co-working a consultation where two consultants are present. This was viewed as helping both the network and the consultant not become too aligned with one side of the split, often along the perpetrator or victim parts of the young person. This technical delivery component appears to be informed by psychoanalytic thinking about avoiding collusions with unconscious defences within the network.

4.4.3 Ending a Consultation

The final stage, which was described as ending a psychoanalytically informed forensic consultation, was characterised as being open-ended, reflecting the high risk being presented to professionals working with justice-involved youth. Because of this understanding of risk, endings were conceptualised as being dynamic rather than static processes, knowing that due to high risk, networks may need to seek consultation at a different stage. Consultants conceptualised ending as arriving at a place where as much thinking and understanding about a young person has been done for the time being. This idea reflects that ending a consultation appears to come at a point when the network can feel more contained and their anxieties understood rather than a goal or specific outcome achieved. Consultants also emphasised that even in the ending, it was essential to adopt a curious stance so professionals feel supported to come back when needed. Parting with a network on a note of curiosity and interest in what may happen in the future extended the consultative containment capacity of the network. This aligns with the emphasis of work discussion groups to promote curiosity as an ongoing process that can serve as a tool for a new way of thinking about complexity (Rustin & Bradley, 2008).

Flexibility in the time needed to work with a network was another critical component of consultation endings. Canham (2001) noted that psychoanalytic consultation is a

relatively long-term and ongoing process, mainly if the relationship with the external service is to be maintained. In this service, sometimes the consultation could conclude in a few sessions, but in others, a much longer time was needed. However, it was also evident from the consultants that a balance must be struck between being open and flexible whilst remaining boundaried with a network.

Consultants mentioned there sometimes being a pull from the network to carry on consultation not as a reflection of needs but as a desire for the consultant to take over responsibility for the case from the network. Bion's (1961) work on basic assumption groups described an unconscious propensity in some groups to invest in ensuring that someone takes hold of the responsibility for leading or steering the group, and by so doing, group members may become less active in supporting the group to function collectively. Bion referred to this type of group functioning as the basic assumption Dependency (baD) group (Bion,1961). Consultant awareness of an unconscious shift from collaborative thinking to a desire to shift responsibility for thinking over to the consultant was seen as key to maintaining a consultative stance with the network.

Thought was also given to the ways in which networks may need to hold on to their defences and may need more time to be ready to engage in consultation. It was important to pass on this reflection to the network to offer some level of containment in the hopes that, by so doing, the thinking capacities of the network stay engaged, even if not within a consultation space. This aligns with Menzies-Lythe's (1960) observations that institutional defences, such as avoidance or denial, are deployed by a network when the possibility of addressing underlying issues may stir up too much anxiety. However, holding on to a reflective stance in a consultant role may still serve a containing function for the network despite not being ready to address

deeper-rooted issues. This is also in line with Robinson et al.'s (2020) study of child psychotherapists as consultants needing to assess whether or not a network is ready to engage in a reflective consultation or if the network needs to hold on to their defences to keep functioning. The key technical skill is for the consultant to maintain a reflective stance, whether or not the network can carry on with the consultation or engage in a reflective approach to the difficulties.

In summary, the task of ending a psychoanalytic form of forensic consultation involved being flexible with and containing the network. The ideal outcome is that consultation can end due to a mutual understanding of the current difficulties being reached. However, sometimes, it is due to a network not being ready to engage for various reasons. Containment could be offered by keeping a curious, open stance towards the network to encourage ongoing reflective capacities to develop or by being able to name and reflect on the difficulties that may be preventing a network from engaging. This involves respecting the network's defences whilst encouraging their existing capacities to think and reflect to continue, even outside of a consultation space.

4.5 Limitations

This study was derived from data based initially on understanding the experience of delivering or receiving a psychoanalytically informed forensic consultation. Therefore, the semi-structured group interviews were more generally orientated around the consultants' lived experiences. Where ideas around the conceptualisation of the process of consultation delivery were an important part of the conversation, the interviews and subsequent questions about consultants' experience were not explicitly designed to answer this study's specific research aim. As a result, findings may not fully encapsulate how consultants conceptualise the consultation process or

