Current Awareness bulletin: Forensic mental health services
Issue 2
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Thank you for your feedback on the second draft of the Code of Practice for Independent Advocates and Organisations. The SIAA Good Practice Working Group has taken on board the feedback and has tried to incorporate as many of the suggested changes as possible. This is the third draft to be consulted.
http://siaa.org.uk/docs/cop_final_draft.pdf

Bipolar Disorder

There is evidence in the literature to suggest that mental health care staffs' attitudes towards clients with borderline personality disorder (BPD) are less than favourable. This study reports on a survey of psychiatric nurses' knowledge, experience and attitudes towards care received by clients with a diagnosis of BPD. The questionnaire was sent to all clinical nurses (n = 157) working in a psychiatric service in Dublin, Ireland and received a response rate of 41.4% (n = 65). The results indicate that the majority of nurses have regular contact with clients with BPD and nurses on inpatient units reported more frequent contact than nurses in the community. Eighty per cent of nurses view clients with BPD as more difficult to care for than other clients and 81% believe that the care they receive is inadequate. Lack of services was cited as the most important factor contributing to the inadequate care and the development of a specialist service is reported as the most important resource to improve care.

Data Protection

Issue five of the newsletter.

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Deaths in Custody

The Forum for Preventing Deaths in Custody, an independently-chaired high level group to reduce deaths in all types of state custody including prisons, has today published its first annual report, covering the work undertaken in its first 18 months. Whilst the Report highlights the need for more to be done to prevent and learn from custody deaths, it also acknowledges good practice taking place in different custodial settings in England and Wales. For example, there has not been a restraint related death in the Prison Service for 12 years.

Learning Disabilities


**Background** The Journal of Intellectual & Developmental Disability has a well-respected history of establishing the parameters and contributing to developments in the field of offenders with intellectual disability (ID).

**Method** The field has seen a number of developments over the past 15 years, and this paper identifies several trends that have emerged in the research during this period, including work on prevalence of ID in prison populations, development of risk assessment, consideration of staff issues, developing the psychometrics of offence-specific assessments, evaluating treatment methods, and testing the underlying theoretical frameworks which attempt to account for offending.

**Results and Conclusions** We refer to a number of studies which have advanced these developments in the field and draw the reader's attention to the way in which papers in this special issue contribute to and further develop each of these research trends.


The publication of the DSM-III (American Psychiatric Association (APA), 1980) prompted a significant increase in interest and research on personality disorder (PD), and the concept has subsequently been incorporated into mental health legislation in the developed world. Despite this, such research on people with intellectual disability (ID) has been
sporadic, with widely varying results. The present study addresses a number of criticisms directed at previous research. 

**Predictive validity of the PCL-R for offenders with intellectual disability in a high security hospital: Treatment progress.** *Journal of intellectual and developmental disability* 32(2): 125 – 133

Among mainstream offenders, the severe personality disorder of psychopathy has considerable importance as a construct. The disorder has long been associated with failure to make treatment progress. Previous work has identified that psychopathy as a disorder occurs in samples of offenders with intellectual disability (ID), and suggests that the Psychopathy Checklist - Revised (PCL-R: Hare, 1991, 2003) as a measure of the disorder has adequate reliability and validity (Morrissey et al., 2005). The present study aimed to compare the predictive power of the PCL-R in relation to treatment progress with a more general assessment of violence risk, the HCR-20 (Webster, Douglas, Eaves, & Hart, 1997).


**Royal College of Nursing (2007)** **Mental health nursing of adults with learning disabilities: RCN Guidance**

This publication provides guidance for nurses and nursing students in mental health services in delivering high quality health care to people with learning disabilities.


**Guidelines**

**NICE (2007) Drug misuse: Opioid detoxification and psychosocial interventions.**

NICE has produced two guidelines on drug misuse – ‘Drug misuse: psychosocial interventions’ (NICE clinical guideline 51) and ‘Drug misuse: opioid detoxification’ (NICE clinical guideline 52).

They cover:
- the support and treatment people can expect to be offered if they have a problem with or are dependent on opioids, stimulants or cannabis
- how families and carers may be able to support a person with a drug problem and get help for themselves

http://guidance.nice.org.uk/CG52
Mental Health Law

In the second of two linked articles, the author outlines the MCA code of practice for clinicians. This code of practice accompanies the Mental Capacity Act 2005, and provides guidance to anyone treating or caring for adults who lack capacity to make particular decisions about their treatment or care.

