



FORENSIC MENTAL HEALTH SERVICES MANAGED CARE NETWORK

**Current Awareness bulletin:  
Forensic mental health services  
Issue 9  
August 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.

<b>Contents:</b>	
<b>Disclosure</b>	<b>3</b>
<b>Exercise</b>	<b>3</b>
<b>Forensic Practice</b>	<b>3</b>
<b>Learning Disabilities</b>	<b>4</b>
<b>Legislation</b>	<b>5</b>
<b>Long Term Conditions</b>	<b>5</b>
<b>Mental Health Nursing</b>	<b>6</b>
<b>Occupational Therapy</b>	<b>6</b>
<b>Offenders</b>	<b>8</b>
<b>Patients</b>	<b>10</b>
<b>Personality Disorders</b>	<b>10</b>
<b>Physical Intervention</b>	<b>11</b>
<b>Policy</b>	<b>11</b>
<b>Prisons</b>	<b>12</b>
<b>Recovery</b>	<b>12</b>
<b>Risk Assessment</b>	<b>13</b>
<b>Schizophrenia</b>	<b>14</b>
<b>Security</b>	<b>15</b>
<b>Self Harm</b>	<b>15</b>
<b>Sex Offenders</b>	<b>16</b>
<b>Smoke Free</b>	<b>17</b>

<b>Stalking</b>	<b>18</b>
<b>Treatment</b>	<b>18</b>
<b>Treatment Manuals</b>	<b>19</b>
<b>Violence</b>	<b>20</b>
<b>New Books</b>	<b>21</b>

## Disclosure

**Bos, Arjan E.R. (2009) Mental Illness Stigma and Disclosure: Consequences of Coming out of the Closet *Issues in Mental Health Nursing* Volume 30, Issue 8, Pages 509-513**

The present study investigated disclosure patterns among mental health consumers (N = 500) and examined the relationships among disclosure, perceived stigmatization, perceived social support, and self-esteem. Results suggest that selective disclosure optimizes social support and limits stigmatization. Perceived stigmatization has a detrimental impact on self-esteem, especially for those who are relatively open about their mental disorder.

<http://search.ebscohost.com/login.aspx?direct=true&db=byh&AN=43051179&site=ehost-live>

## Exercise

**Mental Health Foundation (2009) *How to look after your mental health using exercise***

This is a booklet by the Mental Health Foundation aimed at patients. Looking after your wellbeing helps you get the most out of life. Exercise and physical activity play a crucial role in how you feel about yourself and life. Whatever your age, the benefits of an active lifestyle can soon be felt. This booklet explains why exercise is important, suggests how you can get started and stay motivated.

<http://www.mhf.org.uk/publications/?entryid5=72791&cid=684286&p=13&char>ShowAll>

## Forensic Practice

**Cooke, David J.; Michie, Christine (2009) Limitations of Diagnostic Precision and Predictive Utility in the Individual Case: A Challenge for Forensic Practice *Law and Human Behavior* Mar 11 2009**

Knowledge of group tendencies may not assist accurate predictions in the individual case. This has importance for forensic decision making and for the assessment tools routinely applied in forensic evaluations. In this article, we applied Monte Carlo methods to examine diagnostic agreement with different levels of inter-rater agreement given the distributional characteristics of PCL-R scores. Diagnostic agreement and score agreement were substantially less than expected. In addition, we examined the confidence intervals associated with individual predictions of violent recidivism. On the basis of empirical findings, statistical theory, and logic, we conclude that predictions of future offending cannot be achieved in the individual case with any degree of confidence. We discuss the problems identified in relation to the PCL-R in terms of the broader relevance to all instruments used in forensic decision making.

