Current Awareness bulletin: Forensic mental health services
Issue 10
November 2009

Citations for the following articles can be found on the forensic network’s website, and full text for many of the following articles are available online via the NHS Scotland e-Library. Please use the links where available and your ATHENS username and password. If you require an ATHENS account, or require a copy of any of the articles, please contact your local librarian.

Please note that the articles you are accessing may be protected by copyright legislation; please contact your librarian for a copyright declaration form if you are in any doubt.

If you have any questions regarding this or any other library services please contact your own librarian in the first instance, otherwise contact the librarian at The State Hospital – contact details below.

Contents:
Attitudes to Mental Health 3
Criminal Justice 3
Employment 4
Equality 4
Fatal Incidents 5
Forensic Psychiatry 5
High-Secure 6
Inspections 7
Legislation 7
MAPPA 8
Mental Health Services 9
Mental Welfare Commission 9
Mindfulness 9
Observation 11
Occupational Therapy 11
Offender Learning 12
Offenders 13
Personality Disorder 13
Physical Health 13
Physical Intervention 14
Policy 16
Compiled by Rebecca N. Hart, Librarian, The State Hospital
110 Lampits Road, CARSTAIRS, Lanark, ML11 8RP
Email: rebecca.hart@tsh.scot.nhs.uk

Psychiatric Nursing 16
Psychosis 16
Recovery 17
Risk Assessment 19
Schizophrenia 20
Self-Harm 21
Sex Offenders 22
Sexual Abuse 23
Substance Misuse 24
Violence 25
Ward Safety 25
New Books 26
Attitudes to Mental Health


A summary report of the fourth wave of the Well? What do you think? Survey of the Scottish population and their attitudes to mental illness and mental wellbeing. This contains analysis of the factors associated with mental wellbeing and mental problems, and those associated with attitudes to mental wellbeing and mental problems.


Criminal Justice

Hean, Sarah; Warr, Jerry; Staddon, Sue (2009) Challenges at the interface of working between mental health services and the criminal justice system Medicine Science and the Law Volume 49, Issue 3, Pages 170-178

Provision of mental health reports for defendants in contact with the criminal justice system is problematic. This paper explores factors that facilitate the flow of information on a defendant between the courts and the mental health services. It identifies key challenges to this information transfer from a court worker’s perspective. It also explores potential mismatches in the expectations held by the criminal justice system and the mental health services of the timeframes in which reports should be delivered and examines the perceived usefulness of reports. In Part 1, questionnaires were distributed to a population of 2,107 court workers. In Part 2, monitoring forms were completed by court and health professionals on each report request made over a seven month period. Three key challenges to information transfer were identified: delays in report production, perceived inadequacies in the report content and report funding. Perceived timelines within which respondents believe reports should be delivered varied and there is a mismatch between the expectations of the two services. Perceptions on the usefulness of court reports also varied. Poor inter-agency communications are caused by lack of a clear, shared protocol outlining agreed timelines, report content and lines of responsibility relating to resource provision. Clear service level agreements are required between services to achieve clarity.


This publication provides detailed analyses of two year reconviction rates for offenders up to the 2005-06 cohort, as well as one year reconviction rates up to the 2006-07 cohort.

http://www.scotland.gov.uk/Publications/2009/08/28132734/0

Compiled by Rebecca N. Hart, Librarian, The State Hospital
110 Lampits Road, CARSTAIRS, Lanark, ML11 8RP
Email: rebecca.hart@tsh.scot.nhs.uk
Sainsbury Centre for Mental Health (2009) *Mental health care and the criminal justice system*  
This briefing paper examines the provision of mental health care in the criminal justice system. It looks at what has been achieved to date and identifies priorities for further work.  

This publication presents statistics on crimes and offences recorded and cleared up by the eight Scottish police forces, disaggregated by crime/offence group, police force area and council area  

### Employment

Sainsbury Centre for Mental Health (2009) *Removing barriers: The facts about mental health and employment*  
This briefing paper looks at the barriers to employment for people with both common and severe mental health problems and at the initiatives that are being undertaken by the public, voluntary and commercial sectors to support their efforts to find and sustain work.  

Sainsbury Centre for Mental Health (2009) *Securing employment for offenders with mental health problems: Towards a better way*  
This policy paper examines how to improve the employment prospects of offenders with mental health problems and is based on a review of published literature.  

### Equality

Mental Health Foundation (2009) *Model values? Race, values and models in mental health*  
This report is based on a large online survey conducted by the Foundation which investigated the different explanations that people use to understand mental distress and how these may be used in practice, with a particular emphasis on issues of culture, ethnicity, race and racism. It resulted in a number of interesting findings that are very relevant to the experiences of service users and to front line mental health service provision.  
[http://www.mhf.org.uk/publications/?entryid5=75761&q=684286%c2%ac2009%c2%ac&p=2](http://www.mhf.org.uk/publications/?entryid5=75761&q=684286%c2%ac2009%c2%ac&p=2)
Fatal Incidents

University of Manchester (2009) National Confidential Inquiry Into Suicide and Homicide By People With Mental Illness: Annual Report: England and Wales

Forensic Psychiatry

Nedopil, Norbert (2009) The role of forensic psychiatry in mental health systems in Europe Criminal Behaviour and Mental Health Volume 19, Issue 4, Pages 224-234

There are few well-designed studies of corrections or prison nursing roles. This study seeks to describe the corrections or prison role of forensic nurses in the United States who provide care in secure environments. National data detailing the scope of practice in secure environments are limited. This pencil and paper survey describes the roles of 180 forensic nurses from 14 states who work in secure environments. Descriptive statistics are utilized. A repeated measures ANOVA with post hoc analyses was implemented. These nurses were older than average in age, but had 10 years or less experience in forensic nursing practice. Two significant roles emerged to "promote and implement principles that underpin effective quality and practice" and to "assess, develop, implement, and improve programs of care for individuals." Significant roles varied based upon the security classification of the unit or institution in which the nurses were employed. Access to information about these nurses and their nursing practice was difficult in these closed systems. Minimal data are available nationally, indicating a need for collection of additional data over time to examine changes in role. It is through such developments that forensic nursing provided in secure environments will define its specialization and attract the attention it deserves.
http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010379211&site=ehost-live