how psychoanalytic principles may inform the different stages. Secondly, as the data had already been analysed and interpreted from an initial study, researcher bias may be present in the findings. This study was specifically designed around a reflexive thematic analysis (Braun & Clarke, 2019) out of the acknowledgement that findings were structured around what the researcher deducted from the interviews, given their theoretical and reflexive understanding of the material. However, prior exposure to the material lends itself to priming and sensitivity towards specific themes. Equally, further bias may be introduced due to the researcher's relationship to the material and professional links to the service and interest in applied psychoanalytic thinking.
Though this thematic analysis framework does not typically require a secondary reviewer due to its epistemological stance, given the above limitations, the study may have benefitted from having a secondary reviewer to assess the validity of the findings. A strength of the service as a whole is its unique approach to a specific area of mental health, a psychoanalytically informed forensic child and adolescent mental health consultation service. Where there is great learning potential that could be derived from having such a consultation service, because of its specificity, the transferability and generalisability of these findings may be limited. Equally, as there is very little research on the consultation process, more generally, discussion concerning current research is limited. This further limits the conversation of how this process may relate to or differ from other types of consultation delivery.

4.6 Conclusion

This study explored consultants' conceptualisation of delivering a psychoanalytically informed forensic consultation. Specific attention is paid to how consultants conceptualise the processes involved at each consultation stage and how psychoanalytic principles may guide the process at these various stages. The main

findings highlighted distinct stages of consultation: the referral and the initial meeting, followed by consultation delivery and finally, ending a consultation. The application of psychoanalytic ideas was influential throughout the consultation stages, with particular attention given to the role of defences against anxiety, the duality between perpetrator and victim, and facilitating a containing, reflective environment for networks throughout the consultation phases. The integration of psychoanalytic ideas, such as containment and cultivating an awareness of unconscious dynamics, was particularly relevant in most stages of the consultation process. These findings suggest that the wider application of psychoanalytic frameworks can inform consultative procedures and stages when working with networks, particularly when professionals engage with high-risk or justice-involved youth.

Future research may seek to understand how different frameworks used in FCAMH services inform how consultants conceptualise the stages, steps and processes of their consultation delivery. In so doing, commonalities and differences amongst the different FCAMH services can be understood and used to develop comprehensive guidelines for consultation delivery specifically for professionals working with high-risk or justice-involved youth. More research is needed in this area so that the multi-layered needs of both professionals and young people are met by providing more suitably tailored consultation services.

5.0 Thesis conclusion

This thesis has explored the process and experience of psychoanalytically informed FCAMHS consultations with professionals working with justice-involved or high-risk youth from multiple perspectives. The first article, a systematic review of mental health consultations for professionals working with this population, identified key gaps in current knowledge, particularly around consultation delivery. It underscored

the need for more coherent consultation models and provided a foundation for further inquiry into forensic mental health consultation approaches.

The second article qualitatively examined the lived experiences of both consultants and consultees engaged in psychoanalytically informed forensic consultations. This study highlighted the nuances of consultation, including the role of containment, the validation of consultant expertise, and the persistent systemic barriers that hinder engagement.

Building on these findings, the third and final article conducted a thematic analysis of consultant conceptualisations of the consultation process. This study aimed to contribute to the literature by outlining a stage-based approach, making explicit the psychoanalytic principles underpinning the Portman Clinic FCAMHS service—principles that have traditionally been implicit in practice but less defined in research and operational guidance. Key findings included the identification of distinct consultation stages, as well as the central role of containment and awareness of unconscious defences throughout the process.

Through this research, I came to appreciate something simple yet fundamental to consultation work. Despite the complexities of various consultation frameworks and delivery models, what leaves the most lasting impact is the relationship. Whether through containment, expertise, or guidance, what truly matters is that referrers feel seen and understood alongside the difficulties of the child they bring to consultation.

This is not a novel discovery, as its centrality to psychoanalysis is well established, nor is it entirely new to my theoretical understanding of consultation. However, listening to both referrers and consultants describe their experiences brought this understanding to life in a more personal way. When professionals feel heard and

supported in the relationship, this is what helps create the conditions for the child to be seen and understood as well.

Together, these three articles attempt to bridge psychoanalytic theory with FCAMHS consultation practice, situating the findings within the wider landscape of mental health consultation for professionals working with high-risk and justice-involved youth. The findings highlight the need for further research into consultation processes and the inclusion of psychoanalytic perspectives in forensic consultation models. In doing so, future research may help enhance and refine services that support professionals working with some of the most vulnerable young people in society.