The main aim of the research was to develop an overview of the administration required for new compulsory powers introduced under the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHCT Act) and assess the impact of this work on the workload of relevant professional groups. This involved finding out what administrative tasks were involved in the compulsory powers, assigning actual time to these tasks to allow cost estimates, describing any barriers and facilitators to the administrative process and the impact on other activities because of increased workload.
http://www.scotland.gov.uk/Publications/2007/08/27160321/0

In October the Mental Capacity Act 2005 will become law in England and Wales. The aim of the Act is to enable people to make their own decisions where possible, and where to involve them in the decision making process as much as possible. Laura Forsyth picks her way through the major points of the new Act.

A survey of patients was undertaken to determine their knowledge and understanding of advance statements (a new addition to Scottish mental health legislation introduced with the Mental Health (Care and Treatment) (Scotland) Act 2003). Few patients have taken up this facility and this study attempts to identify potential explanations.
http://pb.rcpsych.org/cgi/reprint/31/9/339

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This paper aims to highlight both the necessity, and the way forward for mental health nursing to integrate proposed legislative roles into practice. Argued is that community mental health nursing, historically absent from active participation within mental health law in the UK, is faced with new and demanding roles under proposed changes to the 1983 Mental Health Act of England and Wales. While supporting multidisciplinary training for such roles, the imperative of incorporating nursing specific values into consequent training programs is addressed through the offered educative framework. This framework explores the issues of power, ethics, legislative theamtics and application to contemporary service structures. http://search.ebscohost.com/login.aspx?direct=true&db=byh&AN=26260904&site=ehost-live

Summary of key statistics for Mental Health Tribunals in Scotland http://www.mhtscot.org/mh/ts/files/Quarter%20%20Apr%20%20Jun%202007.doc


The aim of the study was to assess the impact of the introduction of new mental health legislation in October 2005 on general adult psychiatry admissions. Patients were included in the study if they were admitted to Murray Royal Hospital, Perth from December 2004 to July 2005 and December 2005 to July 2006. http://pb.rcpsych.org/cgi/content/full/31/10/374

Mental Health Officers

Mental Health Services

Reports on the investigation of African-Caribbean and South Asian mental health service users' views of existing services within one local area and how these services might be improved.

This is a best practice document with quality principles, specifications and high-level indicators for all medium-secure services. It also clarifies the performance framework underpinning the quality principles.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_078033

This paper reports a small-scale pilot study to introduce flexible observation of patients in an acute psychiatric clinical area where nurses have increased autonomy to make such decisions.

Since the 1950s there has been a trend to close institutions of care for people who are mentally unwell. In addition, government policy has sought to reduce the number of hospital beds available in favour of care being provided in the community to enable people to live more independent lives. The aim of Community Mental Health Teams (CMHTs) is to bring a specialist care package to people in the community. This article reviews the available evidence on CMHTs compared with standard non-team community care. It found only three trials which indicated some benefit in terms of acceptability of treatment, but overall the evidence for CMHTs is inadequate and further trials are needed to determine its effectiveness.
http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD000270/frame.html


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Report on findings from monitoring on the use of mental health and incapacity legislation.

This briefing provides background information on the statutory framework underpinning mental health in Scotland. It goes on to outline the main policy developments that have taken place since devolution. This is followed by a discussion of the organisation of mental health services, including data on a range of services and workforce statistics. Finally, the briefing considers the funding of mental health services.

Penumbra Post (2007)
Penumbra is a leading Scottish voluntary organisation working in the field of mental health. Follow the link to publications to find their latest newsletter.
http://www.penumbra.org.uk

Sainsbury Centre for Mental Health (2007) Forensic Mental Health Services: Facts and figures on current provision.

The survey examines the views and experiences of a representative sample of the adult Scottish population in relation to a spectrum of mental health issues. The survey is run every second year.

Scottish Executive (2007) Delivering for Mental Health: Mental Health and Substance Misuse: Consultation Draft
http://www.scotland.gov.uk/Publications/2007/06/29120532/0

This piece of research, undertaken by the Scottish Recovery Network, is an inspiring and courageous account of how a very diverse range of people faced mental ill-health and the consequences that followed in its wake.

http://www.scottishrecovery.net/content/mediaassets/doc/Recovering_mental_health_in_Scotland_2007.pdf


The aims of the study were to examine the pathways and outcomes of in-patient care in our locality before crisis teams were introduced details of all emergency referrals to psychiatry were recorded and all admissions to hospital were assessed within 24 h of admission and discharge.

http://pb.rcpsych.org/cgi/content/full/31/10/387


There is a general feeling of optimism among service users and the mental health workforce in Scotland – with the anticipation of further improvements on the way.

