FORENSIC MENTAL HEALTH SERVICES MANAGED CARE NETWORK

Current Awareness bulletin: Forensic mental health services Issue 5 August 2008

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Notice:
Please note this is not a full Current Awareness Bulletin. The bulletin is usually prepared by the Librarian at The State Hospital; however changes in staff mean this has been prepared in the absence of a librarian. The next issue will be a full issue and will include articles that may have been missed in this issue. Apologies for inconvenience and thanks for your understanding.

Vivienne Gration
Forensic Network Manager
11 Aug 08
Advocacy

Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse

J Ramsay, G Feder, C Rivas, YH Carter, LL Davidson, K Hegarty, A Taft, A Warburton

http://mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD005043/frame.html

Anger

A combined drama-based and CBT approach to working with self-reported anger aggression

Janine Blacker¹ *, Andy Watson², Anthony R. Beech¹ *

Criminal Behaviour and Mental Health, March 2008 Volume 18 Issue 2, Pages 129 - 137

ABSTRACT

A drama-based programme, called "Insult to Injury", was designed to explore the processes of anger, aggression and violence. The aim of the programme was to enable offenders to identify and generate strategies and skills for dealing with potentially volatile situations, and to provide a safe and supportive environment in which to practice and evaluate these strategies.

http://www3.interscience.wiley.com/journal/117935195/abstract

Homicide

Number of homicides related to mental disorder has fallen since 1970s in England and Wales, study finds

Susan Mayor

British Medical Journal, BMJ 2008;337

Abstract

The number of homicides attributed to mental disorders has fallen in England and Wales over the past 30 years, while that of other homicides has risen, a new analysis of official statistics shows.

The study looked at four sets of homicide statistics from 1946 to 2004. Researchers compared the numbers of homicides that were due to mental disorder—categorised by legal outcome (not guilty by reason of insanity or diminished responsibility, defendant unfit to plead, infanticides, and cases where the offender committed suicide at the same time as or after the homicide)—with homicides that were not considered to be due to mental disorder (British Journal of Psychiatry 2008;193:130-3).

http://www.bmj.com/cgi/content/extract/337/aug01_3/a1113
Learning Disability

People with learning disabilities admitted to an assessment and treatment unit: impact on challenging behaviours and mental health problems
E. SLEVIN 1 R. MCCONKEY 2 M. TRUESDALE-KENNEDY 3 L. TAGGART 4
Journal of Psychiatric and Mental Health Nursing, Volume 15 Issue 7, Pages 537 - 546

ABSTRACT
This study describes the evaluation of an assessment and treatment unit for people with learning disabilities. Results showed the main reasons for admission for the 48 people admitted to the unit were because of challenging behaviours and mental health problems. Valid and reliable scales were used to measure the behaviours and mental health problems of those admitted across three-time periods: pre-admission, during admission and post-admission. The analysis found significant reductions in challenging behaviours and mental health problems following admission to the unit. The unit was staffed by a multidisciplinary team with nurses making up the largest group of staff. A number of issues of concern are discussed including access to mental health services for people with learning disabilities, the need for robust community services and areas that require further research. In conclusion, the study found evidence supporting the value of the unit and how it may lessen distress in learning disabled people who are behaviourally disturbed. It is suggested that nurses played a key role in the unit but they need to make the support and caring they provide more visible. Nurses need to harness and make explicit the caring they provide for people with learning disabilities.

Out-of-area placements in Scotland and people with learning disabilities: a preliminary population study
M. BROWN 1 BSc (HONS) MSc PGCE PhD RGN RNLD &D. PATERSON 2 BSc (HONS) MB chB MSC MRCPsych
Journal of Psychiatric and Mental Health Nursing, Volume 15 Issue 4, Pages 278 - 286

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

Behaviour problems in childhood and adolescence in psychotic offenders: an exploratory study
Kris Goethals 1, Lisette Willigenburg 1, Jan Buitelaar 2, Hjalmar Van Marle 3
Criminal Behaviour and Mental Health, Volume 18 Issue 3, Pages 153 - 165

ABSTRACT Several studies have shown that adults who develop schizophrenia and commit a criminal offence may already have shown behaviour problems in childhood or adolescence. It is less clear whether such problems follow a particular pattern in such patients. This study examines the utility of the Child Behavior Checklist (CBCL) among offenders, to test whether externalizing behaviour problems, as measured by the CBCL, are more frequent in psychotic offenders than in non-offenders with psychosis, and to investigate relationships between early behavioural problems and adult personality disorder in psychotic offenders. http://www3.interscience.wiley.com/journal/120748130/abstract

Mental Health Law

Knowledge about the Scottish Mental Health Act in a General Hospital Setting
BJ Baig, J Walker, ES Crowe, SM MacHale, H Aditya, SG Potts:

Abstract Clinic experience suggests that non-psychiatrists' knowledge of mental health legislation in relation to emergency detention is inadequate. However, most non-psychiatrists will use this legislation at some point in their career. A questionnaire about emergency detention legislation was circulated to non-psychiatric medical staff to test their knowledge of the provisions relevant to the general hospital.

