FORENSIC MENTAL HEALTH SERVICES MANAGED CARE NETWORK

Current Awareness bulletin:
Forensic mental health services
Issue 8
May 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:

Advocacy

Harrison, Tom; Davis, Ruth (2009) Advocacy: time to communicate *Advances in Psychiatric Treatment* **Volume 15, Issue 1, Pages 57–64**
This article offers an introduction to advocacy on behalf of people with mental disorders and/or intellectual disabilities. It concentrates mainly on the issues related to independent specialist advocacy, but refers to other forms also. The term is itself contentious, having different meanings in different contexts. Some of these controversies are outlined here. Inevitably, diverse interpretations imply varying practices, and these too are illustrated briefly. Legislation and concordance of expectations are both contributing to a set of standards to which most advocates in the UK and Ireland will adhere. The requirements that such legislation makes of mental healthcare staff working with independent specialist advocates are outlined, and the ethical dimension of mental health advocacy is noted.

Jugessur, T.; Iles, I.K. (2009) Advocacy in mental health nursing: an integrative review of the literature *Journal of Psychiatric and Mental Health Nursing* **Volume 16, Issue 2, Pages 187-195**
Advocacy in mental health nursing: an integrative review of the literature The term 'advocacy' has taken on a meaning beyond its legal origins and is now of importance as a concept in health and social care. Within nursing, the role of advocate has been accepted as an important one, although there are arguments against nurses taking on such a role. The majority of papers on this topic relate to nursing generically rather than being specifically mental health oriented. Nurses need to be made aware of the legal framework within which they practice, in terms of duty of care within their role of nurse advocate, maintaining standards of advocacy acceptable to their professional body, accountability relating to action and omission of actions, guidance on guarding against stepping beyond the boundaries of their professional practice of advocacy, and to have adequate knowledge of the law. This paper offers a critique of nursing advocacy models, raising a number of mental health nursing issues and identifying some areas for further research.

Aging Population

Yorston, Graeme; Taylor, Pamela J. Older patients in an English high security hospital: a qualitative study of the experiences and attitudes of patients aged 60 and over and their care staff in Broadmoor Hospital *Journal of Forensic Psychiatry and Psychology* **Volume 20, Issue 2, Pages 255-267**
To examine the experiences and attitudes of patients aged 60 and over who are resident in a high-security hospital, and their care staff, using qualitative research methodology, with a view to informing a service model for this group. Results: Of the 16 patients aged 60 and over resident in Broadmoor Hospital, 12 were interviewed, along with 21 members of staff. The patients were located on nine different wards, despite the existence of a specialist ward for older patients. The median duration of stay was 17 years. The large number of issues identified from

the interviews fell into four broad clusters: quality of life, vulnerability, risk to others, and resources. An overarching theme emerged to do with the uniqueness of these older patients, in their difference both from younger high security peers and from people of similar age elsewhere. Conclusions: Care needs should not be assumed on the basis of age alone but must be individually assessed. Many older serious offenders with mental disorder have extensive experience of relevant services, are articulate, and, together with their care staff, could assist in shaping better services for a probably expanding population.
http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=37222 567&site=ehost-live

Care Pathways

Bisson, Jonathan I. et al (2009) Developing a care pathway for advance decisions and powers of attorney: qualitative study *British Journal of Psychiatry* **Volume 194, Issue 1, Pages 55-61**
The Mental Capacity Act for England and Wales empowers individuals to plan ahead for when they may lack capacity. Aims: To develop a care pathway for advance decisions and powers of attorney using Huntington's disease as an exemplar. Method: Qualitative study using in-depth individual interviews with service users and carers, and focus groups with professionals. Inductive qualitative analysis was used to develop themes to construct a care pathway that was then piloted and further evaluated to achieve a final pathway. Results: A care pathway was developed that incorporated an early introduction through a formal education session and a minimum of two sessions separated by at least 2 weeks before advance decision completion. Optimal delivery of this intervention requires significant clinical and administrative commitment. Conclusions: We have developed a simple, easy-to-follow care pathway that was acceptable to users and providers.

Brown, Karen; Fahy, Thomas (2009) Medium secure units: pathways of care and time to discharge over a four-year period in South London *Journal of Forensic Psychiatry and Psychology* **Volume 20, Issue 2, Pages 268-277**
We studied the predictors of length of hospital stay in medium secure hospital beds among 157 male patients discharged from medium secure beds in two London boroughs between 2002 and 2006. Patients who were subject to Section 37/41 restriction stayed in medium secure care on average 483 days longer than those under civil sections or transferred from prison (p = .001). Those under Section 37/41 had a significantly longer length of stay than those under Section 37 or Section 3 (p ≤ .05). Those on restriction orders were significantly more likely to be discharged to a supported hostel than those in the civil/prison group (p = .008). Overall demand for hostel placements was high. The findings of this study suggest that those patients in medium secure units on Section 37/41 restriction orders will have longer admission times and are more likely to be discharged into supported mental health hostels. More research is needed to establish a link between delayed discharges for those under

Section 37/41 in medium secure units and lack of supported mental health hostel beds in the community.
http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=37222577&site=ehost-live

Criminal Justice

Khanom, Husnara; Samele, Chiara; Rutherford, Max (2009) *Community Sentences and the Mental Health Treatment Requirement*
The Mental Health Treatment Requirement (MHTR) is one of 12 possible requirements for all people given a community sentence in England and Wales. It is rarely used in practice, even though more than two-fifths of people on community sentences have mental health problems. A Missed Opportunity? looks at why the courts, probation and health services rarely use the MHTR. It finds that the purpose of the MHTR and the group of people to whom it can be given are not clear to sentencers, probation staff or health professionals. It calls on the Government to issue clear guidance on the use of the MHTR.
http://www.scmh.org.uk/publications/missed_opportunity.aspx?ID=594

Sainsbury Centre for Mental Health (2009) *Diversion: A better way for criminal justice and mental health*
Diversion finds that court diversion and liaison schemes in England only work with one in five of the people with mental health problems who go through the criminal justice system. Many opportunities for diversion are being missed and too little is being done to ensure that offenders with mental health problems make continuing use of community mental health services. But in the absence of a clear national policy framework, diversion services have developed in a piecemeal and haphazard way. Many schemes are insecurely funded and there is an unacceptably wide degree of variation in their ways of working. The report looks at the evidence on outcomes and the effectiveness of diversion, it includes information from site visits and looks at whether diversion is good value for money.
http://www.scmh.org.uk/publications/diversion.aspx?ID=593

Scottish Government (2009) *Sentencing Guidelines and a Scottish Sentencing Council: Consultation Responses*
Responses to the consultation
http://www.scotland.gov.uk/Publications/2009/01/26131348/0

Scottish Government (2009) *The Modern Scottish Jury in Criminal Trials: Analysis of Written Consultation Responses*
Independent analysis of responses to the consultation The Modern Scottish Jury in a Criminal Trial
http://www.scotland.gov.uk/Publications/2009/01/30113034/0

Crisis Prevention

Lewis, Maureen; Taylor, Karin; Parks, Joyce (2009) Crisis Prevention Management: A Program to Reduce the Use of Seclusion and Restraint in an Inpatient Mental Health Setting *Issues in Mental Health Nursing* **Volume 30, Issue 3, Pages 159-164**
The use of seclusion and restraint in the treatment of mentally ill patients is a highly controversial and potentially dangerous practice. A group of direct care psychiatric nurses in a large urban teaching hospital created an evidenced-based performance improvement program that resulted in a decrease in the use of seclusion and restraint. No additional funds were required to develop this program. The public health prevention model was the framework utilized. Early results show a 75% reduction in the use of seclusion and restraint with no increase in patient or staff injuries since its implementation.
http://search.ebscohost.com/login.aspx?direct=true&db=byh&AN=37154788&site=ehost-live