**Laing, Robert et al (2009) Application of a Model for the Development of a Mental Health Service Delivery Collaboration Between Police and the Health Service *Issues in Mental Health Nursing* Volume 30, Issue 5, Pages 337-341**

Changing societal trends have revealed an increased prevalence of mental illness and diminished health resources from which to offer services. This has led to a need to develop new and more efficient police and health service models of practice. Services offered by the police department in the management of mental health crisis in the community are essential in minimising the risk of individuals with mental health problems causing harm to themselves or a member of the public. In addressing the difficulties associated with police playing an important role in the management of mental health crisis in the community, but having little training in mental health issues, this paper discusses a proposed innovation for New South Wales police in Australia through the development of a Crisis Intervention Team model.

<http://search.ebscohost.com/login.aspx?direct=true&db=byh&AN=39567020&site=ehost-live>

## **Learning Disabilities**

**Gibson, Tim (2009) People with learning disabilities in mental health settings *Mental Health Practice* Volume 12, Issue 7, Pages 30-33**

Government policy proposes that health care for people with learning disabilities should be available in mainstream services, and disability discrimination legislation supports that intention. But mental health services and the staff working in them may not be adequately prepared to offer appropriate care to learning disabled people. This article considers a range of issues pertaining to people with learning disabilities who have mental health needs, including prevalence, service provision and staff skills. It concludes that enabling mental health workers to understand and enhance the knowledge they have will benefit learning disabled clients, as will closer co-operation with learning disability services.

<http://proquest.umi.com/pqdweb?did=1702293611&sid=1&Fmt=3&clientId=57473&RQT=309&VName=PQD>

**Lindsay, William R. (2009) Adaptations and Developments in Treatment Programmes for Offenders with Developmental Disabilities *Psychiatry, Psychology and Law* Volume 16, Supplement, Pages S18-S35**

This article reviews the development and evaluation of treatment programmes for offenders with intellectual and developmental disabilities (ID). Prevalence studies have shown that a significant percentage of individuals in the criminal justice system have ID and that around 50% of those individuals, if untreated, will go on to re-offend. Over the past 15-20 years, adaptations have been made to assessments that are relevant to offending issues. These include assessments for anger and aggression, a range of psychiatric symptoms, sexual offending and criminal thinking. Generally, the results have been positive, with assessments showing good reliability, internal consistency and the integrity of the factor structures.

Adaptations to treatment methods include simplification of communication and the methods of cognitive therapy, alternations in the use of recording and assessment techniques and promoting motivation in participants. A review of a range of treatment interventions showed that successful case studies have been reported in the fields of anger and violence, inappropriate sexual behaviour, fire-raising and social problem-solving/criminal thinking. Controlled trials have produced robust results in showing the effectiveness of programmes for anger and violence. Controlled comparisons also suggest the effectiveness of sex offender treatment programmes, although the integrity of these studies is not as good as that of the work on anger and violence. In other areas there is a dearth of experimental controlled validation of the effectiveness of programmes. With regard to long-term follow-up, sex offender programmes and anger management programmes have been shown to produce significant reductions in offending up to 12 years after referral.

**Scottish Government (2009) *Adults with Learning Disabilities and the Criminal Justice System: Their Rights and our Responsibilities***

Report on the summit held on adults with learning disabilities within the criminal justice system.

<http://www.scotland.gov.uk/Publications/2009/05/27142208/0>

## Legislation

**Ridley, Julie et al (2009) *Experiences of the Early Implementation of the Mental Health (Care and Treatment) (Scotland) Act, 2003: A Cohort Study***

This report explores the experiences of service users, their carers, and a range of service professionals living and working with the new Act and compare experiences of the new Act with expectations expressed prior to the implementation of the new Act. The report identifies a number of issues for future development of mental health law and the involvement of service users.

<http://www.scotland.gov.uk/Publications/2009/05/06155847/0>

## Long Term Conditions

**Scottish Government (2009) *Long Term Conditions Collaborative: Improving Self Management Support***

Ten approaches to help you deliver better outcomes and an enhanced experience of care for people living with long term conditions through self management.