**Nursing**

Scottish Executive (2007) Rights, relationships and recovery: A national review of mental health nursing in Scotland

The aim of Rights, Relationships and Recovery is to enhance and develop mental health nursing in Scotland and produce continual improvements in the experiences and outcomes of care of service users, their families and carers.


This report, by the Royal College of Nursing discusses the current state of mental health nursing in the UK. The three main areas in focus are: Mental health nursing under pressure; the untapped potential of the workforce; and the profile and morale of mental health nurses.

Occupational Therapy


This study investigated the occupational experiences of five people with schizophrenia in two forensic regional secure units. Forensic occupational therapists must use evidence to optimise resources and deliver interventions that facilitate choice and autonomy and reflect individual needs.

http://www.ingentaconnect.com/content/cot/bjot/2007/00000070/0000010/art00002

Offenders


Two theoretical developments, the Self-Regulation Model of the Offence and Relapse Process and the Good Lives Model, have recently offered promise in the advancement of sex offender treatment. The present paper represents a preliminary attempt to operationalize these theoretical principles by developing a number of practical treatment procedures.


Scottish Government (2007) Implementation of the Multi-Agency Public Protection Arrangements (MAPPA) in relation to registered sex offenders required by sections 10 and 11 of the Management of Offenders etc (Scotland) Act 2005


Scottish Government (2007) MAPPA guidelines for the Management of Offenders etc (Scotland) Act 2005

This is the third version of this circular and contains guidance from the agencies that form the MAPPA working group.


The aim of this study was to develop and validate a preliminary measure of shame and guilt about a crime. Overall the results of this study suggest that while there is considerable overlap between the two emotions, shame and guilt represent distinct emotional responses to an offence.
Policy

Scottish Government (2007) *Better health, better care*
A discussion document to inform the development of the forthcoming health and wellbeing action plan.
http://www.scotland.gov.uk/Publications/2007/08/13165824/0

Discussion document building on the work of the Scottish Government’s National Programme for Improving Mental Health and Wellbeing. The document outlines the proposed future direction for mental health improvement and population mental health for 2008-11. In setting the future direction, the paper focuses on what Local Authorities, NHS Boards and other key stakeholders can do to support the agenda for 2008-11. It asks for views on these suggestions and on the support that you think may be required nationally and locally to help meet these suggested actions.

Prisons

Mental Health Foundation (2007) *Lack of provision for psychotic patients indefensible, MPs told.*
Northern Ireland’s chronic lack of high-security treatment beds for psychotic prisoners is indefensible, a health expert warns.
http://www.mentalhealth.org.uk/information/news/?EntryId=50835&p=1

There are significant weaknesses in how inmates with mental health problems are cared for, a report said today. A failure to properly screen prisoners, a lack of a joined-up thinking and staff who feel isolated is contributing to the issue, it said. Criminals who have problems with emotional wellbeing are at higher risk of re-conviction and yet not enough is being done to support them on release. The study - The Mental Health of Prisoners - was published by the Prisons Inspectorate for England and Wales. http://inspectorates.homeoffice.gov.uk/hmiprisons/thematic-reports1/Mental_Health.pdf

Pharmacy

Atypical antipsychotics are increasingly used for treatment of mental illnesses like schizophrenia and bipolar disorder, and considered to have fewer extrapyramidal effects than older antipsychotics. We examined
efficacy in randomised trials of bipolar disorder where the presenting
episode was either depression, or manic/mixed, comparing atypical
antipsychotic with placebo or active comparator, examined withdrawals
for any cause, or due to lack of efficacy or adverse events, and combined
all phases for adverse event analysis. Studies were found through
systematic search (PubMed, EMBASE, Cochrane Library), and data
combined for analysis where there was clinical homogeneity, with especial
reference to trial duration.

http://www.biomedcentral.com/1471-244X/7/40/abstract

Komossa K, Rummel C, Hunger H, Schmidt F, Schwarz S, Leucht S
(2007) Zotepine versus other atypical antipsychotics for
schizophrenia: Protocol. Cochrane Database of Systematic
Reviews.
This is the protocol for a review. The objectives are as follows:
To review the effects of zotepine compared with other atypical
antipsychotics for people with schizophrenia and schizophrenia-like
psychosis.
http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD006
628/frame.html