Thomas, Stuart; McCrone, Paul; Fahy, Tom (2009) How do psychiatric patients on prison healthcare centres differ from inpatients in secure psychiatric inpatient units? Psychology Crime and Law Volume 15, Issue 8, Pages 729-742
Mentally ill prisoners have consistently been highlighted as a group with complex needs. However, it is not clear what these needs are, how effective prison health services are in meeting the needs of this vulnerable group, and whether there would be any benefit to transferring them to psychiatric facilities. This study compared the characteristics and needs of mentally ill patients in prison healthcare centres (HCC prisoners) with patients in forensic medium secure psychiatric units (MSU inpatients) in the UK. HCC prisoners and MSU inpatients were in fact very similar.
Where they did differ, though, was that MSU inpatients were significantly more likely to be of non-white ethnicity, diagnosed with psychotic or substance use disorders, and have recorded histories of drug misuse. HCC prisoners and MSU inpatients reported the same number of needs overall, according to the CANFOR-S (Camberwell Assessment of Need Forensic Short Version), but HCC prisoners reported significantly higher levels of unmet need. The need for transfer to alternative services was common in both groups, with bottlenecks evident at all levels. The high level of unmet need reported in the HCC prison sample is of particular clinical concern and highlights the need for improved assessment and treatment services in this setting.


High-Secure

Uppal, Gobinderjit; McMurran, Mary (2009) Recorded incidents in a high-secure hospital: A descriptive analysis Criminal Behaviour and Mental Health Volume 19, Issue 4, Pages 265-276

Incidents of violence, self-harm and security are of concern in psychiatric hospitals with regard to both patient and staff welfare. Aim The purpose of this study was to examine the frequency and nature of incidents in all directorates in a high-security psychiatric hospital. Methods Data were collected from the hospital's incident recording forms for the period 1 June 2007 to 30 September 2008. Results In total, 5658 incidents were recorded, almost all patients (95%) having been involved in at least one incident. Most incidents, however, were in the categories of less serious violence and self-harm. The rate was 0.89 incidents per patient per month. The women's directorate had a significantly higher frequency of violent or self-harm incidents than the other directorates (male mental health, learning disability, personality disorder or dangerous and severe personality disorder). Violence was almost equally against fellow patients or staff. It was commonest in communal areas during day-time hours. Self-harm was most likely in a patient's own room. Conclusions and implications for practice These findings can inform prevention and management of violence and self-harm. Dealing with such a large number of incidents is time consuming, even if they are not especially serious. Attention to environmental, as well as individual, issues is recommended.


Long waiting times are a major concern in many NHS settings and this is also the case in forensic services. Forensic psychiatric admissions tend to be lengthy, and progress through the system is slow. Yet, little research has been conducted exploring waiting times for admission to high-security care and factors contributing to delays in such admissions. Here we describe the progress of referrals to Ashworth Hospital over a two-year
period, 2005 and 2006. Medical reports took an average of 41.3 days from referral. The average waiting time from referral to admission was 127.4 days, but 60% of cases were admitted within 22 weeks. Factors associated with delays in the process from referral to admission included diagnosis and place of referral. Those with personality disorders and those referred from prison encountered particular delays. Lateness of assessment reports had a knock-on effect on subsequent progression. Bed capacity had no significant effect on waiting times for admission.


Inspections


Legislation

Background: In England and Wales mental health services need to take account of the Mental Capacity Act 2005 and the Mental Health Act 1983. The overlap between these two causes dilemmas for clinicians. Aims: To describe the frequency and characteristics of patients who fall into two potentially anomalous groups: those who are not detained but lack mental capacity; and those who are detained but have mental capacity. Method: Cross-sectional study of 200 patients admitted to psychiatric wards. We assessed mental capacity using a semi-structured interview, the MacArthur Competence Assessment Tool for Treatment (MacCAT-T). Results: Of the in-patient sample, 24% were informal but lacked capacity: these patients felt more coerced and had greater levels of treatment refusal than informal participants with capacity. People detained under the Mental Health Act with capacity comprised a small group (6%) that was hard to characterise. Conclusions: Our data suggest that psychiatrists in England and Wales need to take account of the Mental Capacity Act, and in particular best interests judgments and deprivation of liberty safeguards, more explicitly than is perhaps currently the case. Declaration of interest: G.R. chaired the Expert Committee on the review of the Mental Health Act 1983. G.R., G.S. and A.S.D. all gave views to parliamentary committees over reform of the Mental Health Act 1983 where capacity was a central issue. These authors have differing views about mental capacity as a basis for mental health law. G.R. and G.S. are in favour of capacity-based mental health law. A.S.D. is against. M.H. has acted as an expert witness on cases where capacity has been under dispute.

http://ovidsp.uk.ovid.com/spa/ovidweb.cgi?S=ACPFPDAEFEEHFBMAFNFL DAPFEHMAAA00&Link+Set=S.sh.15.16.19.40%7c15%7csl_11053984

Compiled by Rebecca N. Hart, Librarian, The State Hospital 110 Lampits Road, CARSTAIRS, Lanark, ML11 8RP Email: rebecca.hart@tsh.scot.nhs.uk
http://www.scotland.gov.uk/Publications/2009/08/07143830/0