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7.0 List of Appendices

Appendix A- Consent Form

Consent Form

Research Project: Consulting with the unconscious in mind: a qualitative study on the nature and function of a psychodynamically-informed forensic CAMHS consultation service as reported from both consultants' and consultees' perspective

Name of researcher: Alexandra Busse

Name of Principal Investigator: Dr. Elena Della Rosa

• I,____, voluntarily agree to participate in this research project ☐

• I have read and understood the information sheet for the above study. I have had the opportunity to discuss with the researcher the information contained within the sheet, the opportunity to ask questions, and have had my questions answered satisfactorily ☐

• I understand that my participation in this study is voluntary and that I am free to withdraw at any time up to three weeks after the completion of the interview ☐

• I consent to having my interview digitally recorded and transcribed according to the details outlined in the participant information sheet ☐

• I understand that the information I provide will be kept confidential, unless I or someone else is deemed to be at risk ☐

• I understand that any direct quotes from the audio recording may be used in this research study will be anonymised and held securely by the researcher in line with GDPR ☐

• I understand that there may be instances where complete anonymity may not be attainable in direct quotations in the research ☐

• I understand that the results of this research will be published in the form of a Doctoral research thesis and may also be used in future academic presentations and publications ☐

Contact details:

Alexandra Busse is the primary researcher in this study and is therefore the main contact for this study:

Alexandra Busse
Email: alexandra.busse@spft.nhs.uk
Phone: 7887 983649

Alternatively, if you have any further questions or concerns you can contact the research lead for this study, Dr. Elena Della Rosa: elenadellarosa@hotmail.com

Should you have any concerns about research conduct, the researchers involved in this study, or any other issues with the research that you do not wish to raise with the primary researcher or research lead, you can contact Simon Carrington, Head of Academic Governance and Quality Assurance at: academicquality@tavi-port.nhs.uk

Thank you for your time and consideration in taking part in this study. If you are willing to take part, please complete the attached consent form.

Appendix B- Patient Information Leaflet

The Tavistock and Portman
NHS Foundation Trust

Information Sheet

Consulting with the unconscious in mind: Understanding the Portman Clinic FCAMHS consultation model as reported from both consultants' and consultees' perspective

Thank you for your interest in the above research study. The following is an information sheet outlining the purpose of the study and expectations of participation should you decide to take part. The contact details of the main researcher and research lead are included below should you have any questions.

What is the purpose of this study?

The aim of this study is to learn about consultant and consultees experiences of a psychodynamic forensic consultation. The purpose of this is to better understand how psychodynamic consultations help inform professionals on how to work with forensic youth. Learning about consultants and consultees experiences of forensic psychodynamic consultations can help improve the delivery of such consultations as well as make psychodynamic consultations more accessible to others in the future. Additionally, understanding more about this particular type of consultation can also assist in developing evaluation measures that succinctly capture the areas of work these types of consultations aim to address. At present, no evaluation measures are available that look specifically at consultation-based services, especially psychodynamic consultations. Your participation in this research will add greatly to our understanding of how psychodynamic consultations can support professionals that work with a highly vulnerable patient population and their families.

Background

Since the publication of the UK National Health Service's Long Term Plan in 2019, there has been a significant demand on mental health services to increase psychological consultations to public and community sector services, particularly to services working with individuals with complex or high risk mental health difficulties. The aim of increased psychological consultations is to improve patient access to mental health care treatment and to better support professionals working with individuals who might have otherwise not been able to access such support. In child and adolescent mental health, consultation work has become an integral part of supporting young people's mental health and wellbeing by liaising with areas of the community that work directly with children and their families on a daily basis such as schools, social care, youth criminal justice organisations and community-based programs. In the area of forensic mental health, this development is most notable in the advent of the Forensic Child and Adolescent Mental Health Service, or FCAMHS. FCAMHS is a nation-wide specialist and predominantly consultation-based service made up of a multi-disciplinary team who offer a variety of tailored community liaison services orientated towards professionals working with young people who engage in high risk and offending behaviour. In part, FCAMHS was commissioned to address these "gaps in support" between high risk forensic youth and their access to mental health services (Lane et al., 2021)[1].