Komossa K, Rummel C, Hunger H, Schmidt F, Schwarz S,
Bhoopathi PS, Leucht S (2007) Ziprasidone versus other atypical
antipsychotics for schizophrenia: Protocol. Cochrane Database of
Systematic Reviews.
This is the protocol for a review. The objectives are as follows: To review
the effects of ziprasidone compared with other atypical antipsychotics for
people with schizophrenia and schizophrenia-like psychosis.
http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD006
627/frame.html

who regularly receive depot neuroleptic medication in the
586
Little has been written on the subjective experiences of people who
receive depot injections in the community. The authors of this paper have
identified distinct gaps in the literature in terms of the views of service
users regarding this particular intervention.
898&site=ehost-live

schizophrenia: Protocol. Cochrane Database of Systematic
Reviews.
This is the protocol for a review. The objectives are as follows: To
evaluate the effects of sultopride compared to placebo and other
antipsychotic drugs in the treatment of schizophrenia and other types of schizophrenia-like psychoses.
http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD006615/frame.html

Scottish Medicines Consortium (2007) Risperidone orodispersible tablets (Risperdal Quicklet)
The Scottish Medicines Consortium (SMC) has accepted the following drug via its abbreviated submission process for use within NHSScotland.
http://www.scottishmedicines.org/smc/5525.html

Psychiatry

Forensic psychiatry in Europe occurs within nations of different legal traditions whose history has been affected by varying political doctrine. While harmonisation of forensic psychiatry in Europe may not as yet be entirely feasible, common principles can be shared regarding the provision of services for mentally disordered offenders and similar patients who have not offended.
http://pb.rcpsych.org/cgi/reprint/31/11/421

Many people criticise, and psychiatrists apologise, for the use of the 'medical model'. We examine what is currently meant by this term and suggest a refinement of definition to reflect the ideals and contemporary practice of medicine. We propose that psychiatrists should use the medical model to improve and validate bio-psychosocial psychiatric medicine.
http://bjp.rcpsych.org/cgi/reprint/191/5/375

Research

The thrust of this paper is to argue that Habermasian theory can provide useful insight and understanding to inform participatory research in the area of forensic mental health care. Habermasian theory about communication, participation, and democracy is used to explore retrospectively the relatively free discussions that took place within a user-led research project evaluating forensic mental health care.
Risk Management


This framework is a guide for mental health professionals working with service users to assess risk. It underpins risk assessment with principles of good practice for all mental health settings and provides a list of tools offering structure to risk management.


Restraint


This is a factsheet from the British Institute of Learning Disabilities (BILD). Its aim is to provide guidance on seclusion and to identify the basic issues that must be thought through and addressed in considering its use. It provides a framework for staff who are considering the use of seclusion as an emergency measure to maintain the safety of the adults, children and young people that they support. This factsheet can be downloaded using Adobe Acrobat Reader software.

http://www.bild.org.uk/docs/05faqs/Factsheet%20Seclusion.pdf

Stigma

Forrest A (2007) *Calls to end stigma of schizophrenia 'label'.* *Sunday Herald*

Word is a disease in itself, patients and experts say

http://www.sundayherald.com/display.var.1807833.0.0.php?utag=29526


This factsheet from See me Scotland is concerned with correcting some of the myths surrounding mental illness, public risk and violence. It deals with stigma, public opinion and the role of the media in projecting a negative image of people with mental health problems. This factsheet can be downloaded in PDF using Adobe Acrobat Reader software.

http://www.tsh.scot.nhs.uk/FreedomOfInformation/docs/Public%20Health/see%20me%20docs/Mental%20Health%20and%20Public%20Risk.pdf
Violence


This paper describes an examination of the relationship between aggressive behaviour prior to admission with aggression during inpatient psychiatric treatment, and reconviction for violent offending following discharge.  

Mental Health Foundation (2007) Assaults on mental health staff rise despite overall drop in NHS.

The number of physical assaults on NHS staff working in mental health and learning disabilities has shot up over the last year, figures revealed today. While overall assaults were progressively down, there were 41,569 assaults on mental health and learning disabilities workers over the past year, an increase of 224 on the previous year. 
http://www.mentalhealth.org.uk/information/news/?EntryId=51412&p=1


Reports the results of a study into violent episodes experiences by Senior House Officers in Scotland.  
http://pb.rcpsych.org/cgi/content/full/31/11/436-a

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