Current Awareness bulletin:
Forensic mental health services
Issue 4
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Advocacy 2
Carers 2
Guidelines 3
Healthy Eating 3
Learning Disability 3
Mental Capacity 4
Mentally Disordered Offenders 4
Mental Health Law 6
Mental Health Nursing 6
Mental Health Services 6
Nursing 7
Personality Disorder 8
Pharmacy 8
Prisons 9
Psychoeducation 9
Risk Management 10
Schizophrenia 11
Smoking 11
Stalking 11
Statistics 12
Stigma 12
Violence & Aggression 12
Advocacy

Correspondence about the Mental Health (Care and Treatment) (Scotland) Act 2003 about independent advocacy.
http://pb.rcpsych.org/cgi/content/full/32/4/156

Carers

It is widely accepted that family and carer participation in adult mental health care is desirable. However, rarely is service development informed by representative opinions of both carers and service users. This study took place in the context of a larger project to introduce and evaluate practice standards relating to family participation. The aim of this paper is to explore the perceptions of service users and carers to carer participation in adult mental health services. One hundred and twenty-nine service users and 86 family members recruited via hospital and community settings completed a survey which addressed obstacles to family participation, perceived benefits of participation and areas for improvement. Many service users and family were entirely satisfied with existing levels of family participation. Different needs for information, support and the nature of participation in mental health care are highlighted in acute hospital and community settings. Across settings, the provision of support and accessing services were identified as the most useful aspects of family participation. Meaningful carer and family participation in mental health care should proceed from respectful connection with carers and be informed by need which will vary depending on setting and circumstances.
Guidelines

The NICE Guidelines for Schizophrenia are designed to give guidance on the best practice in treatment and management of schizophrenia. These guidelines have 13 standards which services can use for the purpose of audit. As schizophrenia is our service’s most common diagnosis, an audit against the guidelines was undertaken. The results indicated that we met three of the standards. Recommendations have been implemented to improve practice on standards that were not met, and this has led to some creative practice development. Despite the labour-intensive nature of the audit, the results gave a clear indication of areas where there was a need for improvement and will act as a good baseline for re-audit. http://proquest.umi.com/pqdweb?did=1448405881&sid=1&Fmt=3&clientID=57473&RQT=309&VName=PQD

Healthy Eating

Feeding Minds
This web guide indicates what food may help individuals manage mood and well being.
http://www.mhf.org.uk/feedingminds/

Learning Disability

Ashman L, Duggan L. Interventions for learning disabled sex offenders. Cochrane Database of Systematic Reviews 2008, Issue 1
The management of sex offenders is a major public concern. Behavioural and pharmacological interventions have been used for many years and more recently cognitive behavioural based interventions have become popular around the world. Programmes designed for the general population have been modified for those sex offenders with learning disability, to address their cognitive deficits. The efficacy of these modified programmes is unclear.
http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD003682/frame.html

The literature regarding offending in the learning disabled population is limited; the effect of normalisation and deinstitutionalisation on offending behaviour is not yet determined. We retrospectively examined 93 court reports completed by the Tayside learning disability service since 1986.
British Institute of Learning Disabilities (2008)
http://www.bild.org.uk/01headlines.htm#ALifeLikeAnyOther

Mental Capacity

The Mental Capacity Act has resulted in increased formalisation of capacity law and assessment. The act has increased the expectation that healthcare workers should be competent at assessing capacity. The act has also increased the need for training and education, especially awareness and understanding of the code of practice, independent mental capacity advocates, and advance decisions.
http://www.bmj.com/cgi/content/full/336/7639/322

Mentally Disordered Offenders

This study sought to investigate the rates and correlates of homelessness, especially mental illness, among adult jail inmates.
http://proquest.umi.com/pqdweb?did=1427296481&sid=1&Fmt=6&clientId=57473&RQT=309&VName=PQD