Ethics

Lemmergaard, Jeanette; Muhr, Sara Louise (2009) Treating threats: the ethical dilemmas of treating threatening patients *Service Industries Journal* **Volume 29, Issue 1, Pages 35-45**
This paper considers the impact of threats on professional service workers, especially as these emerge in healthcare services. Based on interviews with healthcare professionals and prison guards, this paper discusses the ethical dilemmas inherent in viewing the doctor-patient relationship from a solely rule-based ethical approach when threatening behaviour is involved. It is argued that under threatening circumstances, a service worker will not be able to exclude personal moral beliefs from the decision-making process. Consequently, the tradition of relying on rule-based ethics is insufficient on its own and must be supplemented with a repersonalised ethics of 'the Other'.

Legislation

Scottish Government (2009) *Comparison of The Adult Support and Protection (Scotland) Act 2007 (ASP) with The Adults with Incapacity (Scotland) Act 2000 (AWI) and The Mental Health (Care and Treatment) (Scotland) Act 2003 (MHCT)*
Short comparison of the above acts.
http://www.scotland.gov.uk/Publications/2009/02/25110701/0

Mental Health Commission

Mental Welfare Commission for Scotland (2009) *Our review of mental welfare in Scotland 2007-2008*
http://www.mwcscot.org.uk/nmsruntime/saveasdialog.asp?lID=1365&sID=735

Mental Health Officers

Maas-Lowit, Anke; Clarke, Peter (2009) The development of the MHO role in Scotland following the introduction of the M H (C&T) (S) Act 2000 *Newsletter for mental health officers in Scotland* **Issue 19, Pages 8-9**
Research was undertaken to explore the implications of changes in mental health legislation for community based MHOs designated to service users in forensic settings and to explore the perception of MHOs with regard to the expansion of their role in respect of working with mentally disordered offenders (MDOs).
http://www.strath.ac.uk/media/departments/glasgowschoolofsocialwork/ccw/mhonewsletter/mhonewsletter19.pdf

Mental Health Toolkit

Scottish Government (2009) *Mental Health Collaborative Programme Toolkit*
The Mental Health Collaborative Toolkit is a summary of the information available about improvement science, and ideas of how it may be applied to achieve the Depression, Dementia and Re-admissions HEAT Targets. It is intended for Programme Managers and front line staff tasked with implementing improvement to services, and is accessible to all Mental Health Services across Scotland, to aid them in applying improvement tools within mental health.
http://www.scotland.gov.uk/Publications/2009/02/13140255/0

Named Person

Dawson, Alison et al (2009) *An Assessment of the Operation of the Named Person Role and its Interaction with other Forms of Patient Representation*
An analysis of the operation of the "named person" role in the operation of mental health legislation.
http://www.scotland.gov.uk/Publications/2009/03/09103446/0

Nursing

Lyons, T. (2009) Role of the forensic psychiatric nurse *Journal of Forensic Nursing* **Volume 5, Issue 1, Pages 53-57**
The article clarifies the role of the forensic psychiatric nurse (FPN) and challenges interchangeable terms confusing forensic and correctional nursing. It addresses the varied venues where the FPN may assess the patient (victim or perpetrator) and gather evidence that may influence conviction, sentencing, recidivism, treatment, and prevention. In depth knowledge of medical and psychiatric nursing as well as the criminal justice system is germane to competent advanced practice forensic nursing. An analogy is drawn between the forensic assessment for risk of violence which is commonly performed by psychiatric nurses in

Emergency Departments and the collection and preservation of evidence by medical nurses in Emergency Departments. Both instances require evidence-based techniques and a familiarity with forensic procedures and are often performed by nurses who are not specifically trained in these areas. A case analysis demonstrates the value of an in depth and broad assessment of victim and perpetrator. Evidence based training and the application of structured clinical judgment used in the evaluation of victims and perpetrators make it possible for the FNP to provide expert testimony and to make recommendations for treatment.
http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010200402&site=ehost-live

National Forensic Nurses' Research and Development Group (2008) *Forensic Mental Health Nursing: Capabilities, Roles and Responsibilities* **Quay Books ISBN: 978-1856423625**

Woods, Phil; Kettles, Alyson M. (2009) *Risk Assessment and Management in Mental Health Nursing* **Wiley Blackwell ISBN: 978-1405152860**

Nutrition

Ramsbotham, David (2009) Crime and Nourishment: Cause for a rethink? *Prison Service Journal*
Are we missing something? The classic criminal justice model assumes that behaviour is entirely a matter of free will. This assists the often difficult task of sentencing but what is less clear is how one can exercise that free will without involving the brain. And since the brain is a physical organ, how can the brain function properly without an adequate nutrient supply? Straightforwardly, it can't. Crime may often be described as brainless but we should not take that literally. The authors argue that we need to bring the brain into criminal justice thinking and in doing so address the paucity of evidence that underpins assumption about what 'causes' people to offend. A stratum of evidence about the causes of crime or antisocial behaviour needs to be in place before we can talk about 'prevention' or 'risk factors' in any meaningful sense. Also, we are not acting on findings from studies designed to examine possible causal factors in antisocial behaviour, which give good reasons to question assumptions about culpability. These studies highlight factors such as poor diet that affect behaviour seemingly without our knowledge.
http://www.hmprisonservice.gov.uk/assets/documents/100045A5Crime_and_Nourishment.pdf

Offenders

Brooker, Charlie et al (2009) Review of service delivery and organisational research focused on prisoners with mental disorders *Journal of Forensic Psychiatry and Psychology* **Volume 20, Supplement 1, Pages 102-123**
This paper reports a structured review of the service development and organisational (SDO) research literature focused on prisoners with mental

disorders. A large number of databases were searched, using a combined free-text and thesaurus approach. Papers were included if they had been published since 1983, were written in English, and contained research findings. Commentaries or descriptions of local service innovation were excluded. In all, 103 papers were identified that met all criteria; these were divided into 13 categories (e.g. screening, 18 papers; professional roles, 13 papers). The paper concludes that there is a clear need to consider commissioning SDO research for offenders in England and Wales in a coherent programme.
http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=37208340&site=ehost-live

Brooker, Charlie; Gojkovic, Dina (2009) The second national survey of mental health in-reach services in prisons *Journal of Forensic Psychiatry and Psychology* **Volume 20, Supplement 1, Pages 11-28**
The prevalence of mental disorder among prisoners is considerably higher than that in the general population. Historically, mental healthcare in prisons has been criticised for being under-funded and provided by the Prison Service. The 2001 policy Changing the Outlook envisaged multi-professional prison mental health teams funded by the local primary care trusts. Such teams are now in place, managing offenders with severe mental illness, but they have faced challenges. The second mental health in-reach team survey was conducted in 2007 and aimed to capture a variety of data, including: workforce features; connections with primary care services; the role of in-reach services, their caseload, the interventions provided, and barriers to successful operation; and the relationship with the wider NHS. It was found that the role and activities of in-reach teams had changed considerably since the first in-reach survey was undertaken in 2005.
http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=37208337&site=ehost-live