Mental Health Nursing

Quantitative analysis of mental health nurse prescribers in Scotland
A. Snowden
Journal of Psychiatric and Mental Health Nursing, Volume 15 Issue 6, Pages 471 - 478

ABSTRACT The UK parliament approved legislation expanding prescribing rights for all registered nurses in 2006. Mental health nurses do not appear to be embracing prescribing to the same degree as their colleagues. For example, mental health nurses represent 14% of the UK nursing population, but only 3%
nurse prescribing population. In order to explore this disparity, the paper
discusses quantitative analysis of the following objectives: (1) describe the
impact of nurse prescribing on nurse prescribers in NHS Greater Glasgow and
Clyde; and (2) identify differences between mental health nurse prescribers and
other nurse prescribers in NHS Greater Glasgow and Clyde. Following online pilot
study, a 26-item questionnaire was posted to 668 nurse prescribers in NHS
Greater Glasgow and Clyde. A total of 365 questionnaires were returned (55.4%).
Significant differences were found between mental health nurse prescribers and
others in terms of age, gender, prescribing practice, academic achievement,
method of prescribing, workplace, experience and attitude to prescribing. Possible
reasons for these differences are suggested and form the basis of further planned

Patient aggression in clinical psychiatry: perceptions of mental health nurses
E. J. JONKER 1 P. J. J. GOOSSENS 2 I. H. M. STEENHUIS 3 N. E. OUD 4
Journal of Psychiatric and Mental Health Nursing, Volume 15 Issue 6, Pages 492 -
499
ABSTRACT Mental health nurses are faced with an increasing number of
aggressive incidents during their daily practice. The coercive intervention of
seclusion is often used to manage patient aggression in the Netherlands.
However, GGZ Nederland, the Dutch association of service providers for mental
health and addition care, has initiated a project to decrease the number of
seclusions in clinical psychiatry. A first step in this project is to gain insight into
the current situation: the perceived prevalence of patient aggression, the
attitudes of mental health nurses towards patient aggression and those socio-
demographic and psychosocial factors that contribute to the use of coercive
interventions. A survey was undertaken among 113 nurses from six closed and
semi-closed wards. In this survey, two questionnaires were used: (1) the Attitude
Toward Aggression Scale; and (2) the Perceptions of the Prevalence of Aggression
Scale. Variables derived from the Theory of Planned Behaviour were also
measured. Nurses reported being regularly confronted with aggression in general
and mostly with non-threatening verbal aggression. They perceived patient
aggression as being destructive or offensive and not serving a protective or
communicative function. The nurses generally perceived themselves as having
control over patient behaviour (i.e. considerable self-efficacy) and reported
considerable social support from colleagues. Although the nurses in this study
were frequently confronted with aggression, they did not experience the
aggression as a major problem.
http://www3.interscience.wiley.com/journal/120736334/abstract

Recovery

Detained – what’s my choice? Part 1: Discussion
Glenn Roberts, Eluned Dorkins, James Wooldridge and Elaine Hewis

Abstract Choice, responsibility, recovery and social inclusion are concepts guiding
the ‘modernisation’ and redesign of psychiatric services. Each has its advocates
and detractors, and at the deep end of mental health/psychiatric practice they all
interact. In the context of severe mental health problems choice and social
inclusion are often deeply compromised; they are additionally difficult to access
when someone is detained and significant aspects of personal responsibility have
been temporarily taken over by others. One view is that you cannot recover while
others are in control. We disagree and believe that it is possible to work in a recovery-oriented way in all service settings. This series of articles represents a collaborative dialogue between providers and consumers of compulsory psychiatric services and expert commentators.

http://apt.rcpsych.org/cgi/content/abstract/14/3/172

Security

Police and sniffer dogs in psychiatric settings
Najat Khalifa, Simon Gibbon, Conor Duggan

Abstract To study the views of staff and patients on the use of sniffer dogs to detect illicit drugs and the prosecution of in-patients suspected of taking illicit drugs. A 15-item self-report questionnaire was given to all in-patients and staff who had any contact with patients in a medium-secure unit. Responses to the individual statements were measured on a five-point Likert scale and staff and patients’ responses were compared.

http://pb.rcpsych.org/cgi/content/full/32/7/253

Smoking

Smoking by people with mental illness and benefits of smoke-free mental health services
Jonathan Campion, Ken Checinski, Jo Nurse and Ann McNeill
Advances in Psychiatric Treatment (2008) 14: 217-228

Abstract Areas of interest and research include public mental health, addiction, transcultural psychiatry and mental health service provision in low-income countries. Ken Checinski is a senior lecturer in addictive behaviour at St George’s, University of London, and consultant psychiatrist with the Respond NHS substance misuse service in Surrey. Research and clinical interests include smoking and mental health, dual diagnosis, post-traumatic stress and public health education. Jo Nurse is national lead for public mental health and well-being at the Department of Health, England. She works as a consultant in public health in a regional public health group. Areas of interest and experience include health promotion, sexual health, healthy prison settings, mental well-being, substance misuse, violence and abuse. Ann McNeill is Chair of Health Policy and Promotion in the Department of Epidemiology and Public Health at the University of Nottingham. Her main research and policy interests cover nicotine and tobacco product regulation, smoking and mental health issues, smoking cessation and harm reduction, and the development of dependence on smoking.

http://apt.rcpsych.org/cgi/content/abstract/14/3/217

Violence & Aggression
Violent forensic psychiatric inpatients and violent detainees in the Netherlands

Authors: Ruud H. J. Hornsveld a; Erik B. H. Bulten bc; Edzard T. de Vries a; Floor W. Kraaimaat c


Abstract

A group of 136 violent inpatients detained under hospital order and a group of 100 violent detainees with a prison sentence of at least four years were compared as regards individual criminogenic factors such as personality traits and problem behaviours. The inpatients appeared to score higher than detainees on antisocial lifestyle, neuroticism, and disposition to anger. No significant differences were found on other measures. Inpatients were all classified as having an antisocial personality disorder, but there were indications that this was also the case for a considerable percentage of the detainees. It seems advisable that the psychiatric and psychological criteria used in the decision to detain an offender under hospital order should be specified further.

http://www.informaworld.com/smpp/content~content=a795395055~db=all~order=page