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[1] Lane, R., D'Souza, S., Singleton, R. et al. (2021). Characteristics of young people accessing recently implemented Community Forensic Child and Adolescent Mental Health Services (F:CAMHS) in England: insights from national service activity data. *Eur Child Adolesc Psychiatry*. https://doi.org/10.1007/s00787-021-01870-y

Specifically, the North London-based FCAMHS service at the Tavistock and Portman is a highly successful service with a unique approach to assessing and consulting on forensic child mental health. North London FCAMHS approaches consultation by incorporating psychodynamic thinking into the formulations offered to referrers about forensic youth. However, little is currently known about the experience of those who either give and receive forensic psychodynamic consultations. By hearing from consultants and consultees, we can learn about how and in what ways psychodynamic consultations might help inform the care and treatment of at-risk forensic youth.

What does participating in this project involve?

The focus of this study is to understand consultant and consultee's experiences of a psychodynamically- informed forensic consultation. To do this, participants are invited to attend a one-off research interview. The purpose of the interview is to allow you to talk openly and have a conversation about your experience of either giving or receiving a Portman FCAMHS consultation. I am interested in hearing how this experience of giving or receiving this particular consultation might have been different from previous experiences of consultations, what you found helpful or challenging about this consultation, what is has been like for you working with this patient population and your thoughts on how the consultation might have helped inform the care and treatment plan for the young person being consulted about.

Interviews will last between 60 to 90 minutes and, where possible, aim to be face-to-face. In the event that this is not possible, online interviews via zoom can also be arranged. Interviews are intended to be completed during normal working hours.

Who can take part?

The study is looking to recruit people from two groups, FCAMHS staff (consultants) and referrers into the FCAMH service (consultees).

Consultant criteria is as follows:

- Current members of clinical staff within the Portman FCAMHS team who have held the position for at least six months who have delivered a consultation

Consultee criteria is as follows:

- Referrers who have requested and completed an FCAMHS consultation in the last six months

Who is involved?

My name is Alexandra Busse, and I am the primary researcher for this project. I am both a researcher and training child psychotherapist working at Sussex Partnership NHS Foundation Trust, undertaking my doctoral training in child and adolescent psychotherapy at the Tavistock and Portman NHS Foundation Trust. As the training school, this project is being sponsored by the Tavistock and Portman Centre and as such, has met their ethical approval standards. The doctoral training is certified and overseen by the University of Essex.

Do I have to participate?

Participation in this research project is entirely optional and will have no impact on giving or receiving future consultations with FCAMHS. If you consent to taking part in the research, you are able to withdraw without providing any further reason up to one month after your research interview. After one month, the data will be processed and analysed. Should you decide to withdraw consent during the one month period post-interview, data collected from your interview will be destroyed immediately in accordance with GDPR.

How will my information be used?

The Tavistock and Portman NHS Foundation Trust is the sponsor for this study based in the United Kingdom. I will be using information from you in order to undertake this study and will act as the data controller for this study. This means that I am responsible for looking after your information and using it properly. I will keep identifiable information about you from this study for five years after the study has finished.

Your rights to access, change or move your information are limited, as I need to manage your information in specific ways in order for the research to be reliable and accurate. To safeguard your rights, I will use the minimum personally identifiable information possible. I will use your name and the contact details you provide only to contact you about the research study. I am the only person who will have access to information that identifies you. I may be assisted in the analysis of this information by senior colleagues, but they will not be able to identify you and will not be able to find out your name or contact details.

Quotes from the transcribed interviews may be used directly in the write up of the research, however these quotes will remain anonymised. It is important to note that complete anonymity cannot be guaranteed, meaning that it may be possible for a colleague who knows you well enough could possibly be able to identify you from a quote despite any personal information being anonymised.

Results of the study will be written up in a dissertation for my qualification on the Child and Adolescent Psychotherapy Doctorate. The results may also be used for future academic presentations and publications.

Electronic data will be stored securely on a trust-issued, password protected laptop and data file. The primary researcher will be the only person who has the details to access the electronic data. Any hard copy data will be stored securely at the trust in an specially allocated filing cabinet. Again, the primary researcher will be the only person who has access to any hard copy data.

You can find out more about the legal framework within which your information will be processed by contacting the sponsoring Trust's Clinical Governance and Quality Manager, Irene Henderson: IHenderson@tavi-port.nhs.uk

Please note that confidentiality may not be able to be maintained if there are serious concerns about you or another person's safety.

Who can I contact if I have questions?