<http://www.scotland.gov.uk/Publications/2009/06/02153313/0>

## Mental Health Nursing

**Harnett, P.J.; Bowles, N.; Coughlan, A. (2009) Refocusing acute psychiatry, performance management, standards and accountability, a new context for mental health nursing *Journal of Psychiatric and Mental Health Nursing* Volume 16, Issue 5, Pages 434-439**

The term 'performance management' has an aversive 'managerial' aspect, is unappealing to many public sector staff and has an 'image problem'. Perhaps as a consequence, it has failed to make a significant impact on Irish public sector workers, notably mental health nurses. In this paper, performance management is introduced and examined within an Irish healthcare context and with reference to its use in other countries. Some of the challenges faced by Irish mental health nurses and the potential benefits of working within a performance managed workplace are discussed. The paper concludes that performance management is likely to increasingly affect nurses, either as active agents or as passive recipients of a change that is thrust on them. The authors anticipate that the performance management 'image problem' will give way to recognition that this is a fundamental change which has the potential to enable health services to change. This change will bring high standards of transparency, worker involvement in decision making, an explicit value base for health services and individual teams. It provides the potential for clear practice standards and high standards of transparency as well as worker welfare in all aspects, including supporting employment and career progression.

## Occupational Therapy

**Asmundsdottir, Elin Ebba (2009) Creation of New Services: Collaboration Between Mental Health Consumers and Occupational Therapists *Occupational Therapy in Mental Health* Volume 25, Issue 2, Pages 115-126**

In order to improve policies and practice in mental health services, a study was carried out in Iceland to explore users' perspectives about recovery. Qualitative research methods were used with a diverse cross-section of subjects who considered themselves "survivors" of mental illness. The study identified supports and barriers to recovery from the user's perspective. A group of users and occupational therapists worked together to utilize the results and create new ideas in service delivery for individuals with mental health problems. They expanded their partnership by involving occupational therapy students to work on a quality assurance project. This collaboration has already promoted the development of new services in Iceland, which are driven by user's perspectives on recovery and empowerment and concepts from the Model of Human Occupation.

**Chan, Ashley, S.M.; Tsang, Hector, W.H.; Li, Sally, M.Y. (2009) Case Report of Integrated Supported Employment for a Person With Severe Mental Illness *American Journal of Occupational Therapy* Volume 63, Issue 3, Pages 238-244**

Objective: We illustrate the implementation of an integrated supported employment (ISE) program that augments the individual placement and

support model with social skills training in helping people with severe mental illness (SMI) achieve and maintain employment. Method: A case illustration demonstrates how ISE helped a 41-year-old woman with SMI to get and keep a job with support from an employment specialist. An independent, blinded assessor conducted data collection of employment information, including self-efficacy and quality of life, at pretreatment and at 3-month, 7-month, 11-month, and 15-month follow-up assessments. Results: The participant eventually stayed in a job for 8 months and reported improved self-efficacy and quality of life. Conclusion: The case report suggests that ISE could improve the employment outcomes of people with SMI. Moreover, changes in the participant's self-efficacy and quality of life were shown to be driven by the successful employment experience.

<http://proquest.umi.com/pqdlink?did=1728549231&sid=2&Fmt=3&clientId=57473&RQT=309&VName=PQD>

**Cook, Sarah; Chambers, Eleni (2009) What helps and hinders people with psychotic conditions doing what they want in their daily lives *British Journal of Occupational Therapy* Volume 72, Issue 6, Pages 238-248**

It is important for people to do what they want in their daily lives and this is embedded in concepts of recovery, rehabilitation, social inclusion and quality of life. To research what helps and hinders people with psychotic conditions to do what they want, 24 people already engaged in a trial of occupational therapy were interviewed by a service user researcher. The qualitative methods used framework analysis. The findings described what the participants appreciated about occupational therapy and how other workers sometimes delivered occupational therapy type interventions. As well as therapy, multifarious factors appeared to have an impact on people's choices and actions and these reiterated the findings from prior studies. These internal and external factors combined in complex relationships. People felt particularly vulnerable when staff behaved uncaringly and with disrespect because this replicated past traumas, stigmatisation and rejection. The participants revealed how important it was for staff to pitch their interventions right for them at the time. The study led to suggestions that occupational therapists refine their artistry in order to hone their interventions to suit the individual, follow guidance on developing therapeutic relationships and recovery-focused capabilities, enhance caring by getting support themselves and employ critical thinking to challenge organisational barriers and their profession's rhetoric.

