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 3
Care Programme Approach 3
CBT 4
Confidentiality 4
Crime 4
Criminal Justice 6
Learning Disability 6
Legislation 7
Medication 8
Obesity 8
Offenders 8
Peer Support 10
Personality Disorder 11
Physical Intervention 13
Psychiatric Nursing 13
Psychopathy 13
Recovery 14
Risk Assessment 15
Schizophrenia 16
Seclusion 16
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure Settings</td>
<td>16</td>
</tr>
<tr>
<td>Self Harm</td>
<td>17</td>
</tr>
<tr>
<td>Sex Offenders</td>
<td>18</td>
</tr>
<tr>
<td>Smoking</td>
<td>20</td>
</tr>
<tr>
<td>Substance Misuse</td>
<td>21</td>
</tr>
<tr>
<td>Suicide</td>
<td>21</td>
</tr>
<tr>
<td>Violence</td>
<td>23</td>
</tr>
</tbody>
</table>
Atitudes


Health workers sometimes hold negative views about people who experience mental health problems. However, there has been very little research in forensic settings. This study explored stigma among forensic nurses and assistants using quantitative scales and open qualitative questions. Overall, responses were more positive than negative. However, there were negative beliefs about people's ability to recover, and avoidance of patients. While fear and blame were low overall, males reported more blame and younger practitioners reported more fear. While further research is required, these findings can inform the national anti-stigma programme in Scotland. They will also help to shape training methods for new and existing forensic practitioners. Scotland has a national programme to improve mental health and well-being and addressing stigma among mental health practitioners is a priority. This study explores practitioner attitudes towards patients in medium and low secure forensic mental health settings through qualitative and quantitative approaches. Two questionnaires were used with nursing staff. A qualitative questionnaire asked participants to list examples of positive and negative practice and anti-discriminatory and discriminatory attitudes towards patients within forensic services. A quantitative questionnaire then asked participants to answer questions about a hypothetical man with schizophrenia called Harry. The overall balance of responses was more positive than negative in the qualitative results, particularly regarding patient rights, empowerment and control. However, there were a significant minority of negative attitudes in relation to recovery pessimism and desire for social distance. This was supported by the quantitative results where practitioners showed high stigma scores for avoidance and segregation. There were no significant differences in attitudes between medium and low secure settings. However overall, males reported more negative attitudes in relation to blame and avoidance and younger participants demonstrated more negative attitudes than older participants in relation to fear and danger. The implications for addressing stigma are discussed in relation to the wider national anti-stigma campaign and forensic services specifically.

http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010777606&site=ehost-live

Care Programme Approach


The care programme approach (CPA) was introduced to improve coordination of care for people with severe mental illness (SMI). The aim of this study was to establish the proportion of perpetrators of homicide in contact with mental health services receiving care under enhanced CPA and to examine the quality of care received. The method involved a
national clinical survey of homicide perpetrators in contact with mental health services in England and Wales. The results were as follows: Of 380 homicide perpetrators in recent contact with services, 264 (69%) were not receiving care under enhanced CPA, including 26 (49%) with SMI and previous violence. Of 107 patients under enhanced CPA, 35 (37%) were non-compliant and 40 (42%) had disengaged from services at the time of the offence; services had attempted to re-establish compliance in 10 cases and contact in 17 cases (43%). All high-risk patients should be supervised under enhanced CPA and standardisation of its use is required.

CBT

The article author reflects on the forensic practice and cognitive behavioral therapy. He mentions the assessment conducted by Dimidjian and colleagues regarding the effectiveness of the mindfulness training wherein it identifies the mindfulness-based cognitive therapy (MBCT) as the efficient approach for the treatment of recurrent depression. He states the need of awareness for the forensic practitioners with regards to the mindfulness training progress in order to meet the clinical needs.

Confidentiality

This study reports on 40 completed vignettes of the Tarasoff liability with 10 from each of the disciplines of psychiatry, psychology, social work and nursing. The sample was forensic practitioners in the North West of England. The data were analysed for their content on several key words and terms that related to the Tarasoff case and each disciplines major zones of relevance in relation to the decisions required at each point in the unfolding scenario. The results showed a similarity of issues across the disciplines in relation to confidentiality, assessment and informing for the duty to protect. However, differences occurred in relation to the focus of that informing as a means of abrogating responsibility in the nursing discipline whilst the other groups accepted their responsibilities in relation to informing to protect the potential victim.

Crime

Research looking at the nature and extent of youth gang activity and knife carrying in Scotland and recommendations for policy interventions.
http://www.scotland.gov.uk/Publications/2010/09/09143042/0
http://www.scotland.gov.uk/Publications/2010/08/16100510/0

Research looking at the nature and extent of youth gang activity and knife carrying based on data collected by the Edinburgh Study of Youth Transitions, and recommendations for policy interventions.
http://www.scotland.gov.uk/Publications/2010/09/09115209/0

This publication provides detailed analyses of two year reconviction rates for offenders up to the 2006-07 cohort, as well as one year reconviction rates up to the 2007-08 cohort.
http://www.scotland.gov.uk/Publications/2010/08/27112240/0