Scottish Government (2009) *Mental Health: Legislation: Consultation on the Review of the Mental Health (Care and Treatment) (Scotland) Act 2003*
http://www.scotland.gov.uk/Publications/2009/08/07143902/0

Scottish Government (2009) *Scottish Government Consultation: Amendments to the Mental Health Legislation in the Event of a Civil Emergency or Influenza Pandemic*
Short consultation on amendments to the Mental Health Legislation in the event of a Civil Emergency or Influenza Pandemic.
http://www.scotland.gov.uk/Publications/2009/10/07091724/0

**MAPPA**

http://www.scotland.gov.uk/Publications/2009/10/23131902/0

http://www.scotland.gov.uk/Publications/2009/10/23131229/0

http://www.scotland.gov.uk/Publications/2009/10/23131323/0

http://www.scotland.gov.uk/Publications/2009/10/23131359/0

http://www.scotland.gov.uk/Publications/2009/10/23131948/0

http://www.scotland.gov.uk/Publications/2009/10/23131816/0
http://www.scotland.gov.uk/Publications/2009/10/23131437/0

http://www.scotland.gov.uk/Publications/2009/10/23132021/0

Mental Health Services

Updates on improvement work across mental health services in Scotland.
http://www.scotland.gov.uk/Publications/2009/09/15163154/0

Mental Welfare Commission

Consultation on the future structure of the Mental Welfare Commission for Scotland
http://www.scotland.gov.uk/Publications/2009/08/04091234/0

http://www.scotland.gov.uk/Publications/2009/10/22142718/0

Mindfulness

Background: Mindfulness-Based Cognitive Therapy (MBCT) is a promising approach to help people who suffer recurrent depression prevent depressive relapse. However, little is known about how MBCT works. Moreover, participants’ subjective experiences of MBCT as a relapse prevention treatment remain largely unstudied. Aim: This study examines participants’ representations of their experience of MBCT and its value as a relapse-prevention program for recurrent depression. Method: Twenty people who had participated in MBCT classes for recurrent depression within a primary care setting were interviewed 12 months after treatment. The focus of the interview was on participants’ reflections on what they found helpful, meaningful and difficult about MBCT as a relapse prevention program. Thematic analysis was used to identify the key patterns and elements in participants’ accounts. Results and conclusions: Four

Compiled by Rebecca N. Hart, Librarian, The State Hospital
110 Lampits Road, CARSTAIRS, Lanark, ML11 8RP
Email: rebecca.hart@tsh.scot.nhs.uk
overarching themes were extracted: control, acceptance, relationships and struggle. The theoretical, clinical and research implications are discussed.


Background: The clinical literature cautions against use of meditation by people with psychosis. There is, however, evidence for acceptance-based therapy reducing relapse, and some evidence for clinical benefits of mindfulness groups for people with distressing psychosis, though no data on whether participants became more mindful. Aims: To assess feasibility of randomized evaluation of group mindfulness therapy for psychosis, to replicate clinical gains observed in one small uncontrolled study, and to assess for changes in mindfulness. Method: Twenty-two participants with current distressing psychotic experiences were allocated at random between group-based mindfulness training and a waiting list for this therapy. Mindfulness training comprised twice-weekly sessions for 5 weeks, plus home practice (meditation CDs were supplied), followed by 5 weeks of home practice. Results: There were no significant differences between intervention and waiting-list participants. Secondary analyses combining both groups and comparing scores before and after mindfulness training revealed significant improvement in clinical functioning ($p = .013$) and mindfulness of distressing thought and images ($p = .037$). Conclusions: Findings on feasibility are encouraging and secondary analyses replicated earlier clinical benefits and showed improved mindfulness of thoughts and images, but not voices.


Background: There is a small body of research indicating that mindfulness training can be beneficial for people with distressing psychosis. What is not yet clear is whether mindfulness effects change in affect and cognition associated with voices specifically. This study examined the hypothesis that mindfulness training alone would lead to change in distress and cognition (belief conviction) in people with distressing voices. Method: Two case studies are presented. Participants experience long-standing distressing voices. Belief conviction and distress were measured twice weekly through baseline and mindfulness intervention. Results: Following a relatively stable baseline phase, after 2-3 weeks of mindfulness practice, belief conviction and distress fell for both participants. Both participants’ mindfulness scores were higher post treatment. Conclusion: Findings show that mindfulness training has an impact on cognition and affect specifically associated with voices, and thereby beneficially alters relationship with voices.
Observation

There is still a lack of research evidence about observation intervention practice and the evidence that does exist is low-quality. This article explores the observation literature but not in the traditional literature review sense; rather, it takes the approach of clinical and local practice and the application of the literature to practice. The time has come to take the evidence base for observation intervention to the level of evaluation research. Much material on the subject of observation is not published and few people at local level have an overview of how the intervention has changed over time or how the policies have been implemented. This paper aims to illustrate the nature and extent of research and development work related to observation practice over the last 28 years. It aims to show both local Scottish work and the National picture, how there is still a lack of research evidence despite all the work that has taken place and what needs to be performed to explore observation practice for the future. It is not intended to be a literature review in the traditional sense. Observation has not been studied enough to know the continuing ever-changing picture of what goes on in the reality of practice. There are now studies examining observation but none of these are 'gold standard' randomized controlled trials; some are quantitative and some are qualitative audit or guidelines all based at a lower level in research evidence terms. The time has come to take the evidence base to the next level through evaluative research.