Background: The short form of the forensic version of the Camberwell Assessment of Needs (CANFOR-S) (Thomas et al., 2003) is of potential value in all clinical forensic settings, but so far reported mainly with high security hospital patients.
Aims: To conduct a pilot study of the feasibility of using the CANFOR-S in medium and low security hospital units and to report preliminary findings there.
Matejkowski JC et. al. (2008) Characteristics of persons with severe mental illness who have been incarcerated for murder. *Journal of the American Academy of Psychiatry and the Law* 36(1): 74 – 86 In this descriptive study, we analyzed data collected from multiple state agencies on 95 persons with severe mental illness who were convicted of murder in Indiana between 1990 and 2002. Subjects were predominately suffering from a mood disorder, were white and male with a high school education or equivalent, were living in stabilized housing, and, to a lesser degree, were involved in significant intimate and familial relationships. Rage or anger, overwhelmingly directed toward intimate or familial relations by the use of a firearm or sharp object, was the most frequently mentioned motive for murder. Most of those studied had been raised in households with significant family dysfunction, had extensive histories of substance abuse and criminality, and had received little treatment for their mental and substance use disorders. Findings are contextualized and compared with similarly descriptive studies of nonlethal violence and persons with a mental illness; hospitalized, schizophrenic and psychotic murderers; and homicide offenders outside the United States. [http://www.jaapl.org/cgi/content/abstract/36/1/74](http://www.jaapl.org/cgi/content/abstract/36/1/74)

Background Theory of mind (ToM) refers to the cognitive mechanisms that allow us to infer our own mental states and those of others. Whilst ToM deficits are frequently observed among individuals with schizophrenia, little is known about their relationship to functional outcome.
Aims Among patients with schizophrenia in a high security hospital, to test whether ToM performance, in relation to other cognitive and clinical variables, is related to measures of subsequent clinical outcome.
Conclusions The results suggest that social perceptual ToM may be a useful prognostic indicator, but also that ToM impairments may represent an unmet need. Replication of the work with larger and more diverse samples of people with schizophrenia is necessary, as well as trials of therapeutic effort directed at improvement of ToM impairments. [http://search.ebscohost.com/login.aspx?direct=true&db=sih&AN=27558472&site=ehost-live](http://search.ebscohost.com/login.aspx?direct=true&db=sih&AN=27558472&site=ehost-live)

Marcus Roberts and Alison Cobb draw attention to the injustice that ensues from the move towards increased use of preventative detention for mental health patients and the inadequacies of services in prison [http://www.informaworld.com/openurl?genre=article&issn=0962-7251&volume=71&issue=1&spage=26](http://www.informaworld.com/openurl?genre=article&issn=0962-7251&volume=71&issue=1&spage=26)
Mental Health Law

The Mental Health (Care and Treatment)(Scotland) Act 2003 was implemented in October 2005. This article summarises the main features from the Act and its differences from previous legislation. The Act was intended to provide a more flexible range of interventions, including compulsory treatment in the community. It also introduced a number of new safeguards. These are described and early data on their impact are presented. Some provisions of the Act are time-consuming and cumbersome, but there is evidence that psychiatrists are committed to its principles and this is borne out by early monitoring data.
http://apt.rcpsych.org/cgi/reprint/14/2/89

Assessing mental capacity is an important part of a clinician’s role, and the recent Mental Capacity Act can help doctors when making such decisions
http://www.bmj.com/cgi/reprint/336/7639/322

Following devolution, the mental health acts of the constituent countries of the UK are diverging in their provisions. This editorial describes three significant differences between the new Mental Health (Care and Treatment)(Scotland) Act 2003, which came into effect in Scotland in 2005, and Mental Health Act 2007 for England and Wales.
http://apt.rcpsych.org/cgi/reprint/14/2/81

Mental Health Nursing

In the last of our series on nursing expertise, David Langton describes his role in forensic mental health
http://proquest.umi.com/pqdweb?did=1464230841&sid=1&Fmt=3&clientId=57473&RQT=309&VName=PQD

Mental Health Services

Broadmoor mental health trust probed
The Healthcare Commission has launched an investigation into the services provided by the west London trust responsible for Broadmoor high-security psychiatric hospital.
http://www.mhf.org.uk/information/news/?EntryId17=58241