Scottish Government (2010) *Consultation on Strengthening the Proceeds of Crime Act 2002 in Scotland: Extending the list of Criminal Lifestyle Offences and Reducing the Criminal Benefit Amount*
Proposals for strengthening the Proceeds of Crime Act 2002 in Scotland by extending the list of criminal lifestyle offences and reducing the criminal benefit amount from £5000 to £1000 for the other criminal lifestyle tests
http://www.scotland.gov.uk/Publications/2010/10/13103308/0

http://www.scotland.gov.uk/Publications/2010/10/01105917/0

Reducing Reoffending Newsletter
http://www.scotland.gov.uk/Publications/2010/09/02090801/0

http://www.scotland.gov.uk/Publications/2010/09/07084606/0

http://www.scotland.gov.uk/Publications/2010/08/23132857/0
Criminal Justice

Consultation on the possible introduction of a scheme for victims of mentally disordered offenders similar to the current criminal justice Victim Notification Scheme. 
http://www.scotland.gov.uk/Publications/2010/08/27104119/0

Scottish Government (2010) Victims in the Criminal Justice System
Joint Thematic Report on Victims in the Criminal Justice System – Phase I 
http://www.scotland.gov.uk/Publications/2010/10/08133638/0

Learning Disabilities

Lindsay, William et al (2010) Relationship between assessed emotion, personality, personality disorder and risk in offenders with intellectual disability Psychiatry Psychology and Law Volume 17, Issue 3, Pages 385-397
In mainstream studies on offenders and on individuals with psychopathology, relationships have been found between personality characteristics, emotional problems and personality disorders. This study reviewed the relationships between the Emotional Problems Scale, two circumplex measures of personality, personality disorder assessments and risk assessments in 212 offenders with intellectual disability. Previous studies had established the reliability and validity of these measures with the client group. Strong relationships emerged between externalizing emotional problems and dominant and hostile personality dimensions with weaker but significant relationships between internalizing problems and submissive and hostile dimensions. Externalizing problems were strongly associated with risk for violence, while internalizing problems had a weaker but significant relationship with some historical and clinical risk scales. Dominant personality dimensions were associated with narcissistic personality disorder and nurturant personality dimensions negatively associated with anti-social personality disorder. It would seem that there are orderly, significant relationships among measures of personality, personality disorders, emotional problems and risk. We discuss the implications of emotional assessment for the evaluation of risk and prediction of treatment progress.

Following social policies of deinstitutionalisation, few offenders with intellectual disability (ID) are diverted into local hospitals and they are now referred to a range of community and secure services. Of 197 participants, the Violence Risk Appraisal Guide was completed on 181 and the Static-99 on 83. Assessed risk was then related to six levels of service: community generic, specialist community forensic ID, learning
disability in patient, low secure, medium secure and high secure. On both assessments, those in high secure had a significantly greater average assessed risk than in the community. Correlations between assessed risk and level of service showed low to medium effect sizes. Despite an orderly relationship between assessed risk and level of security, the effect sizes are not large suggesting that factors may intervene to place some individuals of a high risk in community settings and others of a low risk in secure settings.

This paper is a reflective account of a work-based learning programme designed for patients within a forensic learning disability service. The literature review indicated a shortage of published work in this field and reference is made to developments in mental health settings. A commentary is provided of the three partners involved and the working relationship between the hospital, the workplace and the further education college. As a specific vocational rehabilitation programme, it was important to consider the context of a work placement and the process of introducing an award-bearing course. The paper provides a description of the current developments in the qualification structure at entry level and the progress of a pilot group. Views were sought from the patient group about their involvement in the programme and the advantages of collaborative work are stated, with the joint delivery by an occupational therapy student, a teacher and the nursing team. It is suggested that the narrative of this paper could be built on, with the application of an assessment tool to provide a quantitative analysis of the impact of the programme. It is the intention that the descriptive elements of the paper will inform other practitioners and contribute to a model of good practice.

Legislation

Doig, Stuart; Khan, Luqman (2010) Survey of Recorded Matters made under the Mental Health (Care & Treatment) (Scotland) Act 2003 Newsletter for Mental Health Officers in Scotland Issue 22, Pages 3-5
With the introduction of the Mental Health (Care & Treatment) (Scotland) Act 2003 the responsibility for considering applications for long term detention came under the jurisdiction of the newly formed Mental Health Tribunal Service. As part of the process of hearing an application for a Compulsory Treatment Order (CTO), or at a subsequent review, it is the duty of the Tribunal to consider the proposed Care Plan and where it considers it necessary the Tribunal can specify various treatments and services be provided. This is known as a “recorded matter” and reflects the principle of reciprocity under the Act. There is no similar provision under the Act for a Sheriff to make a recorded matter when considering a recommendation for Compulsion Order. It is not possible for one to be made until the Compulsion Order is reviewed by the Tribunal, usually at the first statutory review after six months detention.
Medication


Psychotropic medication has been shown to be an effective intervention for managing psychiatric symptoms and relapse rates for persons with mental illness, but little is known about adherence to prescribed medications by persons while in prison. This review found five factors influencing psychotropic medication adherence among incarcerated persons with mental disorders. These were: personal characteristics, prior medication use, insight, environment and side effects. Despite the high percentage of incarcerated persons with mental illness, surprisingly little is known about effective ways to increase psychotropic medication adherence in prison and upon release. Currently, there are limited definitive data regarding psychotropic medication adherence patterns among incarcerated persons, and the data that exist often miss specific information on changes in behaviour, symptom management and adherence patterns over the length of a person's sentence, which has implications for post-release ability to live in the community. This paper presents the current literature regarding psychotropic medication adherence among mentally ill persons who are incarcerated. The factors identified in support of medication adherence, future clinical research and care strategies are provided.