Occupational Therapy

Emotional burnout is associated with decreased job performance and poor career satisfaction. It has special significant in mental health care settings, where clinicians experience psychological, emotional and physical stress. This study aimed to determine the extent to which occupational therapy staff employed in a Bahrain mental health setting were affected by burnout. Questionnaires were sent to all clinicians in the Psychiatric Hospital, Bahrain (n=261). An effective response rate of 58% (n=153) was achieved, with 13 of the responses being from the occupational therapy department. The research measure was the Maslach Burnout Inventory (MBI), comprising emotional exhaustion, depersonalisation and personal accomplishment. The occupational therapy staff experienced a high level of emotional exhaustion, moderate depersonalisation and high personal accomplishment. They differed from other groups on the depersonalisation scale, scoring higher than any other professional group. The results are congruent with those of previous studies and it is proposed that the focus of future research should be on identifying causes of burnout.
A service-wide audit was conducted (audit 1, 2002) to ascertain the balance of occupation-focused versus generic tasks being undertaken by occupational therapists. This identified that 66% of all tasks were occupation focused, whereas only 41% of all assessments could be described as such. Recommendations were pursued to implement occupation-focused assessments. Audit 2 (2005) showed that the majority of assessments were occupation focused (61%), and audits 3 (2006) and 4 (2007) indicated that this increase was maintained. Audit 4 also demonstrated the negative impact of care coordination duties on an occupational therapist’s ability to complete occupation-focused assessments.

The delineation of evidence-based practices in supported employment for people with schizophrenia now represents a paradigm shift in the theory and practice of mental health rehabilitation. The principles and methods of traditional vocational rehabilitation and traditional mental health rehabilitation are giving way to evidence-based practices in supported employment, which are consistently proving two to three times more effective at producing competitive employment outcomes. These practices include close coordination with optimal forms of mental health treatment and care and highly individualised forms of intensive supported employment. There is a focus on the vocational services being provided, whereas the traditional and currently prevailing approach follows a more gradual and stepwise process with less of an individual focus, and where individual characteristics are considered important predictors of vocational rehabilitation success. This paradigm shift now challenges occupational therapists working in mental health rehabilitation to revise their theory and practice critically in order to support the implementation of evidence-based practices in supported employment for people with schizophrenia and related psychotic disorders. This article discusses how occupational therapists can adapt to this paradigm shift and revitalise their theory and practice in mental health rehabilitation.

Offender Learning

Offenders


A large proportion of violent crimes are committed by youths. Youths with psychopathic traits may have a higher risk for recidivism and violence.

Aims/hypotheses Our aim was to compare sexually aggressive with violent young men on offence severity and psychopathy. Three hypotheses were proposed: first, young men with previous offences would display a progressive increase in seriousness of offence during their criminal career; secondly, the sexually aggressive and violent young men would not differ in scores on the Hare Psychopathy Checklist: Youth Version (PCL:YV); but, thirdly, PCL:YV scores would be positively correlated with the severity of the index crime, as measured by the Cormier–Lang System for Quantifying Criminal History.

Methods Information was collected from the files of 40 young men in conflict with the law, and the PCL:Youth Version (YV) rated from this by trained raters.

Results The offences of these young men became more serious over time, but we found no association between PCL:YV scores and offence type or seriousness.

Conclusions and implications This exploratory research suggests the importance of understanding the progression in offending careers, but a limited role for the PCL:YV in doing so. Given the small sample size, however, and the limit on access to information about details of age, the findings need replication.


Personality Disorder


Personality disorder is argued to be the most prevalent psychiatric disorder and is considered to be a significant public health burden, yet there is little evidence that the disorder occupies a commensurate place in public health service planning, appropriate to such a burden. This paper reviews the prevalence and treatment outcome studies of individuals with personality disorder. The literature search highlighted prevalence studies and evidence based pharmacological, psychosocial, and alliance based interventions within this area. From this review, the place of mental health nurses within health service models is discussed.


Physical Health

Hatcher, Simon (2009) Association between depressive symptoms and cardiovascular events in people with coronary heart disease largely due to physical inactivity Evidence-Based Mental Health Volume 12, Issue 3, Page 75
Physical Intervention

Journal of Psychiatric and Mental Health Nursing Volume 16, Issue 9, Pages 777-783

Breakaway techniques are a set of physical skills which are intended to help someone 'break away' from an aggressor. They are taught to most people who work in mental health services in the UK because assault against staff is quite common. Considerable time and money is spent teaching breakaway techniques, and it is important people should be able to remember the skills. However, breakaway training can be quite complex and we do not know whether people are able to recall the techniques if they get assaulted. We asked people who work in a large psychiatric hospital who had received breakaway training to take part in this study and 147 people agreed to do so. One of us simulated an assault on each participant and asked them to use the techniques that they had been taught to break away from the assault. Two breakaway experts watched the simulation and judged whether the participant used the correct techniques to separate from the aggressor. Only a small minority (14%) of people used the correct procedures taught to them in order to break away from an assault. However, most people (80%) did manage to break away from the assault even if they did not use the techniques taught to them. This study provides further evidence that breakaway training may be too complex for people to recall in real-life situations. More research is needed to find out what types of training are best recalled. Techniques that most closely resemble instinctual responses may be better remembered. This paper describes an audit study of the effectiveness of breakaway training conducted in a specialist inpatient mental health hospital. Breakaway techniques comprise a set of physical skills to help separate or break away from an aggressor in a safe manner, but do not involve the use of restraint. Staff (n = 147) were assessed on their ability to break away from simulations of potentially life-threatening scenarios in a timely manner, and using the techniques taught in annual breakaway or refresher training. We found that only 14% (21/147) of participants correctly used the taught techniques to break away within 10 s. However, 80% of people were able to break away from the scenarios within 10 s but did not use the techniques taught to them. This audit reinforces questions about breakaway training raised in a previous study. It further demonstrates the need for a national curriculum for physical intervention training and development of the evidence base for the content of such training as a priority.