**Farrell, Carol; Bryant, Wendy (2009) Voluntary work for adults with mental health problems: a route to inclusion? A review of the literature *British Journal of Occupational Therapy* Volume 72, Issue 4, Pages 163-173**

Voluntary work is seen as a key component of promoting mental health through social inclusion. For many years, occupational therapists have worked in partnership with voluntary organisations to facilitate access for service users to voluntary placements. Yet there is little published evidence to support this aspect of occupational therapy or to indicate

specific successful strategies, especially in establishing successful placements beyond mental health services. This review examined the existing evidence, discussing the implications for occupational therapy. The findings indicate a need for further research to ascertain the benefits of volunteering, the barriers and the ways to improve access for people with mental health problems. Occupational therapists, enabling and client-centred practice (Townsend and Wilcock 2004), should be well placed to be able to respond to these issues, yet the literature does not provide evidence that they have risen to the challenge.

**Farrell, Carol; Bryant, Wendy (2009) Voluntary work for adults with mental health problems: an exploration of the perspectives of recruiters *British Journal of Occupational Therapy* Volume 72, Issue 5, Pages 188-196**

Volunteering is often considered with people with mental health problems as a route to social inclusion and paid employment. In order to gain access to volunteering opportunities, liaison is required with voluntary organisations and their representatives, who are known as recruiters. This qualitative study explored the views of nine recruiters of volunteers, focusing on their perspectives on mental health problems and drawing on their experiences of recruiting people with mental health problems. The aim was to inform recommendations for strategies that might improve future placements. A purposive sample of nine recruiters from a London borough participated in semi-structured interviews. The data were analysed using interpretative phenomenological analysis. The findings suggest that volunteer organisations reflect wider experiences of stigma and social exclusion within society. Although some recruiters attempted to be accommodating, significant barriers existed and led to a system of occupational apartheid. Overcoming this situation requires partnerships between occupational therapists, service users and voluntary organisations, working closely to secure a more inclusive place in society for people with mental health problems.

## Offenders

**O'Connor, Michelle (2009) The effectiveness of cognitive behavioural based group therapy in the reduction of risk behaviours amongst mentally disordered offenders *Forensic Update* Number 97**

**Perry, Amanda E. et al (2009) The Effectiveness of Interventions for Drug-Using Offenders in the Courts, Secure Establishments and the Community: A Systematic Review *Substance Use and Misuse* Volume 44, Issue 3, Pages 374-400**

Interventions for drug-using offenders are employed internationally to reduce subsequent drug use and criminal behavior. This paper provides information from a systematic review of 24 randomized controlled trials (RCTs) conducted between 1980 and 2004. Thirteen of the 24 trials were included in a series of meta-analyses, and tentative conclusions are drawn on the basis of the evidence. Pretrial release with drugs testing and intensive supervision were shown to have limited success when compared



to routine parole and probation, with effect sizes favoring routine parole and probation. Therapeutic community interventions showed promising results when compared to dispensation of treatment to individuals as usual, reducing risk of future offending behavior. A few studies evaluated the effectiveness of assertive case management and other community-based programs, but due to the paucity of information few inferences could be drawn from these studies. Little is known about the cost and cost effectiveness of such interventions, and the development of established protocols is required.

<http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=36460320&site=ehost-live>

**Scottish Government (2009) *Balancing Risk and Need: Review of the decision to send Brian Martin to open conditions in the light of his subsequent absconding from the Open Estate on 18 May 2009 and issues highlighted as a consequence***

Independent review of open prison estate.