Alexandra Busse is the primary researcher in this study and is therefore the main contact for this study:

Alexandra Busse
Email: alexandra.busse@spft.nhs.uk
Phone: 7887 983649

Alternatively, if you have any further questions or concerns you can contact the research lead for this study, Dr. Elena Della Rosa: elenadellarosa@hotmail.com

Should you have any concerns about research conduct, the researchers involved in this study, or any other issues with the research that you do not wish to raise with the primary researcher or research lead, you can contact Simon Carrington, Head of Academic Governance and Quality Assurance at: academicquality@tavi-port.nhs.uk

Thank you for your time and consideration in taking part in this study. If you are willing to take part, please complete the attached consent form.

Appendix C- Recruitment Email

Dear XXXX.

I am currently undertaking my doctoral research project for the child and adolescent psychotherapy training at the Tavistock and Portman NHS Foundation Trust and am getting in touch to see if you would be interested in taking part.

The title of my project is: Consulting with the unconscious in mind- understanding the experience of a forensic CAMHS psychodynamic consultation as reported from both consultants' and consultees' perspective.

I am interested in hearing from Portman FCAMHS clinicians and referrers into the service about their experiences of Portman FCAMHS consultations. The interview is a unique opportunity for clinicians to reflect on their experiences of delivering consultations for the service as well as the invite those who have received a Portman FCAMHS consultation to share about their experience. I am also interested in hearing about your work with young people with forensic presentations and what it is like supporting the networks around them.

Therefore, I would like to invite Portman FCAMHS clinical staff that have worked for the service for at least six months and have delivered a consultation to a professional or professional network working with a young person with a forensic presentation in addition to professionals who have referred into Portman FCAMHS and received a consultation to take part in a one-off interview about their consultation experience. Interviews will take 60 to 90 minutes to complete and can be held either online or in person to accommodate to different work locations.

Please find the included information sheet for more information about the study and participation should you be interested in taking part.

If you have any questions, please do feel free to contact me at alexandra.busse@spft.nhs.uk

Kind regards.

Alexandra Busse
Child and Adolescent Psychotherapist in Doctoral Training
Horsham CAMHS

Appendix D- Consultant Group Interview Schedule

Consultant Group Interview Schedule

Research title: Consulting with the unconscious in mind: understanding the experience of a forensic CAMHS psychodynamic consultation as reported from both consultants' and consultees' perspective

Introduction to interview: Restate purpose and structure of interview- to understand more about psychodynamic forensic consultations from the interviewee's perspective. This is an opportunity to talk openly about their experience and reflections on the consultation process. If helpful, interviewees can discuss a particular consultation case. Explain that the interview will be recorded and last from an hour to an hour and a half.

Interview Schedule:

1) Thinking specifically about your experience and understanding of the Portman FCAMHS' perspective on young people presenting with forensic difficulties, what is your approach to delivering consultations for the service?

- Follow-up question (if group struggles to answer/elaborate):
  - did aspects of this consultation stand out as being different from other consultations you've experienced? If so, in what ways?
  - What has been your experience of delivering consultations for Portman FCAMHS?

2) What do you think is helpful about this approach?

3) What are the challenges to this approach?

4) what are you hoping to help change or formulate differently for referrers concerned about a forensically presenting young person?

- Follow up question if group is unable to answer/elaborate:
  - Has giving consultations in this service changed how you've thought about forensic young people? If so, in what ways?
  - What about the way in which you think about young people in this service help shift a network's thinking about how to support forensic youth?

Appendix E- Consultee Group Interview Schedule

Consultee Group Interview

Research title: Consulting with the unconscious in mind: understanding the experience of a forensic CAMHS psychodynamic consultation as reported from both consultants' and consultees' perspective

Introduction to interview: Restate purpose and structure of interview- to understand more about psychodynamic forensic consultations from the interviewee's perspective. This is an opportunity to talk openly about their experience and reflections on the consultation process. If helpful, interviewees can discuss a particular consultation case. Explain that the interview will be recorded and last from an hour to an hour and a half.

Interview Schedule:

1) Thinking specifically about your experience of the consultation with Portman FCAMHS, what was the consultation you received like?

- Follow-up question (if group struggles to answer/elaborate):

  - Did you find that this consultation was different than others you have been given before? If so, in what ways?
  - Could you tell me a little about the process of the consultation?

2) What did you find helpful about this consultation?

3) Were the aspects of the consultation you didn't like or found challenging?

4) Did the formulations received from the consultation change your approach to thinking about/working with forensic young people?