The effectiveness of restraint and seclusion interventions in the nursing management of disturbed and aggressive clients remains questionable. Considerable debate continues regarding the use of these treatment options in psychiatric hospitals. The existing literature suggests that the controversial nature of restraint and seclusion creates a complex dilemma.
for nurses, which initiates emotional distress. This study specifically explored the emotions and feelings experienced by a group of psychiatric nurses working in Ireland in relation to incidents of restraint and seclusion. A qualitative research approach was employed incorporating focus group discussions. A total of 23 nurses participated in three focus group interviews. The data were analysed using qualitative interpretive analysis. Three themes were created consisting of: (1) the last resort - restraint and seclusion; (2) emotional distress; and (3) suppressing unpleasant emotions. It is suggested that the nurses' experience of restraint and seclusion created a dynamic movement between the release and suppression of distressing emotions. The oscillatory characteristics embedded within the nurses' emotional responses were reminiscent of a model of suffering developed by Morse in 2001. Consequently, this model is incorporated throughout the discussion of the findings to provide a more in-depth description of the emotional distress experienced by the nurses in the study.


Information about the use of manual restraint to manage violent or challenging behaviour in psychiatric hospitals is relatively scarce. This review includes 45 studies of manual restraint of adult psychiatric inpatients, mostly from the UK. Overall, the research suggests that manual restraint is used up to five times per month on an average ward, lasts for about 10 min and tends to involve patients being restrained face down on the floor. Manually restrained patients are young, male and detained under mental health legislation. We conclude that more and better-quality research is needed to improve knowledge of how manual restraint is used in response to different types of incident and in different types of ward/hospital. Relatively little is known about the prevalence of manual restraint to manage violent or challenging behaviour in hospital psychiatric services or the circumstances of its use. This review identified 45 empirical studies of manual restraint of adult psychiatric inpatients, mostly from the UK. On average, up to five episodes per month of manual restraint might be expected on an average 20-bed ward. Episodes last around 10 min, with about half involving the restraint of patients on the floor, usually in the prone position. Manually restrained patients tend to be younger, male and detained under mental health legislation. Staff value restraint-related training, but its impact on nursing practice has not been evaluated. Research has tended to focus on official reports of violent incidents rather than manual restraint per se. Larger and more complex studies are needed to examine how manual restraint is used in response to different types of incident and in different service settings.
Policy

The Future Vision Coalition (2009) *A future vision for mental health*
This report sets out both the moral and business case for investing in mental health.

Sainsbury Centre for Mental Health (2009) *The Bradley Report and the Government’s Response: The implications for mental health services for offenders*
The Bradley Report made 82 recommendations to improve the treatment of people with mental health problems and people with learning disabilities in the criminal justice system. The Government’s response accepted almost all of the recommendations in full or in principle. This briefing paper examines these reports in terms of the mental health of offenders. It is our assessment of and response to their recommendations.

Psychiatric Nursing

In this article the authors discuss the role that clinical supervision can play in maintaining the well-being of mental health clinicians in psychiatric facilities. The authors are critical of a lack of support for clinicians which exists in the mental health field. The evolution of community based mental health services and the stressors that psychiatric nurses face on a daily basis are also discussed.

Psychosis

Mental Health Foundation (2009) *Early intervention in psychosis guidance: Looking after bodies as well as minds*
This guidance has been produced by the Royal College of General Practitioners and the Royal College of Psychiatrists in collaboration with the Mental Health Foundation. It is aimed at GPs and practitioners who want to find out more about the links between physical health and psychosis.
http://www.mhf.org.uk/publications/?entryid5=74221&q=684286%c2%a c2009%c2%ac
Recovery

Blank, Alison; Hayward, Mark (2009) The role of work in recovery
British Journal of Occupational Therapy Volume 72, Issue 7, Pages 324-326
The vocational rehabilitation agenda is gaining prominence with United Kingdom health care policy, with occupational therapists poised to play a major role in the delivery of vocational services. The evidence based for supported employment has been widely accepted, although this is poorly implemented within the United Kingdom. This opinion piece considers some of the recent literature and social policy around work, occupation and recovery. It suggests that there is a need to consider supported employment interventions under the broader approach of recovery-oriented practice, alongside a process of enabling people with mental health problems to engage in personally meaningful occupations.

Background: The aim of the study was to evaluate the effectiveness of a recovery group intervention based on compassionate mind training, for individuals with psychosis. In particular, the objective was to improve depression, to develop compassion towards self, and to promote help seeking. Method: A within-subjects design was used. Participants were assessed at the start of group, mid-group (5 weeks), the end of the programme and at 6 week follow-up. Three group programmes were run over the course of a year. Nineteen participants commenced the intervention and 18 completed the programme. Results: Significant improvements were found on the Social Comparison Scale; the Beck Depression Inventory; Other As Shamer Scale; the Rosenberg Self-Esteem Inventory and the General Psychopathology Scale from the Positive and Negative Syndrome Scale. Conclusions: The results provide initial indications of the effectiveness of a group intervention based on the principles of compassionate focused therapy for this population. The findings of this study, alongside implications of further research are discussed.

This position paper summarises the key organisational challenges that were identified in workshops that identified some of the key changes that will be needed in the practices of mental health workers, the types of services provided and the culture of organisations.
http://www.scmh.org.uk/pdfs/implementing_recovery_paper.pdf


Compiled by Rebecca N. Hart, Librarian, The State Hospital
110 Lampits Road, CARSTAIRS, Lanark, ML11 8RP
Email: rebecca.hart@tsh.scot.nhs.uk
There has been a significant paradigm shift in the field of mental health, moving from a disease-focused model toward a wellness and recovery model. This paradigm shift has been inspired by both personal recovery narratives and research findings that have challenged the traditional assumptions regarding the inevitable chronic nature of serious mental illnesses. These personal narratives and research findings present numerous opportunities for changes to the traditional mental health service delivery system. For example, it allows for experiential knowledge and research on wellness and recovery to be shared and to shape the way services are designed and delivered by and for persons in recovery.