Day, Andrew (2009) Offender emotion and self-regulation: implications for offender rehabilitation programming *Psychology, Crime and Law* **Volume 15, Issue 2/3, Pages 119-130**
Despite a growing body of evidence pointing to the central role of negative emotional states in the offence process, there has been relatively little work, either theoretical or applied, investigating this area. This paper offers a review of the literature that has sought to investigate the association between negative emotion and offending. It is concluded that there are grounds to consider negative emotional states as important dynamic risk factors that should be addressed as part of any psychological intervention to reduce the risk of re-offending amongst forensic clients.
http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=37184633&site=ehost-live

Howells, Kevin (2009) Recent developments and future directions in understanding cognition and emotion in offenders: a commentary *Psychology, Crime and Law* **Volume 15, Issue 2/3, Pages 285-292**

Some of the themes arising in this Special Issue are discussed and suggestions made as to future research and theoretical needs. It is noteworthy that increased academic and research attention is being focused on violent behaviour, balancing that devoted to sex offending. More sophisticated theoretical models are being developed, with an increasing recognition of the importance of situational factors, of the heterogeneity of offender groups and of the role of affective states as antecedents. Such developing knowledge needs to influence the future development of therapeutic and rehabilitation programmes.
http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=37184637&site=ehost-live

Ministry of Justice (2009) *Statistics of Mentally Disordered Offenders 2007 England and Wales*
http://webarchive.nationalarchives.gov.uk/+/http://www.justice.gov.uk/docs/mentally-disordered-offenders-2007.pdf

Olumoroti, Olumuyiwa John et al (2009) Mentally ill prisoners in need of urgent hospital transfer: appeal panels should resolve disputes to reduce delays *Journal of Forensic Psychiatry and Psychology* **Volume 20, Supplement 1, Pages 5-10**
The author reflects on the immediate hospital care for mentally ill prisoners in England. He comments on the delay assessment and the lack of adequate facilities provided by mental health services. An overview of the problem for prison-hospital transfer is offered. The author suggests to consider clinical opinions and facts to examine the parties concerned whether a prisoner needs hospital transfer or not.
http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=37208338&site=ehost-live

Rennie, Charlotte et al (2009) The future is offender health: evidencing mainstream health services throughout the offender pathway *Criminal Behaviour and Mental Health* **Volume 19, Issue 1, Pages 1-8**
The authors reflect on the wide healthcare needs of prisoners in Great Britain. They reiterate the effort made by the Offender Health Research Network (OHRN), funded by the Department of Health, to conduct researches on the health conditions of prisoners in England and Wales. They state that the prisoner's common health problems include physical and mental disorders and dependence on cigarette and alcohol. They suggest that further researches on the health of offenders should be conducted.
http://search.ebscohost.com/login.aspx?direct=true&db=sih&AN=36325725&site=ehost-live

Patients' Perspective

Priebe, Stefan et al (2009) Patients' views and readmissions 1 year after involuntary hospitalisation *British Journal of Psychiatry* **Volume 194, Issue 1, Pages 49-54**

Little is known about the long-term outcome of involuntary admissions to psychiatric hospitals. Aims: To assess involuntary readmissions and patients' retrospective views of the justification of the admission as 1-year outcomes and to identify factors associated with these outcomes. Method: Socio-demographic data and readmissions were collected for 1570 involuntarily admitted patients. Within the first week after admission 50% were interviewed, and of these 51% were re-interviewed after 1 year. Results: At 1 year, 15% of patients had been readmitted involuntarily, and 40% considered their original admission justified. Lower initial treatment satisfaction, being on benefits, living with others and being of African and/or Caribbean origin were associated with higher involuntary readmission rates. Higher initial treatment satisfaction, poorer initial global functioning and living alone were linked with more positive retrospective views of the admission. Conclusions: Patients' views of treatment within the first week are a relevant indicator for the long-term prognosis of involuntarily admitted patients.

Stewart, Ailsa (2009) The Experience of the Mental Health System from the Perspective of a Restricted Patient *Newsletter for mental health officers in Scotland* Issue 19, Pages 14-16
http://www.strath.ac.uk/media/departments/glasgowschoolofsocialwork/ccw/mhonewsletter/mhonewsletter19.pdf

Physical Intervention

Hollins, L.P.; Paterson, B. (2009) Physical intervention trainers: the case for greater accountability *Journal of Psychiatric and Mental Health Nursing* Volume 16, Issue 4, Pages 376-381
Physical intervention training courses are commonplace events in psychiatric and mental healthcare settings across the UK. While there is still debate as to what techniques should be taught on such courses, there is good evidence as to the mechanisms whereby pain, injury and even death can be inflicted. There is also a wealth of literature identifying how organizational culture can influence the quality of service delivery and standards of client care. It is well documented that the dignity, well-being and physical integrity of service users can be compromised by staff acts and omissions stemming from corrupted cultures. What has not been explored in detail to date is the role of physical intervention trainer, specifically the values they model and how these may influence the readiness with which staff resort to physical restraint strategies. It is possible that even approved physical techniques can become compromised through poor training technique and expose end recipients to needless humiliation and potential harm. This paper discusses this area of practice, offers insight on how the learning process is compromised by trainers and suggests areas for future research.

Stubbs, B. (2009) The manual handling of the aggressive patient: a review of the risk of injury to nurses *Journal of Psychiatric and Mental Health Nursing* Volume 16, Issue 4, Pages 395-400
Staff are injured more frequently than patients during the implementation of physical interventions. In essence the application of physical

interventions is a form of manual handling, where the aggressive patient is the 'load'. In the non-mental healthcare environment, manual handling contributes to a large chunk of work-related musculoskeletal disorders. Applying physical interventions against an agitated and aggressive human load is a risk factor for injuries being sustained. This paper discusses physical interventions as a manual handling procedure as a possible explanation of injuries sustained to nursing staff from being in a team applying physical interventions. Possible strategies to reduce the risk of developing musculoskeletal disorders from physical interventions are discussed.

Stubbs, B. et al (2009) Physical intervention: a review of the literature on its use, staff and patient views, and the impact of training *Journal of Psychiatric and Mental Health Nursing* **Volume 16, Issue 1, Pages 99-105**
As a principal control measure, physical intervention is intended to be a skilled manual, or hands-on, method of physical restraint implemented by trained individuals, with the intention of controlling the aggressive patient, to restore safety in the clinical environment. Physical intervention is however a contentious practice. There have been reports in the literature of negative psychological views from staff and patients on the procedure. Although formal structured training was introduced in response to concerns around patient safety during restraint, concerns remain that PI is sometimes construed as a stand-alone violence prevention initiative. Its potential for misuse, and overuse, in corrupted cultures of care has emerged as a social policy issue. The following paper critically explores the literature on training in physical intervention in the United Kingdom.

Psychopathy

Iria, Catarina; Barbosa, Fernando (2009) Perception of facial expressions of fear: comparative research with criminal and non-criminal psychopaths *Journal of Forensic Psychiatry and Psychology* **Volume 20, Issue 1, Pages 66-73**
A group of criminal psychopaths (n = 22) was compared against three control groups - non-criminal psychopaths (n = 16), criminal non-psychopaths (n = 11), and non-criminal non-psychopaths (n = 13) - on a go/no-go paradigm to test whether criminal psychopaths' poor ability to recognise facial expressions of fear can be generalised to non-criminal psychopaths and to other non-psychopathic criminals. Both criminal and non-criminal psychopaths showed significantly worse performance than non-psychopaths in the detection and discrimination of fear in facial expressions. These results suggest that psychopathy, independently of its manifestation in criminal behaviour, seems to be related to poor ability to identify and discriminate facial expressions of fear. Additionally, inhibition deficits or, at least, an impulsivity response pattern seem to be common to all criminal groups that were investigated.