Pilot study of the efficacy of an educational programme to reduce weight, on overweight and obese patients with chronic stable schizophrenia *Journal of Psychiatric and Mental Health Nursing* Volume 17, Issue 9, Pages 849-851

No abstract available.


Cognitive-skills interventions, such as the Reasoning and Rehabilitation (R&R) programme, have been repeatedly shown to have the largest impact on recidivism. However, we have yet to establish the extent to which mentally disordered offenders (MDOs) can benefit from such
interventions. Using a quasi-experimental design, we sought to determine: (1) the feasibility of implementing R&R with MDOs, and (2) whether participation was associated with improved psychosocial function. Male patients with psychotic disorders were recruited from two forensic medium secure hospitals, 18 were allocated to receive the full R&R programme, while the control group (N = 17) received treatment-as-usual. All participants completed a battery of questionnaires both before and after treatment. Only three patients failed to complete the full 36-session R&R programme. Those who completed the programme showed significantly improved problem solving ability and increased coping responses. The results suggest that MDOs can benefit from participation in the R&R programme.

This study examined the extent to which severe mental illness (SMI) affects parole release decisions either directly or indirectly through its association with other factors considered in the parole release decision-making process. A random sample of 407 inmates with parole release decisions in 2007 (200 with SMI and 207 without SMI) was selected from the New Jersey State Parole Board. Data on inmates’ program participation, misconduct, and job assignments while incarcerated along with levels of community support and other pertinent release factors were collected. Differences between the SMI and non-SMI groups as well as the relationships among study variables, SMI, and release decisions were examined. Findings indicate that persons with SMI were released to parole at a rate similar to that of persons without SMI. However, the presence of SMI was associated with disciplinary infractions while incarcerated, which in turn negatively affected parole release decisions. Policy implications are discussed.
http://cjb.sagepub.com/content/37/9/1005.abstract

Royal College of Nursing; Nacro (2010) Prison Mental Health: Vision and Reality
The need for better mental health care in prisons has been evident for some time. Prisoners have dramatically higher rates of mental health problems compared to the general population. This publication, developed jointly with the Royal College of Nursing and Nacro, the crime reduction charity, aims to examine what has been achieved in prison mental health over recent years from a number of different personal perspectives and individual observations of working in England. It looks at the specific achievements of inreach teams and of efforts to divert offenders from custody. It also looks more broadly at the rapid growth of the prison population during the same period and the treatment of offenders with mental health problems outside as well as inside prison.

Background Late-onset offending, at the age of 21 or thereafter, is an underexplored dimension of the criminal career. Aims Our aims were to explore which factors are precursors of late-onset offending, and the extent to which adult criminality can be predicted in childhood and adolescence. Method This is the first study that defines late-onset offending based on a combination of official records and self-reports. Longitudinal data from the Cambridge Study in Delinquent Development (CSDD) were used. Four hundred and three South London men, followed from ages 8-10 to ages 48-50, were divided into late-starters (LS, n = 51), early-starters (ES, n = 140) and non-offenders (NO, n = 212). Results LS men were more likely than NO men to have been neurotic, truants or in poor housing at ages 8-10. At ages 12-14, they tended to be neurotic, and at ages 16-18, they had high unemployment and spent time hanging about on the streets. Compared with ES, LS were nervous at ages 8-10, and at age 18 they were more likely to be sexual virgins. Overall, LS men were more similar to NO men before age 21, but more similar to ES men by age 32. Conclusions Our hypotheses that late-onset offenders would be particularly characterised by neuroticism or nervousness, but that this would buffer rather than fully protect over the life course, were sustained. Intervention to increase the resilience of children and adolescents who are rated as high on neurotic characteristics may lessen the burden that these factors impose in adult life and reduce the risk of a deteriorating quality of life and late onset criminal careers.

Scottish Government (2010) *Circular No. JD/5/2010: Disclosure to Jobcentre Plus of recommended restrictions to be placed on the employment of potentially dangerous offenders*

The purpose of this Circular is to explain the arrangements for informing Jobcentre Plus of restrictions on the type of employment that should be offered to those offenders currently subject to the provisions of sections 10 and 11 of the Management of Offenders etc (Scotland) Act 2005. [http://www.scotland.gov.uk/Publications/2010/10/13140213/0](http://www.scotland.gov.uk/Publications/2010/10/13140213/0)

Peer Support


Existing literature indicates peer support is beneficial for people with mental illnesses and plays an important role in recovery. While many studies in the mental health field have focused on formalized peer support within the community, none have explored the experience of peer support among hospitalized patients. The purpose of the current study was to explore the perceptions and experiences of naturally occurring peer support among adult mental health inpatients. In-depth interviews were conducted with ten inpatients across four mental health units, two acute and two long-term. Interviews were transcribed verbatim and analyzed.
using a qualitative descriptive design. The data show that peer support among inpatients is extensive and beneficial, and occurs independently of staff involvement. The findings illustrate that peer support is a thoughtful process that involves observing, reflecting, taking action, and evaluating outcomes. Supportive actions include helping with activities of daily living, sharing material goods, providing information and advice, sharing a social life, and offering emotional support. This leads to various positive outcomes for providers and recipients of peer support, such as improved mental health outcomes and quality of life. Attempts to provide supportive interactions occur within a particular context, which can hinder or facilitate peer support. The new insights from this study could provide health professionals with an increased recognition of peer support and an appreciation for the unique role patients play in their own and in their peers’ recovery. These findings have important implications for establishing collaborative working partnerships with mental health inpatients.

http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010763231&site=ehost-live

Personality Disorder


Background Structural brain abnormalities have been described in borderline personality disorder (BPD), but previous studies have generally been small and have implicated different brain regions to varying extents.