<http://www.scotland.gov.uk/Publications/2009/06/23145616/9>

**Sellen, Joselyn Liza et al (2009) Validity of the offender version of the Personal Concerns Inventory with adult male prisoners**  
***Psychology Crime and Law* Volume 15, Issue 5, Pages 451-468**

Measuring offenders' motivation for treatment is important, yet few measures exist. The Personal Concerns Inventory (PCI), a goal-based assessment, was adapted for offenders by including items relating to offending and prison. The psychometric properties of the resulting Personal Concerns Inventory: Offender Adaptation (PCI-OA) were examined with 129 adult male prisoners. The two factors of the original PCI were replicated and analysis including the new PCI-OA items gave a three-factor solution: adaptive and maladaptive motivation and lack of direction. The adaptive and maladaptive factors were similar to those of the original PCI but showed poorer internal consistency, as did the lack of direction factor. Tests of concurrent validity upheld both the PCI and the PCI-OA factors. Both the PCI and the PCI-OA detected some modest changes over the course of treatment, with the PCI appearing more sensitive to change. We conclude that, although the original PCI has better psychometric properties, it remains important to identify the impact of offending on attainment of life goals. Hence, we believe that the PCI-OA will still be useful, albeit in a slightly different format from that described here. Importantly, offenders' motivational structure appears similar to that of other populations, providing a basis for further investigation of offenders' motivational structure.

<http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=41880416&site=ehost-live>

**Social Work Inspection Agency, HM Inspectorate of Constabulary for Scotland, HM Inspectorate of Prisons (2009) *Report on the inspection of the assessment and management offenders who present a high risk of serious harm by SWIA, HMICS, and HMIP***

A joint report by the Social Work Inspection Agency, HM Inspectorate of Constabulary for Scotland and HM Inspectorate of Prisons.

<http://www.scotland.gov.uk/Publications/2009/06/16141627/0>

**Taylor, Jeanette et al (2009) Recidivism in subgroups of severe male juvenile offenders *Psychology Crime and Law* Volume 15, Issue 5, Pages 395-408**

Prior research is lacking on the incremental contribution of juvenile offender classification systems in predicting recidivism. To address this gap, the present study examined a five-group classification system of severe adolescent male offenders based on the personality and clinical scales of the Millon Adolescent Clinical Inventory (MACI). Group membership was used to predict adult recidivism while controlling for criminal history. Male juvenile offenders classified as anxious/impulsive were less frequent recidivists than most other groups and had fewer charges after release than some other groups. Offenders classified into the psychopathy group were notable for their high rate of recidivism (nearly 50%). These results highlight the potential utility of offender classification systems for informing risk assessments among severe male juvenile offenders.

<http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=41880420&site=ehost-live>

## Patients

**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'.

## Personality Disorder

**Huang, Yueqin et al (2009) DSM-IV personality disorders in the WHO World Mental Health Surveys *British Journal of Psychiatry* Volume 195, Issue 1, Pages 15-22**

Feedback of treatment outcome during the course of therapy (outcome management) is increasingly considered to be beneficial for improving the quality of mental healthcare. Aims: To review the impact of feedback of outcome to practitioners and/or patients in specialist mental health services. Method: A systematic search and meta-analysis of controlled trials using outcome management in mental health services published in English or German language. Results: Twelve studies met inclusion criteria. Feeding back outcome showed a small, but significant ( $d = 0.10$ ; 95% CI 0.01-0.19) positive short-term effect on the mental health of individuals that did not prevail in the long run. Subgroup analysis revealed

no significant differences regarding feedback modalities. Outcome management did not contribute to a reduction of treatment duration. Conclusions: Evidence on the effects of outcome management in mental healthcare is promising. More targeted research is needed in order to identify the effective ingredients of outcome feedback and to assess its cost-effectiveness.