Quality of Life

Pitkanen, A. et al (2009) Individual quality of life of people with severe mental disorders *Journal of Psychiatric and Mental Health Nursing* **Volume 16, Issue 1, Pages 3-9**
People with mental disorders have been found to suffer from impaired quality of life (QoL). Therefore, the assessment of QoL has become important in psychiatric research. This explorative study was carried out in acute psychiatric wards. Thirty-five patients diagnosed with schizophrenia and related psychosis were interviewed. QoL was rated by the Schedule for Evaluation of Individual Quality of Life which is a respondent-generated QoL measure using semi-structured interview technique. Patients named five areas of life important to them and then rated their current status and placed relative weight on each QoL area. The data were analysed with qualitative content analysis and descriptive statistics. The most frequently named areas for QoL were health, family, leisure activities, work/study and social relationships, which represented 72% of all QoL areas named. Patients' average satisfaction with these QoL areas ranged 49.0-69.1 (scale 0-100). The mean global QoL score was 61.5 (standard deviation 17.4; range 24.6-89.6; scale 0-100). Awareness of patients' perceptions of their QoL areas can enhance our understanding of an individual patient's QoL and reveal unsatisfactory areas where QoL could be improved with individually tailored needs-based interventions.

Research

Chambers, Gemma C. et al (2009) Outcome measures used in forensic mental health research: a structured review *Criminal Behaviour and Mental Health* **Volume 19, Issue 1, Pages 9-27**
Background The evidence base for forensic mental health (FMH) services has been developing since the late 1990s. Are outcome measures sound enough for the evaluation tasks? Aims To identify, from published literature, outcome measures used in FMH research and, where feasible, assess their quality. Method A structured review was undertaken of trials and intervention studies published between 1990 and 2006. Details of outcome variables and measures were abstracted. Evidence regarding most frequently occurring outcome measures was assessed. Results Four hundred and fifty different instruments were used to assess outcomes, incorporating 1038 distinct variables. Very little evidence could be found to support the measurement properties of commonly used instruments. Conclusions and implications for practice There is little consistency in the use of outcome measure in FMH research. Effort is required to reach consensus on validated outcome measures in this field in order to better inform practice.
http://search.ebscohost.com/login.aspx?direct=true&db=sih&AN=36325724&site=ehost-live

Risk

Hickey, Nicole; Yang, Min; Coid, Jeremy (2009) The development of the Medium Security Recidivism Assessment Guide (MSRAG): an actuarial risk prediction instrument *Journal of Forensic Psychiatry and Psychology* **Volume 20, Issue 2, Pages 202-224**
The majority of patients in medium secure services in the UK have a primary diagnosis of major psychosis. Currently available actuarial risk prediction instruments have limited application, having been developed in different jurisdictions on samples with different characteristics. The Medium Security Recidivism Assessment Guide (MSRAG) was developed to assess risk of acquisitive and serious offending in patients with schizophrenia and delusional disorder. It assesses static predictor variables and is designed for use at the pre-discharge stage of rehabilitation. Results indicate the MSRAG has good predictive accuracy, and acquisitive and serious offending scales were cross-validated. Dynamic risk factors occurring post-discharge interact with four levels of ascribed risk, impacting especially on those at high risk. The MSRAG can be easily scored from case file information, does not require extensive training, and can be used to screen patients routinely prior to discharge. Observed interactions with dynamic factors after discharge can guide clinical risk management.
http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=37222570&site=ehost-live

Schizophrenia

Kanaan, Richard et al (2009) White matter microstructure in schizophrenia: effects of disorder, duration and medication *British Journal of Psychiatry* **Volume 194, Issue 3, Pages 236-242**
Diffusion tensor magnetic resonance imaging studies in schizophrenia to date have been largely inconsistent. This may reflect variation in methodology, and the use of small samples with differing illness duration and medication exposure. Aims: To determine the extent and location of white matter microstructural changes in schizophrenia, using optimised diffusion tensor imaging in a large patient sample, and to consider the effects of illness duration and medication exposure. Method: Scans from 76 patients with schizophrenia and 76 matched controls were used to compare fractional anisotropy, a measure of white matter microstructural integrity, between the groups. Results: We found widespread clusters of reduced fractional anisotropy in patients, affecting most major white matter tracts. These reductions did not correlate with illness duration, and there was no difference between age-matched chronically and briefly medicated patients. Conclusions: The finding of widespread fractional anisotropy reductions in our larger sample of patients with schizophrenia may explain some of the inconsistent findings of previous, smaller studies.

Krabbendam, Lydia et al (2009) Using the Stroop task to investigate the neural correlates of symptom change in schizophrenia *British Journal of Psychiatry* **Volume 194, Issue 4, Pages 373-374**

This study examined brain activation during a cognitive inhibition task in patients with schizophrenia following changes in their positive symptoms. A Stroop task was used during functional magnetic resonance imaging in 11 patients with schizophrenia (patient group) and 9 healthy volunteers (control group). At baseline, the patient group showed significantly attenuated activation within the anterior cingulate gyrus, left pre-/postcentral gyrus and inferior frontal junction. At follow-up, there was a significant increase in activation in the left inferior frontal junction associated with a decrease in positive symptoms, suggesting this region plays a role in the development of these symptoms.

Lencz, Todd et al (2009) Molecular differentiation of schizoaffective disorder from schizophrenia using BDNF haplotypes *British Journal of Psychiatry* Volume 194, Issue 4, Pages 313-318
Allelic variation in the gene encoding brain-derived neurotrophic factor (BDNF) has been associated with affective disorders, but generally not schizophrenia. Brain-derived neurotrophic factor variants may help clarify the status of schizoaffective disorder. Aims: To test the hypothesis that BDNF haplotypes are associated with psychiatric illness marked by a prominent affective component. Method: Frequencies of a 5-marker BDNF haplotype were examined in 600 White participants across four diagnostic categories and healthy controls. Results: Individuals with schizoaffective disorder and other affective disorders were significantly more likely to carry two copies of the most common BDNF haplotype (containing the valine allele of the Val66Met polymorphism) compared with healthy volunteers. Moreover, when compared with people with schizophrenia, individuals with schizoaffective disorder were significantly more likely to carry two copies of the common haplotype. Conclusions: To our knowledge, this is the first candidate gene study to demonstrate association with schizoaffective disorder but not schizophrenia. Variation in the BDNF gene may be associated with the clinical phenotype of affective dysregulation across several DSM-IV diagnostic categories.

Saint-Jean, Micheline; Stip, Emmanuel; Fortier, Pierre (2009) The Impact of a Pre-Vocational Program on Cognition, Symptoms, and Work Re-Integration in Schizophrenia *Occupational Therapy in Mental Health* Volume 25, Number 1, Pages 26-43
This study measured the effects of a pre-vocational program on cognition, symptoms, and integration to work in schizophrenia. Twelve participants, receiving pharmacological treatment only, were compared to 14 participants, who were part of a pre-vocational program and who received pharmacological treatment on pre and post measures. The work skills training group was offered by an occupational therapist. Results showed statistically significant differences in negative and general symptoms, visual attention, learning, and integration to work when comparing two groups in favour of the program. These results provide evidence of the positive effects of occupational therapy interventions in mental health.