Appendix F- Local Approval

Approval for psychotherapy doctorate research project at the FCAMHS

I understand that the trainee, Alexandra Busse, is asking to approach FCAMHS staff for participation in her research project that she is carrying out as part of the DProf in Child and Adolescent Psychotherapy (M80).

I have seen the protocol, information sheet, and consent forms. As manager of the Portman FCAMHS team, I give my consent for Alexandra Busse to approach staff working for Portman FCAMHS in accordance to the proposed protocol.

Sincerely,

Sophie Marshall
Consultant Forensic & Clinical Psychologist
Service & Clinical Lead, Forensic CAMHS (FCAMHS) at The Portman Clinic (North, Central and East London)
The Tavistock and Portman NHS Foundation Trust

Appendix G- TREC Ethical Approval

Quality Assurance & Enhancement
Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

Tel: 020 8938 2699
https://tavistockandportman.nhs.uk/

Alex Busse

By Email

17 April 2023

Dear Alex,

Re: Trust Research Ethics Application

Title: 'Consulting with the unconscious in mind: understanding the experience of a forensic CAMHS psychodynamic consultation as reported from both consultants' and consultees' perspective'

Thank you for submitting your updated Research Ethics documentation. I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

Please be advised that any changes to the project design including changes to methodology/data collection etc, must be referred to TREC as failure to do so, may result in a report of academic and/or research misconduct.

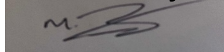
If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Yours sincerely,

Michael Franklyn



Academic Governance and Quality Officer
T: 020 938 2699
E: academicquality@tavi-port.nhs.uk

cc. Course Lead, Supervisor, Research Lead

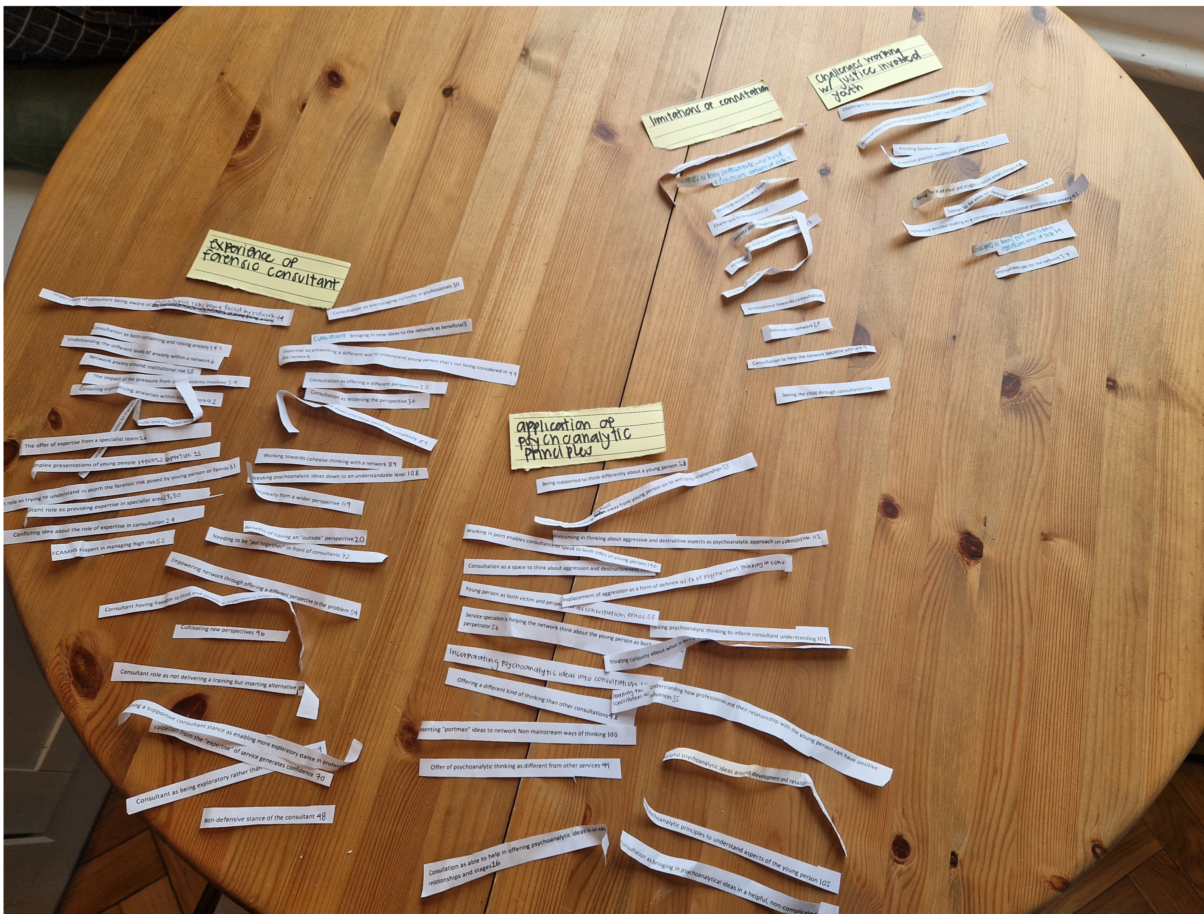
Appendix H- Exploratory Noting of Consultee Group Interview