Method We therefore conducted a systematic review and meta-analysis of published volumetric region-of-interest structural magnetic resonance imaging studies of patients with BPD and healthy controls. We additionally used meta-regression to investigate the modulating effects of clinical parameters, including age, on regional brain volumes.

Results The meta-analysis revealed significant bilateral decreases in hippocampal and amygdala volumes in patients with BPD compared with healthy control participants, in the absence of differences in whole-brain volume. Metaregression demonstrated an association between increasing age and reduced hippocampal volumes in BPD.

Discussion Overall, these findings demonstrate clear structural changes in the medial temporal lobe in BPD, showing similarity to the biological effects of early life stress.


This commentary explores the issue of personality disorder and mental health legislation from a UK perspective, highlighting the differences between its four countries and three mental health acts. It discusses data from Scotland that support the contention that the addition of the term ‘personality disorder’ to mental health legislation is not alone sufficient to
change current practice. The legislative criterion of risk to others is discussed and the varying responses in the UK to the contentious issue of preventive detention, highly likely to be relevant to serious offenders with personality disorder, are described, including the indeterminate sentence of imprisonment for public protection and the order of lifelong restriction. It is concluded that, regardless of location, care of patients with a primary diagnosis of personality disorder will be driven forward not by legislation but by service development, research and changing attitudes.

http://apt.rcpsych.org/cgi/content/abstract/16/5/336

The Mental Health Act 1983 now incorporates amendments introduced in 2007. This article explores features of the amended Act that affect the treatment of patients with personality disorder in England and Wales. It discusses issues such as the broad definition of mental disorder, treatability and professional roles, with specific reference to how they might, or might not, affect usual practice concerning patients with personality disorder. It also comments on elements within the Act that could positively affect people with personality disorder, such as community treatment orders, provision to change their ‘nearest relative’ and statutory advocacy services. The political climate in which the Act has been amended is commented on, as well as how this might potentially compromise some of the positives within the Act.

http://apt.rcpsych.org/cgi/content/abstract/16/5/329

Sarkar, Jaydip; Duggan, Conor (2010) Diagnosis and classification of personality disorder difficulties, their resolution and implications for practice Advances in Psychiatric Treatment Volume 16, Issue 5, Pages 388-396
There are many difficulties associated with the diagnostic guidelines for personality disorder in the current international classificatory systems such as ICD–10 and DSM–IV. These lead not only to significant overlap with DSM Axis I disorders, resulting in high rates of diagnoses of comorbidities and multiple personality disorders, but also to lack of adequate capture of core personality pathology. The current classifications are also unhelpful in treatment selection, presumably the prime reason for assessing individuals in the first place. In this article we highlight various deficits and inadequacies related to the nosology of the current systems and suggest some strategies for dealing with these. We offer an integrated model of assessing and diagnosing personality disorders. We attempt to demonstrate how using a more integrated approach minimises or even eliminates some of the key problems highlighted in the current systems.

http://apt.rcpsych.org/cgi/content/abstract/16/5/388
Physical Intervention

Physiotherapist involvement and views on the application of physical intervention to manage aggression: data from a national survey *Journal of Psychiatric and Mental Health Nursing* Volume 17, Issue 8, Pages 754-754

No abstract available.


Psychiatric Nursing


This paper describes the role of the psychiatric nurse working in a high secure psychiatric facility in Ireland. Since this study in 2006, this role has transformed moving from a custodial to a recovery model of care. The United Kingdom Central Council framework for this study provided a useful method to establish a baseline for this role and as part of strategy to develop nursing practice. The Central Mental Hospital is one of the oldest high secure mental health services in Europe dating back to 1845 but has been one of the last to introduce (forensic) psychiatric nurses. This paper describes the role of psychiatric nurses working in this high secure psychiatric facility in Ireland. The United Kingdom Central Council competency framework was considered to be a prudent starting point for beginning to understand this role in an Irish context. The study received a response rate of 74% and found that the Irish Forensic Mental Health Nurse experiences many of the same challenges as their international colleagues. A high proportion of nursing practice is focused on assessment, communication and creating a therapeutic environment based very much in keeping with the mainstream role in mental health nursing. Skills in specialist assessments and addressing offending behaviour were considered important but deficient at that time. The importance of recovery and human rights were considered paramount but challenged by the need for risk management and security.


Psychopathy


Psychopathy in forensic psychiatric patients and other criminal offenders is associated with higher criminal recidivism rates. Moreover, many forensic mental health professionals believe that psychopaths are not amenable to treatment. The present study examines whether patients with psychopathy demonstrate change during forensic psychiatric treatment.
Seventy-four personality disordered offenders who had been convicted for serious violence were rated on the Hare Psychopathy Checklist-Revised and assessed repeatedly on risk-related behaviors during 20-months of inpatient forensic treatment. Group- and individual-level analyses showed no significant differences between psychopathic and non-psychopathic patients on adaptive social behavior, communication skills, insight, attribution of responsibility, and self-regulation strategies. However, a subgroup of psychopaths (22%) deteriorated during treatment with regard to physical aggression, whereas none of the non-psychopathic patients did \((p < 0.01)\). Our findings demonstrate that, contrary to clinical lore, treatment does not make a majority of psychopaths worse, but there are significant differences between psychopaths and non-psychopaths in treatment responsiveness.