Self Harm

Mannion, Aisling (2009) Self-harm in a dangerous and severely personality disordered population *Journal of Forensic Psychiatry and Psychology* **Volume 20, Issue 2, Pages 322-331**
The present paper reports on a total of 309 incidents of self-harm recorded between October 2004 and September 2007, for a group of male patients deemed to be dangerous and severely personality disordered (DSPD), within the Peaks Unit at Rampton high security hospital. The first part of this paper describes self-harm within this group of patients, to see whether, as well as posing danger to the public, these patients also pose a risk of harm to themselves. Second, the paper investigated the antecedents of the self-harm incidents recorded. Finally, statistical analyses were conducted to assess the relationships between self-harm and patient/environmental characteristics. No significant differences were found between those who self-harmed and those that did not, although some differences were found within the self-harming group. Implications for future research and treatment are discussed.
http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=37222 573&site=ehost-live

Taylor, Tatiana L. et al (2009) Attitudes towards clinical services among people who self-harm: systematic review *British Journal of Psychiatry* **Volume 194, Issue 2, Pages 104-110**
Self-harm is increasingly common in many countries, is often repeated and may have other negative outcomes. Aims: To systematically review people's attitudes towards clinical services following self-harm in order to inform service design and improvement. Method: A search of electronic databases was conducted and experts in the field were contacted in order to identify relevant worldwide qualitative or quantitative studies. Data were extracted independently by two reviewers with more weight given to studies of greater quality and relevance. Results: Thirty-one studies met the inclusion criteria. Despite variations in healthcare systems and setting, participants' experiences were remarkably similar. Poor communication between patients and staff and a perceived lack of staff knowledge with regard to self-harm were common themes. Many participants suggested that psychosocial assessments and access to after-care needed to be improved. Conclusions: Specific aspects of care that might increase service user satisfaction and treatment adherence include staff knowledge, communication and better after-care arrangements. A standard protocol could aid regular audits of users' experiences of services.

Sexual Offenders

Balasundaram, Bharathi; Frazer, John B.; Wood, Peter J.W. (2009) Who are sexual offenders? A survey of pre-trial psychiatric reports *Medicine Science and the Law* **Volume 49, Issue 1, Pages 33-40**
Sexual offending is a serious and growing problem in our society. The aim of the study was to investigate the main characteristics of people charged with sexual offences who presented before the criminal courts. The survey was conducted retrospectively between August 2001 and August

2006 on pre-trial court reports stored in a computer database shared by forensic psychiatrists using The Grange consulting rooms in West Yorkshire. A data collection form was used to gather the characteristics of sexual offenders. The data collected was analysed using descriptive statistics. Our survey revealed the following results. Out of 78 cases evaluated, the commonest sexual offence was against children (68.8%). Thirty-two per cent of those with paedophilic behaviour had a history of childhood sexual abuse. Rape was alleged as the main sexual offence in 27.2% cases. Substance abuse (30.76%) and sexual motivation (42.30%) were the predominant motives for offending behaviour. Low rates of sexual fantasy and sadistic behaviour (8.97%) in our sample could be due to the non-disclosure by sexual offenders. Mental disorder was observed in 7.69% cases. Significant personality factors were observed in 14.10% of the sample. A sexual offending treatment programme was recommended in 57.69% cases. A very high risk of re-offending was recorded in 32.25% cases. Of the total sample, 93.5% were deemed fit to plead.

Frost, Andrew; Ware, Jayson; Boer, Douglas P. (2009) An integrated groupwork methodology for working with sex offenders *Journal of Sexual Aggression* **Volume 15, Issue 1, Pages 21-38**
There is now a considerable literature on the assessment and treatment of sexual offenders. There exists another substantial literature on therapeutic groupwork and its relevance to a range of clinical populations. These bodies of work have made reference to the other in terms of their mutual relevance. However, there has been no comprehensive attempt to apply groupwork theory and principles systematically to work with sex offenders. While this work is generally carried out using a group format and the application of groupwork principles is promoted enthusiastically in the field, the application is underdeveloped both empirically and even more so conceptually. As a result, practices vary greatly. We argue here that a systematic and integrated consideration of the application of groupwork methodology to the treatment of sex offenders has the potential to enhance treatment effectiveness significantly. We conclude with implications for training and clinical practice.
http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=36518275&site=ehost-live

Levenson, Jill S. et al (2009) Perceptions of Sex Offenders About Treatment: Satisfaction and Engagement in Group Therapy *Sexual Abuse: A Journal of Research and Treatment* **Volume 21, Number 1, Pages 35-56**
Surveying the views of sex offender clients can help ensure that treatment is relevant and responsive to client needs. The purpose of this exploratory study is to elicit sec offender clients' perceptions of their experiences in treatment in order to better understand the components of treatment perceived to be helpful in preventing reoffense. Samples (N=338) of male sex offenders in outpatients group therapy are found to be generally satisfied with treatment services and have positive perceptions of treatment effectiveness. Offenders in treatment value the role of group therapy, and they find accountability, victim empathy, relapse prevention, and "good lives" concepts to be most helpful in

managing their behaviour. Their engagement in group therapy is assessed using the Group Engagement Measure, and a positive correlation is found between engagement and treatment satisfaction. Eliciting client opinions about the helpfulness of program content and process, and adjusting treatment protocols accordingly, is consistent with the principles of risk, need, and responsivity, a model recommended for therapeutic interventions with criminal offenders.

Olszewski, Deborah (2009) Sexual assaults facilitated by drugs or alcohol *Drugs: Education Prevention and Policy* Volume 16, Issue 1, Pages 39-52
Over the past 10 years, there has been a rise in the number of reports of drugs being used covertly to incapacitate potential victims for the purpose of sexual assault. However, recent evidence from forensic studies indicates that alcohol is much more commonly implicated in cases of drug facilitated sexual assault (DFSA) when victims are too intoxicated to give consent. Campaigns that warn about the risk of becoming a victim, or even a perpetrator, of sexual assault by excessive use of alcohol are being increasingly promoted as a necessary step in addressing the problem. New recommendations from the UK Advisory Council on the Misuse of Drugs (ACMD) and from the Council of Europe call for better monitoring of drug- and alcohol-facilitated sexual assault. However, public attitudes to sexual assault in the form of stereotyping and victim blaming are prevalent and entrenched and are widely recognized as barriers to reporting this type of crime. Population surveys suggest that up to 20% of women experience some form of sexual assault in their adult lifetime but reporting and conviction rates remain low. Monitoring DFSA will require a raft of changes, including improved methods of forensic analysis and training for police and hospital emergency staff.

Olver, Mark E.; Wong, Stephen C.P.; Nicholaichuk, Terry P. (2009) Outcome Evaluation of a High-Intensity Inpatient Sex Offender Treatment Program *Journal of Interpersonal Violence* Volume 24, Number 3, Pages 522-536
The treatment outcome of a high-intensity inpatient sex offender treatment program was evaluated by comparing the sexual recidivism rates of 472 treated and 282 untreated sex offenders. The program is designed for moderate-to-high-risk offenders and follows the principles of effective correctional treatment. The current investigation is an extension of an earlier study (Nicholaichuk et al 2000) with the addition of 176 participants, an extra 4 years follow-up, and the use of Cox regression survival analysis to control for three potentially confounding variables: age of release, sexual offending history, and length of follow-up. Treated offenders sexually recidivated significantly less than the comparision group over nearly 20 years of follow-up, even after controlling for the aforementioned variables. The substantive findings suggest that treatment adhering to the *what works* principles can reduce long-term sexual recidivism for a moderate-to-high-risk group of sex offenders.