This research attempts to explore in-patient perspectives on the long-stay, medium-secure hospital wards in which they are based. Semi-structured interviews focused on the care provided by the hospital in comparison with the high-secure hospitals from which the participants had been transferred. Questions focused on the participants' perceptions of recovery and the scope for it at both sites. The data suggests that participants identify increased scope for recovery at the long-stay, medium-secure facility, and that this is promoted by increased flexibility due to less emphasis on security. Important factors discussed by participants were increased access to a range of activities, graded access into the community, the different atmosphere in the hospital sites and the differences in potential for developing trusting relationships with staff and fellow in-patients.

http://proquest.umi.com/pqdweb?did=1448405851&sid=1&Fmt=3&clientId=57473&RQT=309&VName=PQD


This Circular contains the 4th version of the MAPPA Guidance issued by Scottish Ministers under section 10(6) of the Management of Offenders etc (Scotland) Act 2005. This guidance has been developed in conjunction with the agencies that form the MAPPA Working Group


Nursing


The nature and problems of forensic nursing research are presented and discussed. The background to and current state of forensic nursing research are described. Some differences between the nature of forensic psychiatric, psychological and forensic nursing research are identified. Forensic psychiatric research deals primarily with drug treatments and psychological research deals with specific therapies often referred to as 'talking therapies', whereas forensic psychiatric nursing research deals with care of the patient and all that entails, such as physical, psychological, emotional, spiritual and social care. Issues identified include the power gradient and forensic nurses' position on that gradient, the application of Lee's typology of research as threat and Mason's (2003) discussion of the typology in the forensic context. The article concludes with some discussion of the strategic direction required for further development.

http://proquest.umi.com/pqdweb?did=1448405891&sid=1&Fmt=3&clientId=57473&RQT=309&VName=PQD
Personality Disorder


This qualitative study applied thematic analysis to 12 semi-structured interviews aimed to enhance professional understanding of how Peaks Unit treatment-ward participants retrospectively perceive their experience of being admitted and assessed at the unit. Reported themes included ‘fear’ associated with participants’ personal safety and apprehensions regarding inhumane treatment and prolonged detention. The local metaphor of the DSPD Unit as the ‘dark side’ exacerbated such fears. ‘Shock’ also emerged as a primary theme resulting from unexpected admissions, security measures and some staff responses. ‘Offering hope’ provided a further theme with many participants reporting a climate of therapeutic optimism within staff teams and ‘refreshing’ opportunities for change. Reservations were also expressed about the service potentially offering ‘false hope’. Several suggestions are proposed for future assessment strategy including escalating user-involvement activity, managing expectations, promoting therapeutic optimism and helping patients to attain a realistic sense of hope in order to maximise therapeutic engagement.

Pharmacy

Kirsch I et. al (2008) Initial severity and antidepressant benefit: A meta-analysis of data submitted to the food and drug administration. Public Library of Science Medicine 5(2)

Meta-analyses of antidepressant medications have reported only modest benefits over placebo treatment, and when unpublished trial data are included, the benefit falls below accepted criteria for clinical significance. Yet, the efficacy of the antidepressants may also depend on the severity of initial depression scores. The purpose of this analysis is to establish the relation of baseline severity and antidepressant efficacy using a relevant dataset of published and unpublished clinical trials.


This week’s headline story about antidepressants highlights the ongoing problem of how study results are often distorted by a failure to access full datasets.
Mayor S (2008) Meta-analysis shows difference between antidepressants and placebo is only significant in severe depression. *British Medical Journal* 336 (7462): 466
New generation antidepressants achieve almost no benefit compared with placebo in mild to moderate depression, with slightly more benefit in severe depression but only because of less response to placebo, a meta-analysis of clinical trial data has shown
http://www.bmj.com/cgi/reprint/336/7462/466

Prisons

**Prison numbers hit record high**
Scotland's prison population, including those out on Home Detention Curfew, has passed through the 8,000 barrier for the first time. On February 15 new figures from the Scottish Prison Service revealed that the figure had reached a record high of 8,024, including approximately 340 on HDC.
http://www.scotland.gov.uk/News/Releases/2008/02/15141821

