



FORENSIC MENTAL HEALTH SERVICES MANAGED CARE NETWORK

**Current Awareness Bulletin:
Forensic mental health services
Issue 6
November 2008**

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Notice:

Please note this is not a full Current Awareness Bulletin. The bulletin is usually prepared by the Librarian at The State Hospital; however changes in staff mean this has been prepared in the absence of a librarian. The next issue (Feb 09) will be a full review of publications since the last full bulletin in May 08. Apologies for any inconvenience.

**Vivienne Gratton
Forensic Network Manager
6 Nov 2008**

Advocacy

Right to independent advocacy

F Corrigan - Psychiatric Bulletin, 2008 – RCP

No abstract available

<http://pb.rcpsych.org/cgi/reprint/32/4/156>

Advance Statements

A Typology of Advance Statements in Mental Health Care

Claire Henderson, B.M.B.Ch., Ph.D., Jeffrey W. Swanson, Ph.D., George Szmukler, M.D., F.R.C.Psych., Graham Thornicroft, M.B.B.S., Ph.D. and Martin Zinkler, M.D.

Psychiatr Serv 59:63-71, January 2008

Abstract

Advance statements documenting mental health service consumers' preferences for treatment during a future mental health crisis or period of incapacity have gained currency in recent years in the United States and some European countries. Several kinds of advance statements have emerged—some as legal instruments, others as treatment planning methods—but no formal comparison has been made among them. This article reviews the literature in English and German to develop a comparative typology of advance statements: joint crisis plans, crisis cards, treatment plans, wellness recovery action plans, and psychiatric advance directives (with and without formal facilitation). The features that distinguish them are the extent to which they are legally binding, whether health care providers are involved in their production, and whether an independent facilitator assists in their production. The differing nature of advance statements is related to the diverse models of care upon which they are based and the legislative and service contexts in which they have been developed. However, there is recent convergence between the United Kingdom and the United States with respect to research interventions that facilitate the production of advance statements, as evidence emerges for the effectiveness of facilitated psychiatric advance directives and joint crisis plans. Different types of advance statements can coexist and in some cases may interact in complementary ways. However, the relationship of advance statements to involuntary treatment is more problematic, as is their effective implementation in many mental health service settings

<http://ps.psychiatryonline.org/cgi/content/abstract/59/1/63>

Appeals

Restricted patient appeal against initial mental health disposal

Alex Quinn; Rajan Darjee; John Crichton

[Journal of Forensic Psychiatry & Psychology](#), 08 October 2008

Abstract

This paper describes the recent decision of the Scottish Court of Criminal Appeal in the case of a restricted patient convicted of homicide by reason of diminished

responsibility in 1967. Mr Reid had initially been detained under a hospital order with restrictions under the legal category of mental deficiency. The appellant was contesting this initial mental health disposal as it had since become clear he did not have a learning disability and was subsequently detained by virtue of a personality disorder diagnosis. It was put to the Court of Appeal that the original disposal was not informed by proper expert opinion, as evidenced by the court reports, and that a criminal justice disposal should be substituted. Reid believed he was more likely to be eventually released into the community from an indeterminate prison sentence than from a restricted hospital order. The court rejected the appeal, finding that the court reports presented at the time of disposal may not have reflected the full assessment of the experts who may also have given further explanation of their views in oral evidence.

<http://www.informaworld.com/smpp/content~content=a903493061~db=all>

Data Protection

NHS Scotland Mobile Data Protection Standard

Abstract

Following on from some recent incidents surrounding the discovery of data on portable devices in NHS Scotland, the Scottish Government eHealth Directorate, following consultation with NHS Board IT and security experts have agreed a new NHS Scotland standard on mobile data protection. This standard outlines the minimum measures for the protection of mobile data in NHS Scotland. The standard is primarily targeted at laptops and USB memory sticks, however the controls are equally applicable to other mobile data devices such as PDAs, Blackberries, and removable media. This standard can be accessed on SHOW at <http://www.ehealth.scot.nhs.uk/>.

http://www.sehd.scot.nhs.uk/mels/CEL2008_45.pdf

Learning Disability

The first three years of a community forensic service for people with a learning disability. Carl Benton and Ashok Roy

The British Journal of Forensic Practice Vol.10, Issue 2, **JUNE 2008**

Abstract

This paper reports on the first three years of a community forensic team in Birmingham working with individuals with learning disabilities who have offended or are at risk of doing so. Using an interprofessional model, the team provided assessment, intervention and management, enabling individuals to live in the least restrictive environment. There were 113 referrals, the majority (94%) of whom were males. Only 26 had been convicted. The problems this raised for the team are discussed, along with the cost-effectiveness, impact on admission rates and benefits of providing such a service. Two case scenarios are presented to highlight some of the issues encountered by the team. The paper supports the development of such services.