Wilcox, Dan et al (2009) Actuarial risk assessment and recidivism in a sample of UK intellectually disabled sexual offenders *Journal of Sexual Aggression* Volume 15, Issue 1, Pages 97-106

This study examines the effectiveness of three risk assessment instruments: Static-99, Risk Matrix 2000 (RM2000) and the Rapid Risk of Sex Offender Recidivism (RRASOR), in predicting sexual recidivism among 27 intellectually disabled sex offenders. The overall sexual offence reconviction rate was 30%, while non-recidivists remained offence-free over 76 months of follow-up. Static-99 presented as performing as well as guided clinical judgements in mainstream population studies [area under the curve (AUC)=0.64] exceeding the performance of RM2000 (AUC=0.58) in predicting sexual recidivism. However, the results were not statistically significant. In contrast to previous findings, the RRASOR presented the worst level of prediction (AUC=0.42). These results highlight the need to investigate further with larger sample sizes and in conjunction with more dynamic measures of risk. Proposed relevant factors are discussed in detail.
http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=36518278&site=ehost-live

Yates, Pamela M. (2009) Is sexual offender denial related to sex offence risk and recidivism? A review and treatment implications *Psychology, Crime and Law* **Volume 15, Issue 2/3, Pages 183-199**
The present article reviews literature pertaining to denial among sexual offenders and its impact on sexual recidivism and treatment progress. It is concluded that the research does not convincingly demonstrate that denial is a risk factor for re-offending, nor that targeting denial in treatment is associated with improved treatment outcomes. It is argued that denial be viewed instead as a responsivity factor and as a cognitive distortion process that is common among sexual offenders, and that efforts be made to retain these individuals in treatment such that they may potentially reduce their likelihood to re-offend. Suggestions for addressing denial clinically in treatment are made.
http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=37184643&site=ehost-live

Smoke Free

Scots to consult on smoking ban *Mental Health Practice* **Volume 12, Issue 6, Page 4**
Scotland is consulting on banning smoking in psychiatric hospitals and mental health units. Psychiatric wards are among the few places exempt from legislation on smokefree public places introduced in Scotland in March 2006. The Tobacco and Mental Health Advisory Group found that smokefree policies have been successfully implemented in several psychiatric hospitals and units in Scotland. The consultation document says that mental health professionals strongly favour of the ban. The government would like to hear from service users and staff working in psychiatric settings.

Stalking

James, David (2009) Stalking: psychiatric perspectives and practical approaches. Edited by Debra A. Pinals. *Criminal Behaviour and Mental Health* Volume 19, Issue 1, Pages 75-76
The article reviews the book "Stalking: Psychiatric Perspectives and Practical Approaches," edited by Debra A. Pinals.
http://search.ebscohost.com/login.aspx?direct=true&db=sih&AN=36325731&site=ehost-live

Stigma

Mehta, Nisha et al (2009) Public attitudes towards people with mental illness in England and Scotland, 1994-2003 *British Journal of Psychiatry* Volume 194, Issue 3, Pages 278-284
Understanding trends in public attitudes towards people with mental illness informs the assessment of ongoing severity of stigma and evaluation of anti-stigma campaigns. Aims: To analyse trends in public attitudes towards people with mental illness in England and Scotland using Department of Health Attitudes to Mental Illness Surveys, 1994-2003. Method: We analysed trends in attitudes for 2000 respondents in each survey year (6000 respondents in 1996 and 1997) using quota sampling methods and the adapted Community Attitudes Toward the Mentally Ill scale. Results: Comparing 2000 and 2003, there was significant deterioration for 17/25 items in England and for 4/25 items in Scotland. Neither country showed significant improvements in items between 2000 and 2003. Conclusions: Public attitudes towards people with mental illness in England and Scotland became less positive during 1994-2003, especially in 2000-2003, and to a greater extent in England. The results are consistent with early positive effects for the 'see me' anti-stigma campaign in Scotland.

Myers, Fiona et al (2009) *Evaluation of "see me" – the National Scottish Campaign Against the Stigma and Discrimination Associated with Mental Ill-Health*
An evaluation of the operation of "See Me" the national campaign against stigma and discrimination associated with mental ill health, conducted by a consortium led by the Scottish Development Centre for Mental Health
http://www.scotland.gov.uk/Publications/2009/02/02104334/0

Suicide

Callender, John S.; Eagles, John M. (2009) Coping with suicide: a perspective from Scotland: Invited commentary on...Coping with a coroner's Inquest *Advances in Psychiatric Treatment* Volume 15, Issue 1, Pages 17-22
Procedures following suicide differ in Scotland from elsewhere in the UK and we describe the investigation of deaths by procurators fiscal and fatal accident inquiries that may ensue. Higher Scottish suicide rates, and possible reasons for these, are mentioned. Suicide risk cannot be accurately quantified in individual patients but psychiatrists should take

the view that good management can collectively reduce the risk among all patients. We comment on practical and emotional issues for clinicians who are coping with the suicide of a patient.

Treatment

Haddock, Gillian et al (2009) Cognitive-behavioural therapy v. social activity therapy for people with psychosis and a history of violence: randomised controlled trial *British Journal of Psychiatry* **Volume 194, Issue 2, Pages 152-157**
Aggression and violence are serious problems in schizophrenia. Cognitive-behavioural therapy (CBT) has been shown to be an effective treatment for psychosis although there have been no studies to date evaluating the impact of CBT for people with psychosis and a history of violence. Aims: To investigate the effectiveness of CBT on violence, anger, psychosis and risk outcomes with people who had a diagnosis of schizophrenia and a history of violence. Method: This was a single-blind randomised controlled trial of CBT v. social activity therapy (SAT) with a primary outcome of violence and secondary outcomes of anger, symptoms, functioning and risk. Outcomes were evaluated by masked assessors at 6 and 12 months (trial registration: NRR NO50087441). Results: Significant benefits were shown for CBT compared with control over the intervention and follow-up period on violence, delusions and risk management. Conclusions: Cognitive-behavioural therapy targeted at psychosis and anger may be an effective treatment for reducing the occurrence of violence and further investigation of its benefits is warranted.

Kim, Scott Y.H. (2009) People admitted to psychiatric hospitals commonly lack the mental capacity to make treatment decisions *Evidence Based Mental Health* **Volume 12, Issue 1, Page 31**
Question: What proportion of people admitted to psychiatric hospitals have the mental capacity to make decisions on treatment?
Population: 350 people consecutively admitted for psychiatric care. Exclusions: no written informed consent; change in choice or resistance to assessment; residence outside catchment area or transferred from other inpatient facilities.
Setting: Three general adult psychiatric wards serving an inner city area, Maudsley Hospital, London, UK; February 2006–June 2007.
Assessment: Information on patient's presenting problems, diagnosis and treatment plan were obtained from medical records. The clinical researcher ascertained whether the main decision about treatment was stabilisation with drugs, admission to a place of safety or further assessment. Decision about a patient's mental capacity was based on a clinical assessment and the McArthur competence assessment tool for treatment. The McArthur tool consists of an interview in which the interviewer assesses the participant's ability to understand, appreciate, reason and express choice about their decision.