Background There is a recognised relationship between psychopathy and instrumental violence, but not all violence by people who meet the criteria for psychopathy is instrumental. Aims Our aims were to compare offence types among forensic psychiatric patients with and without the Psychopathy Checklist: Screening Version (PCL: SV) criteria for psychopathy. Our specific questions were whether factor 1 - the interpersonal affective dimension - was related to instrumentality and on severity of the violent crime. Our hypothesis was that the relationship between psychopathy and instrumental violence would be dependent on the severity of the violent crime. Methods Sixty-five male patients at the forensic psychiatric hospital in Sundsvall, all with a violent criminal history, were assessed for psychopathy through interview and records using the PCL: SV. Severity and the instrumentality of their previous violence were coded using the Cornell coding guide for violent incidents. Results The interpersonal features of psychopathy (the interpersonal facet), and only the interpersonal features were significantly associated with instrumentality and severity of violence. Instrumentality was also significantly related to the severity of the violence, independent of psychopathy score. Conclusions The results indicated that, at least among forensic psychiatric patients, planning is more likely than not with respect to serious crimes. The specific link between interpersonal features of psychopathy and instrumental and severe violence suggests potential clinical value in recognising subtypes of psychopathy.

Recovery

Camann, M.A. (2010) The psychiatric nurse’s role in application of recovery and decision-making models to integrate health behaviors in the recovery process Issues in Mental Health Nursing Volume 31, Issue 8, Pages 532-536
Recovery from mental illness is a process that involves personal decision-making in many areas. Nurses are in a unique position to assist individuals in assessing their personal health status and integrating health
behaviors into their recovery plans. The use of assessment tools, motivational interviewing techniques, and recovery planning can help individuals make decisions about their health, try out new behaviors, and integrate healthy living behaviors into a recovery plan and activities. This role of the nurse in this process is outlined, strategies are described, and outcome examples are provided.


The 'Recovery Approach' is widely regarded as the guiding principle for mental health service delivery in the UK. However, it is not clear whether this approach has any relevance, or is applicable to mentally disordered offender patients, who are almost invariably detained against their will and whose capacity to exert choice and control over their treatment must therefore be severely restricted. This study set out to explore definitions, experiences, and perceptions of recovery in patients with severe mental illness, currently detained in medium secure psychiatric provision. Most patients defined recovery as getting rid of symptoms and feeling better about themselves. Medication and psychological work, relationships with staff and patients and being in a secure setting were all cited as being important in bringing about recovery. The stigma associated with being an offender, as well as having a serious mental illness, was perceived as a factor holding back recovery, particularly in relation to discharge and independent living in the community. Core recovery concepts of hope, self-acceptance, and autonomy are more problematic and appear to be less meaningful to individuals, who are detained for serious and violent offences. The recovery approach may need to be modified for use in forensic psychiatric services.

Risk Assessment


A large number of systematic reviews and meta-analyses have been conducted in the field of forensic risk assessment, and their conclusions have occasionally been conflicting. To examine the quality and findings of these reviews, a metareview was conducted. The authors identified nine systematic reviews and 31 meta-analyses from 1995 to 2009. The themes covered in these reviews and meta-analyses included the validity of actuarial tools compared with unstructured and structured clinical judgment, a comparison of various risk assessment tools, and the predictive validity of these tools for different genders and ethnic backgrounds. This metareview found that the quality and consistency of findings in these areas varied considerably. Sources of heterogeneity were not assessed in half of the reviews, and duplicate samples not excluded in approximately half of the reviews. The authors suggest a standardization.
of review reporting with particular emphasis on methodological consistency.
http://cjb.sagepub.com/content/37/9/965.abstract

Schizophrenia

Moderate exercise benefits people with schizophrenia Mental Health Practice Volume 14, Issue 1, Page 4
No abstract available.

Seclusion

Against the background of an emerging international demand, this study examined the impact of a suite of interventions designed to reduce the use of seclusion in a forensic psychiatric hospital. These interventions included a review of existing seclusion practices and staff training in the management of aggression as well as the implementation of evidence-based alternatives. Evaluation occurred via pre- and post measurements of (1) therapeutic climate, (2) staff attitudes towards seclusion, (3) staff confidence to manage aggression, (4) the frequency and duration of seclusion episodes and (5) the frequency of aggression. The results revealed a significant reduction in the use and duration of seclusion episodes. Although staff appeared to use seclusion less frequently to manage a similar number of aggressive incidents there was no deterioration in staff perceptions of personal safety, nor any change in staff confidence to manage aggressive patients. There was also no change to therapeutic climate or staff attitudes towards seclusion. The clinical implications and opportunities for future research are discussed.

Secure Settings

Khan, Lorraine (2010) Reaching out, reaching in: Promoting mental health and emotional wellbeing in secure settings
This study was commissioned by the Department of Health to review current levels and standards of mental health provision in the young people's secure estate in England. This paper suggests that there is an urgent need for all secure units to develop an integrated, whole system and comprehensive approach to supporting the mental health and wellbeing of the young people in their care and, no less important, to ensure that any improvements made while in custody are supported and maintained following release.
Self Harm