<http://www.pavpub.com/pavpub/journals/BJFP/showjournal.asp?Title=The+British+Journal+of+Forensic+Practice>

Screening for learning disability in an adolescent forensic population

Greta Ford; Ruth Andrews; Anne Booth; Jamie Dibdin; Samantha Hardingham;
Thomas P. Kelly
Journal of Forensic Psychiatry & Psychology, Volume 19, Issue 3 September 2008
pages 371 – 381

Abstract

It is recognised in the literature that learning disability (LD) and learning difficulties are represented in greater proportions among adolescent offenders than in the broader adolescent population. However at this time no common method for identifying these difficulties is used within the youth justice system (YJS) in England and Wales. A sample of 71 young people within the YJS in the north-east of England completed the Hayes Ability Screening Index, together with standard measures of cognitive functioning (Wechsler intelligence scale: WISC-IV and WAIS-III) and adaptive behaviour (Vineland Adaptive Behaviour Scales). HASI results were compared to the results of these diagnostic measures to assess the utility of the HASI in identifying those who warrant more detailed assessment for LD. Analysis revealed that in this UK population the HASI did not have adequate specificity to be helpful in identifying which young people should be referred for further assessment by specialist LD services. Future investigations should seek to identify a tool or process which would efficiently identify LD within the YJS in order better to serve the needs of this vulnerable group.

<http://www.informaworld.com/smpp/content~content=a795392092~db=all~order=page>

Out-of-area placements in Scotland and people with learning disabilities: a preliminary population study

M. BROWN BSC (HONS) MSC PGCE PHD RGN RNL D & D. PATERSON BSC (HONS) MB ChB
MSC MRCPsych
Journal of Psychiatric and Mental Health Nursing, Volume 15 Issue 4 (April
2008), Pages 278 - 286

Abstract

People with learning disabilities have a different pattern of disease from the general population and high health needs that are frequently unidentified and unmet. Many require responses from general and specialist health services. A picture is emerging of some people with learning disabilities, often with complex care needs, moving from their home area on what is being termed, out-of-area placements, to receive specialist care. However, within the learning disability population, limited research has been undertaken and the impact on health services is unknown. Data were collected from health and social care providers to identify people with learning disabilities moving in and out of services across Scotland. Further data about the consequences and impact of out-of-area placements were gathered in one geographical area using focus group methodology. The results suggest that people with learning disabilities are moving in, out and across Scotland, often as a result of breakdown of local care arrangements or because of lack of specialist resources. Planning, service development and effective communication need to be in place to address the needs of this increasing and ageing population

<http://www3.interscience.wiley.com/journal/119416080/abstract?CRETRY=1&SETRY=0>

Assessing fitness to plead in Scotland's learning disabled

Eleanor Brewster ; Elizabeth G. Willox ; Fabian Haut

Journal of Forensic Psychiatry & Psychology, Volume 19, Issue 4 December 2008 , pages 597 – 602

Abstract

The authors reviewed 139 pre-trial psychiatric court reports from learning disability services within Scotland to consider the appropriate application of case law in determining fitness to plead. Of the reports in the sample, 40% correctly applied the test. Fitness to plead was not discussed at all in 9.3%. Almost 8% of the sample were assessed as unfit to plead, with all of this sub-group having had both criteria considered to determine their fitness to plead. This sub-group all had a mild or moderate learning disability with only one dual diagnosis. This would seem to indicate that evidence of a learning disability is in itself sufficient to require consideration of the accused's fitness to plead as directed by Scottish case law.

<http://www.informaworld.com/smpp/content~content=a904848309~db=all~order=page>

Mental Health Law

The New Mental Health Act: A guide to compulsory treatment orders

Abstract

In March 2003 the Scottish Parliament passed a new law, the Mental Health (Care and Treatment) (Scotland) Act 2003. It came into effect in **October 2005**. It sets out how you can be treated if you have a mental illness, a learning disability or a personality disorder, and what your rights are.

This guide is one of a series about the new Act, and it explains how you can be given treatment under the Act, and what it means for you.