**Swarbrick Margaret (2009) A Wellness and Recovery Model for State Psychiatric Hospitals**

*Occupational Therapy in Mental Health* Volume 25, Issue 3-4, Pages 343-351

There has been a paradigm shift in the field of mental health toward recovery and wellness. This shift has been influenced by scientific research and first-person accounts of individuals living with serious mental illnesses who have been able to learn to manage their illnesses and return to the community and become a contributing member of their living, learning, and working environments. State hospital settings are designed to assist a person experiencing a significant psychiatric episode that impacts the individual’s ability to assume personal responsibility for managing the illness and daily living tasks. The goal of treatment is to help the person experiencing a significant psychiatric episode (crisis) to restore physical and emotional equilibrium (wellness) and to help them to efficiently establish plans for discharge to continue their recovery in the least restrictive setting. In February 2006, The Division of Mental Health Services issued a transformation statement that required state hospital settings to provide an environment and treatment interventions that promote wellness and recovery in addition to crisis stabilization. The following will outline a framework for wellness and recovery as it applies to a state psychiatric hospital setting.

**Swarbrick, Margaret; Stahl, Peter (2009) Wellness and Recovery Through Asset Building Services**

*Occupational Therapy in Mental Health* Volume 25, Issue 3-4, Pages 335-342

Mental illness is often a life of poverty, which most often has a devastating human and financial cost to the individual, his or her family, and society. Poverty is one of the most pervasive, significant and debilitating barriers to achieving recovery and full participation in the community for persons with mental illness. People living with mental illness often state they feel unproductive and feel powerless to make decisions and effect change in their own lives. The impact of poverty on the lives and recovery of persons living with serious forms of mental illness has not been fully addressed by the traditional mental health service system.
Risk Assessment

Ho, Hilda; Thomson, Lindsay; Darjee, Rajan (2009) Violence risk assessment: the use of the PCL-SV, HCR-20, and VRAG to predict violence in mentally disordered offenders discharged from a medium secure unit in Scotland Journal of Forensic Psychiatry and Psychology Volume 20, Issue 4, Pages 523-541
Risk assessment tools are increasingly used in the management of mentally disordered offenders in Scotland, but there has been limited research into their validity among this population. The aim of this study was to examine the validity of risk assessment tools in predicting violence following discharge from a Scottish medium secure unit. The PCL-SV, the VRAG, and the historical subset of the HCR-20 were completed on 96 patients. Follow-up information regarding post-discharge violence and clinical factors was collected for two years. Four (4.2%) patients from the sample committed five serious violent offences, while 38 (40.6%) patients committed more than 100 minor violent offences. The risk assessment tools were found to have moderate predictive accuracy for violent outcomes. Thus this study provides useful evidence supporting the validity of risk assessment tools in Scotland. Individual clinical factors such as substance abuse, personality disorder, treatment non-compliance, and symptom relapse are also relevant in risk assessment and management. http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=43578193&site=ehost-live

Entry to the Dangerous and Severe Personality Disorder (DSPD) service in England and Wales is heavily determined by risk status, and therefore requires valid procedures for monitoring changes in risk over time in order to make risk management decisions and determine patients’ suitability for transfer to lower security settings. Yet little is known about the validity of current risk assessment tools with the new DSPD population. This study reports a prospective evaluation of the predictive accuracy of the HCR-20, VRS, Static-99, and Risk Matrix 2000 with 44 consecutive admissions to the DSPD unit at a high secure forensic psychiatric hospital. Thirty eight per cent of the sample exhibited interpersonal physical aggression (IPA) on one or more instances over an average 1.5 year period following admission, and a similar percentage caused damage to property (DTP) on one or more occasions over the same period. All tools predicted DTP. HCR-20 Total and scale scores predicted IPA with structured final risk judgements also predicting repetitive (2 + incidents of) IPA. HCR-20 Risk Management scores were significantly associated with imminence of IPA. Results were discussed in terms of the practical utility of these tools with high risk forensic psychiatric inpatients. http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=44281905&site=ehost-live
Schizophrenia

Attard, Azizah; Gaughran, Fiona (2009) Review: limited evidence that adding a second antipsychotic improves clozapine treatment in schizophrenia Evidence-Based Mental Health Volume 12, Issue 4, Page 112


Increasing numbers of people with psychotic illnesses experienced life events, especially moderately threatening life events, in the last 4 weeks prior to relapse. However, life events in general or specifically intrusive life events were not found to influence the type of psychotic symptoms people experienced. People with established psychotic illnesses still experienced life events before relapse suggesting that chronic illness is not associated with absence of mild or moderately severe life events or with diminished sensitivity to them. This study aimed to identify the impact of life events on psychotic relapse in individuals with an established diagnosis of schizophrenia to explore their proneness to experience life events, to examine if any effect of life events was cumulative or triggering in nature and to explore if specific types of events influence subsequent symptom formation. An association between adverse life events and relapse in people with schizophrenia has been reported in several studies; however, the nature of the association remains unclear. Some studies suggest that intrusive events promote the formation of paranoid psychotic symptoms. Using well-validated semi-structured interview schedules the author interviewed participants during or shortly after relapse. The severity and intrusiveness of life events was rated and relationships between events and symptoms were explored. Increasing numbers of patients experienced life events especially moderately threatening life events in the last 4 weeks prior to relapse; however, no relationship was discovered between life events in general or specifically intrusive life events and the specific content of psychotic symptoms. An increased frequency of milder life events occurred in the 2 months prior to relapse, suggesting that chronic illness is not associated with absence of mild or moderately severe life events or with diminished sensitivity to them.