Psychoeducation


**Method**
A Delphi survey was conducted with all 12 male inpatients of a personality disorder hospital treatment unit.

**Results**
Round 1 produced 30 statements for psychoeducation and 59 for social problem-solving therapy to be rated in Round 2. There was consensus at a level of 70% for all items. Both psychoeducation and social problem-solving therapies were viewed as useful by these patients. The men also suggested improvements in psychoeducation, including minimizing the delay between assessment and feedback, provision of reference material, preparation for the work and support afterwards. Areas identified for improvement in social problem-solving therapy included more frequent review of progress, greater consistency of delivery, eliciting problems more effectively, providing reference material, supporting patients in group work, and the development of an advanced therapy.

**Discussion**
A Delphi approach to evaluation of therapies with the people receiving them is not only feasible but seems to offer a practical way of making useful clinical adjustments to the work. Further research with larger samples might usefully focus on whether such an approach enhances treatment compliance.
Risk Management


Recently adopted statistical approaches improve researchers’ ability to describe what is, and what is not, possible in the prediction of violence by psychiatric patients. At the base rates of violence routinely encountered in outpatient settings, current assessment methods would require hospital admission of large numbers of patients who are potential offenders in order to prevent the actual offending of a few. Suggestions that substantially greater accuracy is possible for short-term predictions, for particular symptom clusters, and for particular offenses have yet to be tested and confirmed. Further research may improve this state of affairs, for instance, by concentrating on particular patient groups. There are reasons to suspect that any improvement will be limited. Clinical practice, however, is likely to continue to require the assessment of a patient’s potential for acting violently. Future research should aid such assessments by clarifying the mechanisms by which risk factors correlate with violence and by establishing the clinical usefulness of actuarial scales.

http://proquest.umi.com/pqdlink?did=1427296491&sid=1&Fmt=6&clientId=57473&RQT=309&VName=PQD


Discussions about the prediction of dangerousness, a legal or social constructs, often extend beyond forensic psychiatry into the general practice of psychiatry. Dangerousness can drive the entrance to and exit from the mental health and forensic system. This article will address what we know about this area and suggest a model for managing mentally disordered offenders.

http://proquest.umi.com/pqdweb?did=1436942401&sid=2&Fmt=2&clientId=57473&RQT=309&VName=PQD


Mental health policy development in the UK has become increasingly dominated by the assumed need to prevent violence and alleviate public concerns about the dangers of the mentally ill living in the community. Risk management has become the expected focus of contemporary mental health services, and responsibility has increasingly been devolved to individual service professionals when systems fail to prevent violence. This paper analyses the development of mental health legislation and its impact on services users and mental health professionals at the micro level of service delivery. Historical precedence, media influence and public opinion are explored, and the reification of risk is questioned in practical and ethical terms. The government’s newest proposals for compulsory treatment in the community are discussed in terms of practical efficacy and therapeutic impact. Dangerousness is far from being an objectively observable phenomenon arising from clinical pathology, but is a formulation of what is partially knowable through social analysis and unknowable by virtue of its situation in individual psychic motivation. Risk assessment can therefore never be
completely accurate, and the solution of a 'better safe than sorry' approach to mental health policy is ethically and pragmatically flawed.  

Schizophrenia

Schizophrenia Annual Evidence Update 2008
The Schizophrenia Annual Evidence Update 2008 brings together evidence-based guidelines, systematic reviews, important primary research, service development literature and patient information.  