The Act says

- when you can be given treatment against your will
- when you can be taken into hospital against your will
- what your rights are
- what safeguards there are to make sure your rights are protected

This guide is written for people who use mental health services, but it may be of interest to others including carers.

<http://www.scotland.gov.uk/Publications/2008/09/24090333/0>

Occupational Therapy

Forensic Psychiatry and Vocational Rehabilitation: Where are We at?

Dunn, Christopher; Seymour, Alison

The British Journal of Occupational Therapy, Volume 71, Number 10, October 2008 , pp. 448-450(3)

Abstract

Having a productive occupation is seen as fundamental to an individual's health and wellbeing. Employment provides structure, self-identity, a means to provide for oneself and social inclusion. The Government has made a commitment to invest in supporting people back into the workplace following illness. This opinion piece reflects the authors' interest in how this applies to service users with a forensic history, who face additional barriers to employment. It calls on occupational therapists to share research and practice

accounts of vocational rehabilitation within forensic settings in order to contribute to the evidence base for this area of occupational therapy practice.
<http://www.ingentaconnect.com/content/cot/bjot/2008/00000071/00000010/art00007>

Personality Disorder

Psychopathy and personality. An investigation of the relationship between the NEO-Five Factor Inventory (NEO-FFI) and the Psychopathy Checklist-Revised (PCL-R) in a hospitalized sample of male offenders with personality disorder

Nedra Pereira, Nick Huband, Conor Duggan

Criminal Behaviour and Mental Health, Volume 18 Issue 4, Pages 216 – 223, Sep 2008

Abstract

Background The concept of psychopathy, as measured by the Psychopathy Checklist-Revised (PCL-R), has good reliability and validity and there is a small amount of literature relating it to more general personality traits. Such relationships have not, however, been demonstrated across a variety of populations.

Aim To examine the relationship between the PCL-R and the NEO-Five Factor Inventory (NEO-FFI) in a sample of men detained in a secure hospital unit because of personality disorder and having been convicted of at least one criminal offence.

Method PCL-R and NEO-FFI measures were obtained for 100 men as part of a pre-admission assessment to a specialist personality disorder treatment unit.

Results After controlling for Intelligence Quotient (IQ) and scores on the other four NEO-FFI domains, PCL-R total scores were significantly negatively correlated with agreeableness ($r = -0.36$) and neuroticism ($r = -0.22$). No other correlations with total scores were significant. PCL-R Factor 1 scores were significantly negatively correlated with agreeableness ($r = -0.31$) and with neuroticism ($r = -0.26$) whereas Factor 2 scores were significantly positively correlated with extraversion ($r = 0.22$) and negatively with agreeableness ($r = -0.21$).

Conclusions Results were in line with findings from previous studies and were explained in part by considering how facets of the NEO-FFI map onto the concept of psychopathy. Further research is needed to ascertain whether similar relationships also apply among women, and to examine the relationship between psychopathy and specific facets of the five factor model

<http://www3.interscience.wiley.com/journal/121412069/abstract>

Recovery

Another step towards understanding recovery? INVITED COMMENTARY ON... SELF-DETERMINATION THEORY

Pat Abbott

Advances in Psychiatric Treatment (2008) 14: 366-368

Abstract

Self-determination theory has been offered as a potential theoretical framework for recovery. It has been argued that a concept as wide-ranging as recovery seems likely to require a number of theoretical frameworks, including self-determination theory, which appears to be particularly applicable to the clinical

and social dimensions of this concept. With its emphasis on social competence and environmental support, self-determination theory may be particularly useful as a framework for considering recovery in client groups with higher levels of service need associated with disability or risk.

<http://apt.rcpsych.org/cgi/content/abstract/14/5/366>

Substance Misuse

Getting out and staying out: does substance use treatment have an effect on outcome of mentally disordered offenders after discharge from medium secure service? Andrew Derry and Amy Batson

Andrew Derry and Amy Batson

The British Journal of Forensic Practice Vol.10, Issue 2, JUNE 2008

No Abstract Available

<http://www.pavpub.com/pavpub/journals/BJFP/showjournal.asp?Title=The+British+Journal+of+Forensic+Practice>

Violence & Risk

Casting Light On Prison Violence in Scotland: Evaluating the Impact of Situational Risk Factors

David J. Cooke, Ed Wozniak, Lorraine Johnstone

Criminal Justice and Behavior, Vol. 35, No. 8, 1065-1078 (2008)