Background: The relationship between cognition and age at onset of schizophrenia is largely unknown. Aims: To compare cognitive deficits in individuals with youth-onset and late-onset schizophrenia with those in adults with first-episode schizophrenia. Method: Twenty-nine databases (including EMBASE, MEDLINE and PsycINFO) were searched from 1980 to 2008. Selected publications had to include healthy controls and analyse separately individuals diagnosed with schizophrenia or a related disorder and individuals with first-episode, youth-onset or late-onset...
schizophrenia. Descriptive and cognitive data were extracted and the latter aggregated into 22 cognitive measures. Cohen's effect size raw and weighted means of cognitive deficits were generated and compared in the three groups. Results: Individuals with youth-onset and first-episode schizophrenia demonstrate large deficits (mean effect size >=0.8) on almost all cognitive measures. Individuals with youth-onset schizophrenia demonstrate larger deficits than those with first-episode schizophrenia on arithmetic, executive function, IQ, psychomotor speed of processing and verbal memory. In contrast, those with late-onset schizophrenia demonstrate minimal deficits on arithmetic, digit symbol coding and vocabulary, but larger ones on attention, fluency, global cognition, IQ and visuospatial construction. Conclusions: Individuals with youth-onset schizophrenia have severe cognitive deficits, whereas those with late-onset schizophrenia have some relatively preserved cognitive functions. This finding supports the view that severity of the disease process is associated with different ages at onset. In addition, the cognitive pattern of people with late-onset schizophrenia suggests that their deficits are specific rather than solely as a result of ageing and related factors.


Depression in schizophrenia has been a neglected field for some time, but much evidence exists as to the common occurrence of affective disturbance in so-called non-affective psychosis. Depression is related to poor outcome in terms of functional recovery, relapse rate and suicide, and there is increasing evidence that it also precedes the onset of first-episode psychosis for many individuals. This article reviews recent steps forward in the evidence base for depression in schizophrenia in terms of prevalence, importance, assessment and treatment implications, with the aim of providing useful information for practising psychiatrists. [http://intl-apt.rcpsych.org/cgi/content/abstract/15/5/372](http://intl-apt.rcpsych.org/cgi/content/abstract/15/5/372)

**Self-Harm**


This study aimed to develop a new psychometric instrument to assess vulnerability to risk of suicide and nonfatal self-harm behaviour in young adult male and female offenders. In totally three studies were conducted to assess the psychometric properties of the new instrument using both exploratory and confirmatory factor analysis in different samples. Participants in all three studies included a total of 1,166 young adult offenders across six Her Majesty’s Prisons. The new instrument, Suicide Concerns for Offenders in Prison Environment (SCOPE), contained 28 items scoring on two subscales. The factorial structure of the new instrument initially obtained with exploratory factor analysis was subsequently confirmed in a new sample. The internal consistency of the
two subscales were acceptable but the test-retest reliability coefficients were moderate. Concurrent validation with the Beck Hopelessness Scale was acceptable and SCOPE showed the ability to discriminate between those at risk and those with no known history of attempted suicide and nonfatal self-harm behaviour ($p<0.01$).

**Sex Offenders**

Harris, Danielle A.; Mazerolle, Paul; Knight, Raymond A. (2009) *Understanding Male Sexual Offending: A Comparison of General and Specialist Theories Criminal Justice and Behavior* Volume 36, Issue 10, Pages 1051-1069

Previous research has explored whether criminological theories can account for the apparently specialized behaviors of sexual offenders. One perspective proposes that criminals are versatile, engaging in an array of antisocial behaviors. The alternative perspective, more common in sexual offending research, is that sexual offenders (especially child molesters) engage in sexual offenses exclusively or predominantly. This study examined 374 male sexual offenders referred for civil commitment. Offenders were compared by crime classification and level of specialization and were assessed on a selection of variables that measured general criminality and sexual deviance. Specialization level was a stronger group discriminator than offender classification. Versatile offenders were significantly more likely than specialist offenders to present with generic antisocial behaviors predicted by traditional criminology. Specialist offenders reported more indicators of sexual deviance than versatile offenders. The theoretical implications of these findings are discussed.


Although male sex offenders have been the focus of numerous empirical investigations, there exists little data examining the characteristics of female sex offenders. This study examined personality profiles of incarcerated male and female sex offenders by utilizing Latent Profile Analysis (LPA) to categorize offenders based on their responses on the Personality Assessment Inventory (PAI). Building on previous research (see Turner, Miller, Henderson, 2008), the current sample of male and female sex offenders is best described using a 4-class model: Moderate Defensiveness, Elevated Alcohol and Drug Use, Moderate Psychopathology, and Elevated Psychopathology. Analyzing covariates and group membership, results indicated that male sex offenders were more likely to be included in the Elevated Drug and Alcohol group, whereas the female sex offenders were more likely to be included in the Moderate or Elevated Psychopathology group. Additional results of psychopathology and gender difference, as well as treatment implications are discussed.
Walters, Glenn D.; Deming, Adam; Elliott, William N. (2009) Assessing Criminal Thinking in Male Sex Offenders with the Psychological Inventory of Criminal Thinking Styles Criminal Justice and Behavior Volume 36, Issue 10, Pages 1025-1036
A sample of 543 male inmates undergoing sex offender treatment completed the Psychological Inventory of Criminal Thinking Styles (PICTS). As predicted, the PICTS General Criminal Thinking (GCT), Proactive (P), and Reactive (R) scores correlated with sexual risk as measured by the total score on the Static-99. However, only the GCT and P scores correlated with sentence length, and none of the PICTS scores successfully discriminated between a current offense of child molestation and a current offense of adult rape/sexual assault. A confirmatory factor analysis verified previous factor analyses of the PICTS conducted on nonsex offenders whereby the PICTS thinking style scales displayed significantly better fit with a two-factor (proactive, reactive) than with a one-factor (general criminal thinking) model. These results lend preliminary support to the notion that criminal thinking in general and proactive/instrumental criminal thinking in particular have something to offer sex offender assessment.