Self-harm injuries account for 150 000 presentations at hospital in the UK in different ward settings. Research has historically shown that people who have self-harmed have negative experiences because of attitudes of the healthcare professionals employed to help them. These negative attitudes remain the main perception from service users and staff in recent published research. Lack of education, lack of personal confidence, clinical problems and perception of client's control of harming behaviour are all blamed for healthcare staff's negative attitudes. A small number of trials have highlighted the benefit of greater education and clinical supervision in improving attitudes which are supported by government guidance. People who have experienced self-harm report dissatisfaction with the care provided by statutory services. This review provides a critical exploration of the evidence examining the attitudes of healthcare professionals across both mental health and medical settings towards people who self-harm. It also explored in detail service users perceptions of care. A literature search conducted via electronic databases and cross-matching reference lists produced 19 papers that met the inclusion criteria. A thematic analysis of the literature indicated six key areas which contributed to the development of attitudes defined as positive or negative towards people who self-harm. Negative attitudes and experiences of care were associated with lack of education and training, the impact of differences in perceptions of health professionals' role and the influence of clinical culture as well as how self-harm was perceived as a health need. More positive attitudes were associated with a greater understanding of experiences of self-harm and improved training. However, the nature of care reported by service users indicates that there are still significant improvements needed to the attitudes in health settings to ensure they receive a high-quality service.
http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010777602&site=ehost-live

The Scottish Government made a commitment in Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009-11 to work with partners to improve the knowledge and understanding of self-harm and formulate an appropriate response. As a result of this, the National Self-Harm Working Group was formed. They agreed the attached discussion paper, which is now being presented as a consultation document.
http://www.scotland.gov.uk/Publications/2010/10/selfharm
Sex Offenders

Previous literature on pornography indicates that pornography use for men at risk for aggression may result in sexually aggressive behavior, but very little research has been reported on juvenile sexual abusers' exposure to pornography. The current study compared pornography exposure between male adolescent sexual abusers (n= 283) and male nonsexually offending delinquent youth (n= 170). Sexual abusers reported more pre- and post-10 (years of age) exposure to pornography than nonsexual abusers. Yet, for the sexual abusers, exposure is not correlated to the age at which the abusers started abusing, to their reported number of victims, or to sexual offense severity. The pre-10 exposure subscale was not related to the number of children the group sexually abused, and the forceful exposure subscale was not correlated with either arousal to rape or degree of force used by the youth. Finally, exposure was significantly correlated with all of the nonsexual crime scores in the study. Implications for forensic nursing are discussed.
http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010781201&site=ehost-live

Report on the evaluation of the Tayside pilot of the Sex Offender Community Disclosure scheme, including recommendations for rollout
http://www.scotland.gov.uk/Publications/2010/10/25093915/0

The purpose of this study is to explore sex offenders' perceptions of how the police should interview suspected sex offenders to facilitate confessions, and to investigate whether there is a relationship between sex offenders' perceptions of how the police interviewed them and their decisions to confess or deny. Forty-three convicted sex offenders were interviewed using two 35-item questionnaires that contained five questions on each of seven interviewing strategies. An additional 20 violent offenders were included for comparison purposes. The strategies were evidence presenting strategies, ethical interviewing, displays of humanity, displays of dominance, use of minimization and maximization techniques, and demonstrating an understanding of sex offenders' cognitive distortions. One questionnaire concerned how the police should interview sex offenders and the other concerned how they perceived the police who interviewed them. Generally speaking, evidence presenting strategies, ethical interviewing, and displays of humanity were perceived to increase the likelihood of a confession. Interviewer dominance was
perceived to be associated with a reduction in the likelihood of a confession.

**Ministry of Justice (2010) Investigating disclosures made by sexual offenders: preliminary study for the evaluation of mandatory polygraph testing**

This project was the preliminary study in a programme of research to evaluate mandatory polygraph testing of sexual offenders. The National Offender Management Service (NOMS) is piloting mandatory testing in the East Midlands and West Midlands probation regions for offenders supervised on licence following release from a custodial sentence of 12 months or more. The pilot commenced in April 2009 and will run for three years. Previous research suggested that the polygraph might contribute to the effective treatment and supervision of sex offenders through encouraging offenders to disclose information. Therefore, an increase in clinically significant disclosures will form the key outcome measure for the evaluation of the mandatory polygraph pilot.


The current study examines sexual and violent reoffence rates for a sample of 2474 sexual offenders over an average of 15 years following release from prison. Reoffence rates are reported as a function of the offenders' victim type and level of risk as assessed by the Automated Sexual Recidivism Scale, a computer scored measure of relevant historical risk factors. Observed sexual recidivism rates for offenders with child victims, adult victims, and mixed victims were quite similar. Results indicate that offenders with exclusively female child victims not only showed a lower rate of sexual reoffending, but that the reoffence rates were relatively low across all levels of actuarial risk. In contrast, those with male child victims and adult victims showed a pronounced escalation of reoffence rates as actuarial risk increased. Results also indicated that adult victim offenders are less consistent in the victim type of their reoffences, with 37% sexually reoffending against child victims. Finally, combined rates of sexual and violent reoffending were particularly high for those with adult victim sexual offence histories. Risk assessment and public policy implications are discussed.