Abstract

Violence among prisoners and that between prisoners and staff is a perennial concern for all prison systems. That violent prisoners are only violent in certain circumstances suggests a need to develop ways to understand not only the origins of violence in prison but also the situational contexts in which violence occurs. The technology of risk assessment has evolved dramatically in the last decade; however, the focus on individual risk factors has been at the expense of a de-emphasizing of the role of situational factors. In this article, evidence for the importance of situational factors in relation to prison violence is considered. The authors describe the development of a new risk assessment procedure—promoting risk intervention by situational management (PRISM). Within the context of the Scottish Prison Service, they conclude that systematic attention to situational risk factors can help reduce prison violence

<http://cjb.sagepub.com/cgi/content/abstract/35/8/1065>

New Books

Handbook of Forensic Mental Health

Editors: Keith Soothill ; Paul Rogers ; Mairead Dolan
Willan Publishers, 2008 ISBN: ISBN 978-1-84392-261-2

Abstract

This reference book on the theory and practice of forensic mental health in the United Kingdom addresses assessment, management, and treatment for persons with mental disorders involved in the criminal justice system.

The three chapters of Part One discuss the administrative and social framework for forensic mental health in the United Kingdom. One chapter notes the lack of an overarching direction for research in forensic mental health in the United Kingdom. The second chapter emphasizes the distinctiveness of four forensic mental health systems in the United Kingdom (England, Northern Ireland, Scotland, and Wales), with each having its own administrative and legal framework within which theory and practice evolve. The third chapter provides an overview of the origin and early development of forensic mental health in the United Kingdom. The five chapters of Part Two focus on the forensic mental health process and systems. Two chapters discuss the process and systems for juveniles and adults, respectively, followed by a chapter on the management of mentally disordered offenders under noncustodial sentences. The other two chapters address mental health services in prisons and the management of mentally disordered offenders in the course of release procedures. The 10 chapters of Part Three are concerned with key issues in the development of a knowledge base for forensic mental health. Among the issues addressed are medical models for diagnosis, risk management, legislation relevant to mentally disordered persons in the criminal justice system, and assessment and treatment of offenders with intellectual and developmental disabilities. Five of the chapters consider particular types of behaviors and offenders: aggression and violence, personality disorders, offenders with severe mental illness, substance abuse, and sex offenders with mental disorders. The four chapters of Part 4 focus on the skills needed by forensic mental health practitioners. Chapter references, a glossary, and subject index

<http://www.ncjrs.gov/App/Publications/abstract.aspx?ID=245696>

Forensic Mental Health

[Mary McMurran](#) (University of Nottingham), [Najat Khalifa](#) (University of Nottingham) and [Simon Gibbon](#) (University of Nottingham)

Abstract

This book provides a concise introduction to the increasingly important field of forensic mental health. It aims to set out both the key concepts in forensic mental health as well as the way the discipline operates in the broader context of criminal justice and mental health care systems. It will provide an ideal introduction to the subject for students taking courses in universities and elsewhere, for mental health practitioners in the early stages of their careers, and for professionals from other agencies needing an informed and up-to-date account of forensic mental health.

<http://www.willanpublishing.co.uk/cgi-bin/indexer?product=9781843923893>

**Violent and Sexual Offenders
Assessment, treatment and management**

Edited by [Jane Ireland](#) (University of Central Lancashire), **[Carol Ireland](#)**
(University of Central Lancashire) **and [Philip Birch](#)** (University of Huddersfield)

Foreword by **David P. Farrington** (University of Cambridge)

This book provides an authoritative overview and analysis of issues of assessment, treatment and management of dangerous offenders. It takes particular account of recent policy and legislative changes such as the Sexual Offences Act 2003 and the development of initiatives to manage dangerous offenders, such as MAPPA (Multi-Agency Public Protection Arrangements). The book addresses wider issues of risk and the dangerous offenders in the context of the risk society, questions the relationship between the assessment, treatment and management of offenders, and considers who it is appropriate to involve in this process.

The book takes a multi-disciplinary approach to the assessment, treatment and management of violent and sexual offenders, and extends its coverage to include the issue of stalking. Contributors to the book bring to bear a wide range of expertise from both academic and practitioner contexts, and are drawn from the UK, Canada, New Zealand and Switzerland.

<http://www.willanpublishing.co.uk/cgi-bin/indexer?product=9781843923824>