**Tyrer, Peter (2009) Why borderline personality disorder is neither borderline nor a personality disorder *Personality and Mental Health* Volume 3, Issue 2, Pages 86-95**

Objectives: Borderline personality disorder is the most well-studied personality disorder in psychiatry. Despite its great influence in the study of these conditions, it has not been properly recognised that borderline personality disorder is atypical. Design: A critical analysis of the differences between borderline and other personality disorders is made. Method: A comparison is made between borderline personality disorder and other personality disorders with respect to diagnostic criteria, relationship to normal personality variation and treatment options. Results: Analysis of the operational criteria for borderline and schizotypal personality disorders shows that these are the only personality disorders that are dominated by discrete symptoms rather than traits. Cluster analysis of a data set of personality traits obtained between 1976 and 1978 (before borderline personality disorder became fashionable in the UK) could find no profile that supports the existence of a borderline personality disorder grouping, and the study of published papers on treatment in personality disorder shows a 3:1 ratio for borderline personality disorder compared with all other personality disorders combined, approaching 9:1 when unspecified (probably mainly borderline) conditions are taken into account. Conclusions: Borderline personality disorder is incorrectly classified as a personality disorder and does an injustice to those who suffer from it. It is better classified as a condition of recurrent unstable mood and behaviour, or fluxithymia, which is better placed with the mood disorders than in odd isolation as a personality disorder.

## Physical Intervention

**Larue, C. et al (2009) Factors influencing decisions on seclusion and restraint *Journal of Psychiatric and Mental Health Nursing* Volume 16, Issue 5, Pages 440-446**

Seclusion with or without restraint is a measure for managing aggressive or agitated clients and promoting site security, particularly in an emergency psychiatric setting. The decision to control a potentially dangerous person's behaviour by removal or seclusion seems ethically justifiable in such a setting. However, although the decisions on these restrictive measures are based on rational needs, they are also influenced by the healthcare team's perceptions of the client and by the characteristics of the team and the environment. The purpose of this paper is to set out and categorize the factors in play in aggression- and agitation-management situations as perceived by the healthcare teams, particularly the nurses. The first part of the paper deals briefly with the

settings in which control measures are applied in a province in eastern Canada and the effect of such measures on patients and healthcare teams. The second part identifies the factors involved in the management of agitation and aggression behaviour. The final part discusses the current spin-offs from this knowledge as well as promising paths for further research on the factors involved. The ultimate objective is to reduce recourse to coercive measures and enhance professional practices.

## Policy

**Keating, Joanna (2009) Mental Health Division Policy and Legislation Team: Update from the Scottish Government Newsletter for Mental Health Officers in Scotland Issue 20, Pages 6-8**

<http://www.strath.ac.uk/media/departments/glasgowschoolofsocialwork/cw/mhoneWSletter/mhoneWSletter20.pdf>

**Scottish Government (2009) *Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009-2011***

This policy and action plan outlines the Government's plans for mental health improvement for the period 2009-2011.

<http://www.scotland.gov.uk/Publications/2009/05/06154655/0>

## Prisons

**Parish, Colin (2009) Survey reveals crisis in prison mental health in-reach services *Mental Health Practice* Volume 12, Issue 8, Page 6**

Colin Parish reports from the RCN Mental Health Conference in Edinburgh. A short article on survey results for prison mental health services.

<http://proquest.umi.com/pqdlink?did=1738204751&sid=3&Fmt=3&clientId=57473&RQT=309&VName=PQD>

## Recovery

**Cleary, A.; Dowling, M. (2009) Knowledge and attitudes of mental health professionals in Ireland to the concept of recovery in mental health: a questionnaire survey *Journal of Psychiatric and Mental Health Nursing* Volume 16, Issue 6, Pages 539-545**

Recovery is the model of care presently advocated for mental health services internationally. The aim of this study was to examine the knowledge and attitudes of mental health professionals to the concept of recovery in mental health. A descriptive survey approach was adopted, and 153 health care professionals (nurses, doctors, social workers, occupational therapists and psychologists) completed an adapted version of the Recovery Knowledge Inventory. The respondents indicated their positive approach to the adoption of recovery as an approach to care in the delivery of mental health services. However, respondents were less comfortable in encouraging healthy risk taking with service users. This finding is important because therapeutic risk taking and hope are essential

aspects in the creation of a care environment that promotes recovery. Respondents were also less familiar with the non-linearity of the recovery process and placed greater emphasis on symptom management and compliance with treatment. Multidisciplinary mental health care teams need to examine their attitudes and approach to a recovery model of care. The challenge for the present and into the future is to strive to equip professionals with the necessary skills in the form of information and training.