Smoking

Psychiatric patients face 'home' smoking ban, court told
Nottinghamshire psychiatric patients have launched a High Court test case battle for the right to go on smoking while detained in hospital.  
http://www.mentalhealth.org.uk/information/news/?EntryId17=56700

Stalking

Background Knowledge about stalking, and in particular the people who do it, is limited in the UK.
Aim This study aims to describe a sample of stalkers drawn from the resident population of Broadmoor high security hospital in the UK.
Methods Case notes and research database information for 362 consecutive admissions were used to identify stalkers retrospectively. Data were extracted using a stalking behaviour screening checklist.
Results A total of 33 patients (9.1%) were classified as stalkers. They were mostly male (28), young (median age 29), unmarried (30), minimally educated and unemployed. Most had psychosis and personality disorder. They had inflicted a wide range of unwanted intrusions and communications on their victims, and both threats (55%) and assaults (45%) were common. The types of stalkers were more or less equally split between intimacy seeking, rejected suitors, resentful and predatory, with only a tiny group being incompetent suitors.
Conclusions Although this small group of stalkers had been intrusive and attacking, few had been referred for treatment because of the stalking. The screening questionnaire is easy to use and can be done from records. It may be that such screening should become routine in specialist secure hospitals.  
Statistics

NHS Scotland Mental Health (Psychiatric) Activity Statistics.
Individuals with a mental health problem may have contact with the National Health Service in Scotland in a variety of different settings including: consultation with their General Practitioner; with a member of a specialist community mental health team; at a hospital outpatient clinic; as day patients in a day hospital or day unit; or as an inpatient in hospital. In recent years, strategies for the provision of mental healthcare services have changed the emphasis from hospital based inpatient care to outpatient, day patient and community based care. Nevertheless, inpatient treatment comprises a significant proportion of the mental health services provided in Scotland, particularly for the more severe cases and those requiring admission under the Mental Heath Act. The current interim release presents aggregated activity statistics for mental health hospitals in Scotland and includes an extra year of inpatient data (to the year ending 31st March 2006) for high level summary tables. National data completeness for the year ending 31 March 2006 is estimated to be 97%. This is predominantly due to a shortfall in SMR04 data submission from Greater Glasgow and Clyde NHS board which is currently estimated to be 89% complete for the year.
http://www.isdscotland.org/isd/5417.html

Stigma

Mind how you report mental health
Journalists are being urged to show more sensitivity when handling stories that feature people with mental health issues. Headlines labelling offenders 'psychos' or 'schizos' have long been a staple of the British press. But in recent years, coverage of crimes committed by people with mental health issues has faced increasing criticism - much of it for distorting public perceptions about the risks posed by those with mental health issues.

Violence & Aggression

Audit throws spotlight on violence in mental health units and highlights areas for action
More than half of nurses on mental health wards have been physically attacked, a survey suggests. Nurses working with older people are the most likely to be assaulted, the joint Healthcare Commission and Royal College of Psychiatrists report said.
http://2007ratings.healthcarecommission.org.uk/newsandevents/news.cfm/cit_id/23631/widCall1/customWidgets.content_view_1/usecache/false
The aim of this paper is to explore the validity and clinical utility of a function analytic approach to the assessment of aggression and violence in patients with personality disorder.


This report describes the findings from the 2006/7 phase of the National Audit of Violence which was funded by the Healthcare Commission and managed by the Royal College of Psychiatrists’ Centre for Quality Improvement. A total of 69 NHS trusts and independent sector organisations took part in the programme, representing 78% of all eligible participants in England and Wales. Work focused on two specialities – older people’s services and acute services. Data was collected between October 2006 and March 2007. This report presents the findings from services for adults of working age.
http://www.rcpsych.ac.uk/crtu/centreforqualityimprovement/nationalauditofviolence/navnationalreports.aspx

Aggression Control Therapy (ACT), a treatment programme developed in the Netherlands for violent forensic psychiatric patients with a conduct disorder or antisocial personality disorder, was investigated in two studies. In the first study, the personality traits and problem behaviours of these patients and a normative Dutch population were compared, and then the traits and behaviours of patients who completed the ACT were compared with those who dropped out. In the second study, the ACT was evaluated by comparing pre-treatment, post-treatment, and follow-up data. Two control conditions were added: a waiting-list period for outpatients and a control group for inpatients. The patients who received ACT were psychologically unstable, egocentric, and prone to anger. They reported little social anxiety when exhibiting limit-setting behaviour (e.g. giving criticism) but tended to avoid approaching behaviour (e.g. giving a compliment). Results suggested that ACT diminished aggressive behaviour but did not change socially competent behaviour. The limitations of the two studies are mentioned and suggestions for further research into the effects of ACT are presented.