	uhm, so yeah, again, I have to say I've had all positive experiences really…uhm…19 I think most recently, we've got a really complex young person that we're working with, uhm, involved in harmful sexual behaviours and I think… all of us involved in the assessment process had recognised how complex it was, but it felt like it was kind of being minimised slightly by different systems	*complexity and how this complexity can get minimized by different systems*
Consultation as validating complex nature of work **and clinical decision making 19**		Network involved with the assessment of the young person engaging in harmful sexual behaviours felt that different systems around the young person were minimizing the complexity, which made the assessment process quite difficult, having someone [FCAMHS] step in and look from the outside to give a different perspective and notice how difficult the assessment was going to be resonated with the team doing the assessment.
having someone from the "outside" noticing the difficulty of a complex case is validating 20	…20 And we're finding the assessment process quite difficult and just actually having someone again, I think, as you were saying, [redacted], someone that kind of steps in and looks (speaker 1 10:07: mhm) from the outside, just to be able to give you a different perspective and actually…sort of was able to actually notice is this is gonna be really hard assessment…ah Yeah! That's what we thought,	Courts had a different view of this and wanted the assessment done quickly. FCAMHS consultation was a reassuring process
tensions between the demands of different services young people are involved with 21	21 but everyone else in the courts, was like, No, you need to get done really quickly, and it has to go really fast…uhm, so it's been quite a reassuring process,	*Portrayal of court systems in comparison to FCAMHS seem antagonistic towards having space to reflect*
consultant allows for being able to hold an alternative perspective 22	but also…I think, 22having an external person does allow for that sort of stepping out and being able to hold an alternative perspective (speaker 1 10:33: mhm)	Having someone external does allow for a stepping out and being able to hold an alternative perspective.
Consultation as bringing in psychoanalytical ideas in a helpful, non-complicated way 23	23 and bringing in those psychoanalytical ideas as well	Bringing in psychoanalytical ideas in a way the team can understand in quite a helpful, uncomplicated way can be helpful

Appendix I- Exploratory Noting of Consultant Group Interview

Psychoanalytic formulation as specialist approach 21 Formulation of network relationships 22 Understanding difficulty in family rather than child 23	about the relationships? The...how- what are you what is it in that that you're offering the network 7:10 I think we're offering them psychoanalytically informed formulation of... of not so much just the child but also what's happening with the network. So often the child's not engaged with people. So the more it's been looked at- thinking about what it's like to work with a nonengaging family rather than necessarily particularly through the history of that child 21,22,23	history of that child. Part of the psychoanalytic formulation described seems about the here and now rather than the more traditional approach of looking at the past? There are different views on the role being about providing expertise.
Conflicting idea about the role of expertise in consultation 24 Complex presentations of young people **requires expertise** 25 Expertise of a specialist team 26	7:41 Are there different understandings than that or another layer to add? 7:49 I think this isn't a very... apt when we've said this word and past people kind of have different views on it, but I really think the role is about providing an expertise, when people are coming to you with a, with a problem that the child is presenting with that is really complicated, and really	People are coming with a problem that a child is presenting with that is scary, complicated and overwhelming. People are looking for a specialist team to provide expertise that can be wrapped up in a formulation or report. A conversation is then had so they can digest it and try and understand the problem in an easier or better way. *"Digestion" as a metaphor for the learning and integration process of consultation.* Having options about what to

Appendix J- Evidence of Assembling Consultee Experiential Themes



Appendix K- Evidence of Assembling Consultant Experiential Themes