Taylor, David M. et al (2009) Reasons for discontinuing clozapine: matched, case-control comparison with risperidone long-acting injection *British Journal of Psychiatry* **Volume 194, Issue 2, Pages 165-167**

Clozapine has a range of serious adverse effects that may give rise to an increased risk of death. Aims: To compare reasons for discontinuation of clozapine with reasons for discontinuation of risperidone long-acting injection in age-matched individuals treated in the same clinical environment. Method: Comparison of patients receiving clozapine and an age-matched control group receiving risperidone injection. Results: We established outcome for 529 consecutive patients receiving clozapine and 250 receiving risperidone (161 discontinuers from each group were compared). Adverse effects (odds ratio OR=2.19, 95% CI 1.31-3.67) and death (OR=7.0, 95% CI 2.09-23.5) were more commonly observed as reasons for discontinuation of clozapine than of risperidone. Clozapine was less likely to be withdrawn because of ineffectiveness than was risperidone (OR=0.034, 95% CI 0.01-0.14). Standardised mortality ratio (SMR) was significantly raised for patients receiving clozapine (SMR=4.17, 95% CI 2.78-6.26). Pneumonia was the most common single cause of death. Conclusions: Clozapine use in patients with severe mental illness was associated with a significantly increased risk of death compared with that for the general population. Causation could not be established. Adverse effects and death are common causes of clozapine discontinuation.

Vuckovich, Paula, K. (2009) Strategies Nurses Use to Overcome Medication Refusal by Involuntary Psychiatric Patients *Issues in Mental Health Nursing* **Volume 30, Issue 3, Pages 181-187**

Nurses seem to play an important role in assisting involuntarily hospitalized psychiatric patients to accept medication. The initial aim of this study was to develop a theoretical understanding of strategies nurses use to overcome medication non-acceptance in involuntary psychiatric patients using a grounded theory approach. Interviews (n = 17) were conducted with psychiatric nurses in inpatient settings. Data analysis using the constant comparative method and validation by nursing literature identified four key themes: Engagement, formulating a therapeutic relationship, finding out why, and persistently trying everything. These themes were frequently encountered in descriptions of getting patients to take medications. The findings indicate that psychiatric nurses use varied and individualized techniques to convince involuntary patients to take their medications.
http://search.ebscohost.com/login.aspx?direct=true&db=byh&AN=37154785&site=ehost-live

Washington State Institute for Public Policy (2009) *The Dangerous Mentally Ill Offender Program: Four-Year Felony Recidivism and Cost Effectiveness*
http://www.wsipp.wa.gov/rptfiles/09-02-1901.pdf

Trends

Hartvig, Pal; Kjelsberg, Ellen (2009) Penrose's Law revisited: The relationship between mental institution beds, prison population and crime rate *Nordic Journal of Psychiatry* **Volume 63, Issue 1, Pages 51-56**
In 1939, Lionel Penrose published a cross-sectional study from 18 European countries, including the Nordic, in which he demonstrated an inverse relationship between the number of mental hospital beds and the number of prisoners. He also found strong negative correlations between the number of mental hospital beds and the number of deaths attributed to murder. He argued that by increasing the number of mental institution beds, a society could reduce serious crimes and imprisonment rates. The aim of the study was to test Penrose's theories longitudinally by monitoring the capacity of all psychiatric institutions and prisons in a society over time. From official statistics, we collected and systematized all relevant information regarding the number of mental institution beds and prisoners in Norway during the years 1930-2004, along with major crime statistics for the same period. During the years 1930-59, there was a 2% population-adjusted increase in mental institution beds and a 30% decrease in the prison population. During 1960-2004, there was a 74% population-adjusted decrease in mental institution beds and a 52% increase in the prison population. The same period saw a 500% increase in overall crime and a 900% increase in violent crimes, with a concurrent 94% increase in the size of the country's police force. Penrose's law proved remarkably robust in the longitudinal perspective. As opposed to Penrose, however, we argue that the rise in crime rates only to a very limited extent can be attributed to mental health de-institutionalization.
http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=36243969&site=ehost-live

Tribunals

Dobbie, Fiona et al (2009) *An Exploration of the Early Operation of the Mental Health Tribunal for Scotland*
A report and analysis stakeholder of views on the operation of the Mental Health Tribunal Service in the first years of its operation.
http://www.scotland.gov.uk/Publications/2009/03/09142506/0

Ross, Margaret et al (2009) *Report on Evaluation of Tribunal Training in Scotland*
The report presents an analysis of the current training needs for chairs and members of Scottish tribunals.
http://www.scotland.gov.uk/Publications/2009/01/21145945/0

Violence

Covell, Nancy H. (2009) Antipsychotic medications do not differ substantially in ability to reduce violent behaviour in people with schizophrenia *Evidence Based Mental Health* **Volume 12, Issue 1, Page 13**

Question: Do antipsychotic medications differ in the ability to reduce violent behaviour in people with schizophrenia?
Patients: 1493 adults with schizophrenia (DSM-IV), aged 18–65 years. Detailed inclusion and exclusion criteria are not reported in this article.
Setting: The NIMH Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) project; 57 US sites (academic and community); January 2001–December 2004.
Intervention: Olanzapine (7.5 mg capsule), quetiapine (200 mg capsule), risperidone (1.5 mg), perphenazine (8 mg capsule) or ziprasidone (40 mg capsule). Doses were altered according to clinical judgement, with up to 4 capsules given daily.
Outcomes: Primary outcome: change in violent behaviour from baseline to 6 months (MacArthur Community Violence Interview—a combined measure of minor (eg, assault without injury) and serious (eg, assault with a weapon) violent behaviours). Information was collected from both the participant and family members.

Day, Andrew et al (2009) Assessing Treatment Readiness in Violent Offenders *Journal of Interpersonal Violence* Volume 24, Number 4, Pages 618-635
Although violent offenders are widely considered to be difficult to engage in therapeutic change, few methods of assessing treatment readiness currently exist. In this article the validation of a brief self-report measure designed to assess treatment readiness in offenders who have been referred to violent offender treatment programs in described. The measure, which is an adaptation of a general measure of treatment readiness developed in a previous work, displayed acceptable levels of convergent and discriminant validity and was able to successfully predict treatment engagement in violent offender treatment. These results suggest that the measure has utility in the assessment of treatment readiness in violent offenders.

Hamrin, Vanya; Iennaco, Joanne; Olsen, Douglas (2009) A Review of Ecological Factors Affecting Inpatient Psychiatric Unit Violence: Implications for Relational and Unit Cultural Improvements *Issues in Mental Health Nursing* Volume 30, Issue 4, Pages 214-226
This review examines the research on ecologic factors that may contribute to or lessen the likelihood of inpatient unit violence. Understanding these factors can provide psychiatric inpatient unit staff with valuable therapeutic relational and cultural strategies to decrease violence. International and US studies from OVID Medline, CINAHL, and PsycInfo that evaluated aggression and violence on psychiatric inpatient units between 1983 and 2008 were included in this review. The review revealed that violence results from the complex interactions among the patient, staff, and culture of the specific unit. Inpatient psychiatric staff can decrease the potential for violence by using therapeutic relationship strategies such as using good communication skills, advocating for clients, being available, having strong clinical assessment skills, providing patient education, and collaborating with patients in treatment planning. Cultural improvements include providing meaningful patient activities and appropriate levels of stimulation and unit staffing.