Sexual offender treatment programmes are often facilitated in secure settings such as prisons or psychiatric hospitals, which are not ideal
environments for such treatment. Arguably, however, when these environments are structured as therapeutic communities (TCs), opportunities are created to enhance the effectiveness of treatment. This article describes the concept of a TC, its operating principles and rationale, as well as the benefits and rationale for establishing TCs in conjunction with cognitive—behavioural treatment with sexual offenders. This is discussed in terms of the potential of TCs to improve targeting of treatment content, to enhance treatment process, to provide optimal environments for therapeutic gain, and to provide a broad therapeutic framework for treating sexual offenders. The article reviews and summarizes what evidence exists for the use of TCs with both non-sexual offenders and sexual offenders. Finally, it highlights the gaps in our knowledge of the use of TCs to inspire further empirical and conceptual consideration of these issues.

http://ijo.sagepub.com/content/54/5/721.abstract

This study examines the psychometric properties of a revised version of the Thorne Sex Inventory (TSI) (Thorne 1965, 1966), a self-report measure of female sexuality. It examines the viability of using this instrument to assess female psychosexual functioning and discriminate female sexual offenders from a non-offending sample. Through building upon Kirchoff-Gordon's work (1996), a short form of the TSI tapping 6-underlying factors of female sexuality is identified. Patterns of correlations and group discriminations mapped effectively onto this final 6-factor solution. The instrument is recommended as a viable research tool, though some psychometric limitations need addressing before it is extended to clinical use. Implications are discussed with reference to features that discriminate female sexual offenders from non-offenders and techniques for assessing female sexual dysfunction.

Smoking

This study explores the experiences of mental health nursing students in using cigarettes as a means of token economy. The majority of the sample experienced the use of this particular intervention in various settings but also reported that other items apart from cigarettes were also used as part of a reward system. Respondents generally did not like this practice, feeling that it did not work well, led to client staff conflict, was implemented in an ad hoc way and rarely recorded in a care plan. An open debate on tobacco control and the use of cigarettes in behavioural change programmes is urgently required. Using cigarettes to change client behaviour is a common, yet little studied, practice in mental health care. A
questionnaire survey was used to explore mental health nursing student's experiences and attitudes to this practice. The sample was four cohorts of mental health nursing students (n= 151). Of them, 84% had experienced the practice of using cigarettes to change client behaviour in acute wards (73%), rehabilitation wards (28%) and elderly care (14%). Cigarettes were used to change client behaviour in areas such as attending to personal hygiene (57%) or engaging in the ward routine (39%). However, items such as leave (60%) or drinks (tea and coffee) (38%) were also reportedly used. Of the respondents, 54% inferred that the practice did not work well with 46% stating it was not written up in care plans; 52% felt it was an ad hoc practice, 60% inferred that at times it was used as a punishment while 55% intimated that they felt bad withholding cigarettes. There are ethical and moral dilemmas around using lifestyle risk factors as rewards or using client's nicotine addiction as a means of controlling behaviour. The question of whether this intervention should ever be used, given its associated health risk, requires more critical debate in clinical practice.

### Substance Misuse


A review of international evidence to support Scotland's National Drugs Strategy, The Road to Recovery. This report presents evidence on effective treatment and recovery from substance misuse.


This is the third annual report from the National Forum on Drug-Related Deaths.


### Suicide


Differentiation between suicide and homicide often becomes difficult owing to the unusual methods of suicide used by the victim and the complexities thus posed. Investigating the cases of unusual suicides provides a considerable challenge to the authorities concerned. The issue of homicide should often be ruled out in such cases, which require careful evaluation. This is best done by correlating the morbid anatomical findings at autopsy with the death scene analysis coupled with psychological autopsy. Many forensic practitioners have reported unusual methods of suicide at their respective workplaces. Various types of unusual methods of suicide and the complexities involved in their investigation are presented and discussed.

[http://msl.rsmjournals.com/cgi/content/abstract/50/3/149](http://msl.rsmjournals.com/cgi/content/abstract/50/3/149)

**Background** Hanging is the most frequently used method of suicide in the UK and has high case fatality (>70%).

**Aims** To explore factors influencing the decision to use hanging.

**Method** Semi-structured qualitative interviews with 12 men and 10 women who had survived a near-fatal suicide attempt. Eight respondents had attempted hanging. Data were analysed thematically and with constant comparison.

**Results** Hanging was adopted or contemplated for two main reasons: the anticipated nature of a death from hanging; and accessibility. Those favouring hanging anticipated a certain, rapid and painless death with little awareness of dying and believed it was a ‘clean’ method that would not damage the body or leave harrowing images for others. Materials for hanging were easily accessed and respondents considered it ‘simple’ to perform without the need for planning or technical knowledge. Hanging was thus seen as the ‘quickest’ and ‘easiest’ method with few barriers to completion and sometimes adopted despite not being a first choice. Respondents who rejected hanging recognised it could be slow, painful and ‘messy’, and thought technical knowledge was needed for implementation.

**Conclusions** Prevention strategies should focus on countering perceptions of hanging as a clean, painless and rapid method that is easily implemented. However, care is needed in the delivery of such messages as some individuals could gain information that might facilitate fatal implementation. Detailed research needs to focus on developing and evaluating interventions that can manage this tension.


This systematic review assessed the validity of screening instruments to identify the risk of suicide and self-harm behaviour in offenders. A search of 11 electronic databases and grey literature resulted in the inclusion of five studies. The five studies revealed four screening instruments, including the Suicide Checklist, the Suicide Probability Scale, Suicide Concerns for Offenders in Prison Environment (SCOPE), and the Suicide Potential Scale. Two instruments, SCOPE and Suicide Potential Scale, shared promising levels of sensitivity and specificity. The reporting of information was generally varied across items on the Standards for the Reporting of Diagnostic accuracy (STARD). Research is needed to assess the predictive validity of tools for offender populations in the identification of those at risk, particularly those in probation and community settings.

http://ijo.sagepub.com/content/54/5/803.abstract


**Background** Although male prisoners are five times more likely to die by...
suicide than men of a similar age in the general population, the contribution of psychiatric disorders is not known.