**Ennals, Priscilla; Fossey, Ellie (2009) Using the OPHI-II to Support People With Mental Illness in Their Recovery *Occupational Therapy in Mental Health* Volume 25, Issue 2, Pages 138-150**

Occupational therapists working in mental health settings are increasingly interested in ensuring that their practice supports people living with mental illness in their recovery. Recovery-oriented practice values the lived experience of individuals. Occupational therapists who seek to understand clients' lived experience require means to access their personal stories and aspirations. This article illustrates how such narrative data gathered through the Occupational Performance History Interview (OPHI-II) can be used to understand and support clients on their recovery journeys. The Model of Human Occupation is used to analyse and understand themes in the client's narrative. Reflections of the client and occupational therapist who completed the interview demonstrate how appreciating the subjective experience and volitional thoughts and feelings of a client can facilitate recovery-oriented practice.

## **Risk Assessment**

**Galappathie, Nuwan; Heeramun, Ragini; Jethwa, Krishma (2009) Completion of risk assessment and monitoring within forensic psychiatry *Medicine, Science and the Law* Volume 49, Issue 2, Pages 88-92**

There is a clear need for high standards of risk assessment and monitoring within forensic psychiatry. This has been highlighted by a number of high profile homicide enquiries which have called for better standards of multidisciplinary risk assessment and monitoring. There are no national standards for risk assessment. We conducted a study to audit electronically the completion rate of a service-designed risk assessment document within Fromside, a medium secure unit in the UK. The completion rates for key sections of 64 risk assessment documents were assessed. Only 48 of the 64 (75%) documents were electronically available. The completion rates ranged from 59/64 (92%) for the retrospective risk review to 46/64 (55%) risk documents were updated within the last three months. We found that the use of risk profile documents has helped achieve good standards of risk assessment, however greater priority needs to be given to ongoing monitoring. We recommend that consideration is given to the development of national guidelines for multidisciplinary risk assessment and monitoring.

**Hart, Stephen D.; Michie, Christine; Cooke, David J. (2009) Precision of actuarial risk assessment instruments: Evaluating the "margins of error" of group v. individual predictions of violence *British Journal of Psychiatry* Volume 190, Supplement 49, Pages S60-S65**

Background: Actuarial risk assessment instruments (ARAI) estimate the probability that individuals will engage in future violence. Aims: To evaluate the "margins of error" at the group and individual level for risk estimates made using ARAIs. Method: An established statistical method was used to construct 95% CI for group and individual risk estimates made using two popular ARAIs. Results: The 95% CI were large for risk estimates at the group level; at the individual level, they were so high as to render risk estimates virtually meaningless. Conclusions: The ARAIs cannot be used to estimate an individual's risk for future violence with any reasonable degree of certainty and should be used with great caution or not at all. In theory, reasonably precise group estimates could be made using ARAIs if developers used very large construction samples and if the tests included few score categories with extreme risk estimates.

## **Schizophrenia**

**Calton, Tim; Spandler, Helen (2009) Minimal-medication approaches to treating schizophrenia *Advances in psychiatric treatment* Volume 15, Issue 3, Pages 209-217**

UK guidelines for treating people diagnosed with schizophrenia currently emphasise the primacy of antipsychotic medication, with or without psychosocially based interventions as circumstances dictate. We now see increasing calls, most notably from mental health service users, for the provision of "whole-person-based", minimal-medication approaches to treating people with this diagnosis. This article is intended to locate the development of such approaches within the history of modern and pre-modern psychiatry and, in doing so, summaries the available evidence base that underpins their efficacy.