A conceptual framework derived from attachment theory was tested examining adult romantic attachment; views of self, world/others, and the future; and cognitive distortions in a sample of 96 child molesters receiving sex offender treatment and 92 nonoffending males. Results showed a significant main effect for child molester status, with nonoffending controls reporting fewer negative perceptions of self, others, and the future; and fewer cognitive distortions regarding adult-child sex. With the exception of views of others, significant interactions were also found between child molester status and attachment categories. However, the patterns of interactions were theoretically counterintuitive and illustrated areas for future research. Overall, the findings supported theoretically based hypotheses, suggesting that attachment theory may be useful in the conceptualization and treatment of child molesters.

Sexual Abuse

Boardman, Matthew; Davies, Michelle (2009) Asymptomatic victims of child sexual abuse: A critical review Forensic Update Issue 99, Pages 6-12
The link between childhood sexual abuse (CSA) and psychopathology has been explored by countless epidemiological and clinical studies over the past 20 years. Negative sequelae associated with a history of CSA range from the psychiatric disorders of major depression, anxiety and posttraumatic stress disorder, to dysfunctional behaviours, such as poor school performance, promiscuity and thoughts of suicide. While research has been conducted into the development of negative sequelae following CSA, few studies have reported victims with atypical symptom expression.
This may service to shape the public perception that symptoms such as depression and anxiety are inevitable in child sexual abuse survivors. This paper aims to address the paucity of literature surrounding asymptomatic victims and provide a critical review of the studies that do exist in this area. The paper will conclude by providing clinical implications based upon the observation of factors that appear to promote positive development following sexual abuse.

Childhood sexual abuse is a traumatic life event that may cause psychiatric disorders such as posttraumatic stress disorder and depression. During 2003-2004, 20 sexually abused children were referred to the Child and Adolescent Psychiatry Clinical of Ege University in Izmir, Turkey. Two years later, the psychological adjustment of these children (M age = 9.4 years, SD = 3.63 years, range = 5 to 16 years) is evaluated. Semistructured interviews, a form for the sociodemographic characteristics, are used for evaluations by a child psychiatrist who is blind to the first evaluation. It is determined that sexually abused children have more psychiatric disorders within the first year than 2 years later. However, some behavior problems occur at both short-term and long-term follow-ups.

Substance Misuse

Despite established epidemiological links between substance misuse, mental illness, and violent behaviour, the impact of interventions for offender patients is not well understood. The high security hospital is a unique environment which restricts access to substances while attempting to address substance misuse behaviours. In this study, 22 high secure patients with a history of substance misuse participated in a CBT group-work programme. They were assessed pre and post with the Stages of Change Readiness and Treatment Eagerness Scale, and the Psychological Inventory of Drug-Based Thinking Styles. A small number also engaged in a qualitative review of the impact of participation. Treatment had a positive significant effect on patients' perceptions and awareness of substance misuse behaviours and associated problems. Some patients reported particular benefits from engaging in psycho-drama relapse prevention skills training. One of the patients who refused the group subsequently tested positive for a urine drug screen test. Overall, results indicate some positive aspects of a substance misuse intervention with male high secure patients. However, acknowledged limitations highlight the need for further research to support these findings, to monitor the behaviours in high security of former substance misusers, and for maintenance/ongoing work for those transferred to conditions of lower security.
Violence


Little is known about risk factors for violence among individuals with autism spectrum disorder (ADS). This study uses data from Swedish longitudinal registers for all 422 individuals hospitalized with autistic disorder or Asperger syndrome during 1988-2000 and compares those committing violent or sexual offenses with those who did not. Thirty-one individuals with ASD (7%) were convicted of violent nonsexual crimes and two of sexual offenses. Violent individuals with ASD are more often male and diagnosed with Asperger syndrome rather than autistic disorder. Furthermore, comorbid psychotic and substance use disorders are associated with violent offending. We conclude that violent offending in ASD is related to similar co-occurring psychopathology as previously found among violent individuals without ASD. Although this study does not answer whether ASDs are associated with increased risk of violent offending compared with the general population, careful risk assessment and management may be indicated for some individuals with Asperger syndrome.

Ward Safety


Little is known about how safe nurses feel on psychiatric wards across different European countries. This paper is aim to evaluate how ward safety is perceived by ward managers in Great Britain, Germany and Switzerland. We replicated a Swiss questionnaire study in Germany and Britain, which asked ward managers on adult psychiatric wards to give details about their ward including data on the management of aggression, staffing levels, staff training, standards and type of restraint used, alarm devices, treatment and management of aggression and the existence and perceived efficacy of standards (protocols, guidelines). The British sample had by far the highest staffing levels per psychiatric bed, followed by Switzerland and Germany. The British ward managers by far perceived violence and aggression least as a problem on their wards, followed by Germany and then Switzerland. British ward managers are most satisfied with risk management and current practice dealing with violence. German managers were most likely to use fixation and most likely to have specific documentation for coercive measures. Swiss wards were most likely to use non-specific bedrooms for seclusion and carry alarm devices. British wards were far more likely to have protocols and training for the treatment and management of violence, followed by Switzerland and
Germany. British ward managers by far perceived violence and aggression to be a small problem on their wards compared with Swiss and German ward managers. This was associated with the availability of control and restraint teams, regular training, clear protocols and a lesser degree risk assessments, but not staffing levels.

**New Books**


This comprehensive *Handbook* of original chapters serves as a resource for clinicians and researchers alike. Two introductory chapters cover general issues in violence risk assessment, while the remainder of the book offers a comprehensive discussion of specific risk assessment measures. Forensic psychology practitioners, mental health professionals who deal with the criminal justice system, and legal professionals working with violent offenders will find the *Handbook of Violence Risk Assessment* to be the primary reference for the field.