Hodgins, Sheilagh; Viding, Essi; Plodowski, Anna (2009) *The Neurological Basis of Violence: Science and Rehabilitation* **Oxford University Press ISBN: 978-0-19-954353-3**
Covers a range of topics from basic neuroscience to treatment and prevention, providing a wide overview of knowledge about the causes of violent offending, effective rehabilitation, and prevention.

Serin, Ralph C.; Gobeil, Renee, Preston, Denise L. (2009) Evaluation of the Persistently Violent Offender Treatment Program *International Journal of Offender Therapy and Comparative Criminology* **Volume 53, Number 1, Pages 57-73**
The treatment of violent offenders has evolved in recent years, shifting from interventions focused on anger management to those incorporating social information processing skills. The present study was a multimethod evaluation of one such program, the Persistently Violent Offender program. A total of 256 Canadian male violent offenders participated in the study; 70 Persistently Violent Offender program completers were compared to two control groups who completed an alternate program and to 48 offenders who failed to complete either program. Results demonstrate few differences among groups in terms of changes on measures of treatment targets, involvement in institutional misconducts, and postrelease returns to custody, thus demonstrating that the Persistently Violent Offender programme was superior to neither the alternate program nor program noncompletion. These results are discussed in light of the findings from two more promising recent evaluations of similar programs.

Walker, Julian S.; Bright, Jenifer, A. Cognitive therapy for violence: reaching the parts that anger management doesn't reach *Journal of Forensic Psychiatry and Psychology* **Volume 20, Issue 2, Pages 174-201**
In forensic clinical settings, the most popular model for working with violence has been anger management, which uses a cognitive behavioural approach to explain how stimuli may cause anger via a series of information processing biases. There seem to be a variety of cognitions and thinking processes that are either more common or more extreme in individuals who behave violently. Despite concerns about meta-analytic reviews of treatment effectiveness, and reservations about the relevance of anger management for reducing violence and reoffending, its use is widely advocated in prison and secure settings. We have suggested that low self-esteem is central to violence rather than high self-esteem, but that self-esteem may appear high. Combining cognitive behavioural and psychodynamic approaches produces a formulation that can be used for treatment incorporating not only emotional and behavioural work but also reconstruction of core beliefs and dysfunctional assumptions (rules). It is proposed that because important cognitions relating to violence also relate to self-esteem and the protection of (false inflated) low self-esteem in the face of humiliation, any intervention for violence must also account for a fragile inner sense of self-esteem which, it is proposed, has a causal

relationship (along with other factors) with violence. The approach presented here includes a number of core therapeutic tasks. A case study is described to demonstrate its application. It offers a structured but flexible and individually tailored approach to working clinically with violence.
http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=37222571&site=ehost-live

Walker, Julian S.; Bright, Jenifer, A. False inflated self-esteem and violence: a systematic review and cognitive model *Journal of Forensic Psychiatry and Psychology* **Volume 20, Issue 1, Pages 1-32**
Traditionally, much research into violence has focussed on risk factors rather than on perpetrators' perspectives on their violent acts and the powerful psychological influences on those individuals' violent behaviour. In forensic settings, the most popular model for working with violence has been anger management, which uses a cognitive behavioural approach to explain how triggers may cause anger and violence via a series of information processing biases. Interestingly, an area that receives less attention in the cognitive behavioural literature on violence and anger is the role of embarrassment and humiliation ('dis'respect), and their opposites respect and pride (or healthy self-esteem). However, psychodynamic perspectives put humiliation at the centre of causes of violence, coupled with coping and social problem-solving deficits resulting from disrupted attachments. Despite the absence of a focus on self-esteem in models of and treatments for aggression and violence, there is some recent research evidence that suggests a complicated relationship between the two, but generally favours a link between low self-esteem and violence. This paper systematically reviews studies from the last 20 years evaluating the relationship between self-esteem and violence. A theoretical model is subsequently presented in an attempt to integrate ideas about self-esteem, 'machismo', and violence. It is proposed that important cognitions relating to violence also relate to self-esteem and the (arrogant or aggressive) protection of low self-esteem in the face of humiliation. Violence can be seen as a 'macho' response which allows the perpetrator to express and discharge unpleasant feelings associated with threat, and simultaneously serves a 'social' function by injuring the victim who provoked the assault, demonstrating strength to others, and restoring some level of 'pride' (saving face).

Voluntary Organisations

Scottish Association for Mental Health (2009) *Crunch time for Scotland's mental health: a SAMH report*
In 2009, SAMH surveyed 376 people on their experiences of the "credit crunch" and its effect on their mental health. The research found that those who had been affected by the credit crunch in at least one of the nine specified ways were up to eight times more likely to have sought help for a mental health problem for the first time.
http://www.samh.org.uk/assets/files/367.pdf

Solomon, Susan; Fraser, Oonagh (2009) *Breathing Space Telephone Advice Line: Omnibus Survey Evaluation of Public Awareness*
This explores the findings of an omnibus survey examining public awareness in Scotland of Breathing Space - a telephone service for those experiencing low mood, depression or anxiety - and examines recall of the service's advertising.
http://www.scotland.gov.uk/Publications/2009/01/30112003/0

Ward Atmosphere

Jorgensen, K.N. et al (2009) Associations between ward atmosphere, patient satisfaction and outcome *Journal of Psychiatric and Mental Health Nursing* **Volume 16, Issue 2, Pages 113-120**
Associations between ward atmosphere, patient satisfaction and outcome Previous studies have found important associations between the ward atmosphere and patient satisfaction. However, fewer studies have examined the relationship between ward atmosphere and outcome of treatment. The aim of the study was to examine whether or not differences in ward atmosphere were associated with differences in satisfaction and outcome. Eighty patients at three different ward units responded to a questionnaire at admission and by the time of discharge from the hospital. The questionnaire comprised the ward atmosphere scale, a five-item index of patient satisfaction, the Generalized Self-Efficacy Scale, an index of life satisfaction and the symptom checklist SCL-90R. The results showed that differences in the treatment environment between the ward units were associated with differences in patient satisfaction. There was mixed evidence for associations between ward atmosphere and outcome, while no associations were found between ward atmosphere and self-efficacy and life satisfaction. The results may suggest that the relationship between ward atmosphere and outcomes of treatment may be of a more indirect character than the relationship between ward atmosphere and satisfaction.

A personal recovery-oriented mental health service is organised to support individuals to undertake the four recovery tasks, underpinned by an emphasis on relationships. The central differences between recovery-oriented and traditional practice have been considered by several authors with experience of trying to implement pro-recovery service change[4-8], and some points of variation are shown in Table 1. 2. For other staff, their presence leads to increased awareness of personal values. Interacting with peer colleagues challenges stigmatising them-and-us beliefs within services in a natural rather than forced way. 3. For other service users, exposure to peer support specialists provides visible role models of recovery – a powerful creator of hope. Mental health professionals who accept referrals for forensic evaluations must be aware of key principles or issues pertaining to competent and ethical practice. These principles apply regardless of whether one is practicing in civil or criminal arenas, and include considerations such as the distinction between therapeutic and forensic assessment; the use of general psychological tests and specialized forensically relevant instruments and forensic assessment instruments; reliance on archival and third-party information; routine consideration or focused evaluation of response style, including m