**Aims** To investigate the association of psychiatric disorders with near-lethal suicide attempts in male prisoners.

**Method** A matched case–control study of 60 male prisoners who made near-lethal suicide attempts (cases) and 60 prisoners who had never carried out near-lethal suicide attempts in prison (controls) was conducted. Psychiatric disorders were identified with the Mini International Neuropsychiatric Interview (MINI), and information on sociodemographic characteristics and criminal history was gathered using a semi-structured interview.

**Results** Psychiatric disorders were present in all cases and 62% of controls. Most current psychiatric disorders were associated with near-lethal suicide attempts, including major depression (odds ratio (OR) = 42.0, 95% CI 5.8–305), psychosis (OR = 15.0, 95% CI 2.0–113), anxiety disorders (OR = 6.0, 95% CI 2.3–15.5) and drug misuse (OR = 2.9, 95% CI 1.3–6.4). Lifetime psychiatric disorders associated with near-lethal attempts included recurrent depression and psychoses. Although cases were more likely than controls to meet criteria for antisocial personality disorder, the difference was not statistically significant. Comorbidity was also significantly more common among cases than controls for both current and lifetime disorders.

**Conclusions** In male prisoners, psychiatric disorders, especially depression, psychosis, anxiety and drug misuse, are associated with near-lethal suicide attempts, and hence probably with suicide.

http://bjp.rcpsych.org/cgi/content/abstract/197/4/313

**Violence**


Client safety in mental health services is a consistently topical issue, particularly when it concerns the management of aggression and violence. Following the merger of several mental health services in Lancashire, nursing staff recognised the need to establish a single set of standards for safe and effective practice. In a medium secure unit in the trust, staff have developed expertise in managing challenging behaviour, and the practice development nurse and personal safety coordinator have been able to call on this expertise when standardising staff education and training programmes. A staff-driven change process has led to the development of a university postgraduate teaching programme, a network of effective aggression-management trainers, a framework for standardised skill application, and a forum for service and practice development. Links are being sought with other mental health services to share experiences and promote discussion about the standardisation of practice regionally and nationally.

http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010824951&site=ehost-live
Fear of violence from patients may affect the quality of care mental health nurses provide. The Brøset Violence Checklist (BVC), a six-item instrument, has the potential to assist health-care providers in identifying patients who may become aggressive. A trial of the BVC on a secure psychiatric intensive care unit suggested that the tool was well accepted by staff and may have contributed to reduced seclusion rates. Five-year follow-up has revealed an incorporation of the BVC into routine practice on the psychiatric intensive care unit. Violence towards health-care workers, especially in areas such as mental health/psychiatry, has become increasingly common, with nursing staff suggesting that a fear of violence from their patients may affect the quality of care they provide. Structured clinical tools have the potential to assist health-care providers in identifying patients who have the potential to become violent or aggressive. The Brøset Violence Checklist (BVC), a six-item instrument that uses the presence or absence of three patient characteristics and three patient behaviours to predict the potential for violence within a subsequent 24-h period, was trialled for 3 months on an 11-bed secure psychiatric intensive care unit. Despite the belief on the part of some nurses that decisions related to risk for violence and aggression rely heavily on intuition, there was widespread acceptance of the tool. During the trial, use of seclusion decreased suggesting that staff were able to intervene before seclusion was necessary. The tool has since been implemented as a routine part of patient care on two units in a 92-bed psychiatric centre. Five-year follow-up data and implications for practice are presented.

No abstract available.

Aggression is common in older people with mental illness, with 15–43% of community referrals to old age psychiatry services and 44–65% of older people with Alzheimer’s disease living in the community exhibiting such behaviour. In psychiatric in-patient units, assaults on staff are most common on wards for elderly people with organic mental illness. There is little high-quality research into the management of aggressive behaviour in dementia. We consider the available literature, which has shown certain behavioural measures and different classes of medication to be of benefit. We discuss factors associated with violence in elderly people with mental illness and potential management options.

Although studies have supported the efficacy of treatment aimed at reducing levels of violence, a significant number of individuals fail to either complete or benefit from treatment. A widely speculated reason for treatment failure centers on the lack of readiness to change. We assessed the impact of a stage of change analysis on the skill acquisition of 265 adults enrolled in a 14-week violence reduction protocol based on a social problem-solving model. Readiness to change, strategies for resolving high conflict situations, and social problem solving skills were assessed pre- and posttreatment. A significant increase in the use of effective strategies for resolving conflicts and social problem solving skills was observed from pre- to posttreatment. Skill acquisition was independent of initial stage of change scores. Moreover, a significant percentage of participants reported decreases in their readiness to change at posttreatment, and this reversal had discernable impact on skill acquisition. We outline the need for additional theoretical and empirical work integrating the topography of violent behavior into the readiness to change construct is necessary.


Inpatient aggression in psychiatric settings poses a serious management problem. This study reports the findings of a prospective pilot study on the Dynamic Appraisal of Situational Aggression - Inpatient Version (DASA-IV), a structured risk assessment tool for imminent aggression. The study was conducted in the State Hospital, the high secure psychiatric hospital for Scotland and Northern Ireland. The outcome data were aggressive incidents recorded on the Staff Observation Aggression Scale - Revised (SOAS-R) and incidents noted on the hospital's online recording tool. All measures were completed by nursing staff as part of their daily clinical routine to ensure ecological validity. The DASA-IV was found to be of moderate to good predictive power. Limitations and suggestions for further research are outlined, and the potential for implementation of the tool is discussed.

http://apt.rcpsych.org/cgi/content/abstract/16/5/339