The aim of this study was to examine the risk of injury among patients and staff following involvement in a restraint episode in relation to restraint position (standing, supine or prone) and other aspects of the pre-incident behaviour including perceived causation. Mixed effects logistic regression was used to estimate the relative odds of injury to staff or patient in a series of 680 restraint episodes involving 260 patients in an adult mental health service in England between 1999 and 2001. There was no statistically significant association between patient injury and restraint position in this sample, but a prone restraint position was weakly associated with staff injury. Staff injury was most likely when an actual assault had occurred prior to the incident. Patient injury was more likely when the patient had self-harmed, had been abusing substances and had used a weapon prior to the incident, and less likely when the patient was showing signs of frustration with their environment. The use of prone restraint may be weakly associated with an increased risk of injury to staff. However, other aspects of the incident are stronger predictors and should be considered when planning training for front line staff.


It is presently not known if lack of insight is related to physically aggressive behaviour toward others among persons with schizophrenia, after controlling for known predictors such as psychopathy traits, and positive symptoms. Patients with schizophrenia (n = 209) were followed for 2 years after discharge. At discharge, psychopathy traits, insight and symptoms were assessed. At the beginning of each six-month period, insight and symptoms were assessed, whereas aggressive behaviour, reported by patients and collateral informants, was assessed at the end of each period. Lack of insight was associated with aggressive behaviour in univariate analyses but did not contribute to the prediction of aggressive behaviour once scores for psychopathy and positive symptoms were entered into the model. The results demonstrate that among individuals with schizophrenia, aggressive behaviour was more strongly associated with high scores for psychopathy traits and positive symptoms than with lack of insight.
Background: A supportive ward atmosphere is considered by many to be a precondition for successful treatment in forensic psychiatry, but there is a clear need for a valid and economic climate evaluation instrument.
Aims: To validate a short questionnaire, designed for assessing forensic psychiatric wards.

Weight Management

Schizophrenia and other psychotic disorders seem to be linked with metabolic syndrome. Metabolic syndrome is an important preceding factor for Type 2 diabetes mellitus and cardiovascular diseases. The objective of this study was to investigate the prevalence of metabolic syndrome and its risk determinants among psychotic forensic psychiatric inpatients with comorbidities of antisocial personality or alcohol dependence. The study sample consisted of 221 forensic psychiatric inpatients in Finland, with a median age of 41 years, of which 92% had a diagnosis of schizophrenia or a related psychosis. The patients had been on constant second-generation antipsychotic medication for over six months. The use of clozapine (OR 8.1), quetiapine (OR 7.7), and olanzapine (OR 3.6) was associated with the occurrence of metabolic syndrome. The beneficial high density lipoprotein cholesterol profile was correlated with the use of selective serotonin uptake inhibitor (SSRI), and with a diagnosis of alcohol dependence, even after alcohol abstinence. Metabolic syndrome was associated especially with the use of clozapine and quetiapine. Our novel finding was that SSRI use and previous diagnosis of alcohol dependence may have a lowering effect on the prevalence of metabolic syndrome.

Aims and methods : To evaluate a new integrated weight management and fitness service for long-stay psychiatric patients who were obese or overweight with physical health risks. Body size and fitness were measured before and after each 10- to 12-week programme.
Results : The number of patients referred to the programme was 145;102 were accepted, 95 started a programme and 46 completed it. Analysis was by intention-to-treat. There were significant reductions in weight (P=0.001), body mass index (BMI, P=0.001) and waist size (P=0.001), and considerable improvements in hand strength (left hand, P=0.03; right hand, P=0.015), flexibility (P=0.022), lung function (P=0.001) and aerobic capacity (P=0.001).
Clinical implications: An integrated programme of weight management and fitness is effective in reducing body weight and waist size, and in improving physical fitness in long-stay psychiatric patients. The long-term effect on patient’s health and fitness needs to be monitored and strategies are needed to reduce patient withdrawal.

http://pb.rcpsych.org/cgi/content/abstract/32/3/95