**Emsley, Robin (2009) Early response to treatment predicts remission and recovery at 3 years in people with schizophrenia *Evidence-Based Mental Health* Volume 12, Issue 2, Page 43**

392 people (mean age 37.9 years, 50% male) with schizophrenia (DSM-IV), aged 18 years or older, who had never received antipsychotic treatment. Participants were moderately ill with a mean Clinical Global Impressions-Severity of Illness scale (CGI-Schizophrenia; CGI-SCH) score of 4.4, and had a short history of illness (median 0.6 years). Initial treatment was with atypical antipsychotics for 92% and with conventional antipsychotics for the remaining 8%.

<http://ebmh.bmj.com/current.dtl>

**Jones, M.; White, J.; Gray, R. (2009) Partial agonists and schizophrenia: theoretical developments for the development of mental health nursing *Journal of Psychiatric and Mental Health Nursing* Volume 16, Issue 5, Pages 409-415**

People with schizophrenia have a significant impaired quality of life. The paper discusses how partial agonists could improve the quality of life with people with schizophrenia in comparison with treatment with second generation antipsychotics. The paper provides a framework as to how mental health nurses can utilize the clinical benefits of partial agonists through greater application of psychosocial interventions.

## Security

**Crichton, John H.M. (2009) Defining high, medium, and low security in forensic mental healthcare: the development of the Matrix of Security in Scotland *Journal of Forensic Psychiatry and Psychology* Volume 20, Issue 3, Pages 333-353**

As differing levels of security in forensic mental healthcare have evolved, there has been no clear or concise agreed definition of high, medium, or low secure care. This paper reviews the historical use and abuse of security as treatment. More recent attempts to define security level and purpose are reviewed, and the trinitarian model of relational procedural and physical security is described. In Scotland there has been a need to define security levels for the purpose of private sector registration, service development, and, most particularly, appeals against excessive security made under new mental health law. The Matrix of Security which has been developed in Scotland, and those aspects of physical and procedural security that differ between security settings, are described.

<http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=40627216&site=ehost-live>

## Self Harm

**Wheatley, Malcolm; Austin-Payne, Hannah (2009) Nursing Staff Knowledge and Attitudes Towards Deliberate Self-Harm in Adults and Adolescents in an Inpatient Setting *Behavioural and Cognitive Psychotherapy* Volume 37, Issue 3, Pages 293-309**

Background: This paper investigates the relationship between care staff perceptions of self-harm behaviours by adult and adolescent inpatients and the emotional responses and helping behaviours of the staff. Method: Seventy-six nursing staff participated, including qualified and unqualified staff, who worked in either adolescent or adult secure inpatients attitudes questionnaires, related to working with patients who display deliberate self-harm. Results: Further support was found for attributional theories suggesting that views on deliberate self-harm are linked to propensity to help, and that emotional responses can be a mediating factor. Staff who reported feeling more negative about patients who self-harm reported more worry about working with this patient group. Unqualified nursing staff reported more negativity and worry than qualified staff. Neither gender nor length of work experience was found to be significant factors. Conclusions: These findings indicate that training and support should be

aimed at helping nursing staff, particularly unqualified staff working in inpatient settings where self-harm is frequent, feel more positive and less concerned about working with patients who self-harm. Such needs of unqualified nursing staff have not been highlighted in previous research. <http://proquest.umi.com/pqdlink?did=1718164101&sid=4&Fmt=2&clientId=57473&RQT=309&VName=PQD>

## Sex Offenders

**Barbaree, Howard, E. et al (2009) Aging Versus Stable Enduring Traits As Explanatory Constructs in Sex Offender Recidivism *Criminal Justice and Behavior* Volume 36, Issue 5, Pages 443-465**

This study investigates whether sex offenders' age at release from custody affects their likelihood of reoffending. The participants were 468 men with a mean follow-up (time at risk) of just more than 5 years after release. Items from the Violence Risk Appraisal Guide, the Sex Offender Risk Appraisal Guide, the Rapid Risk Assessment of Sexual Offense Recidivism, the Static-99, and the Minnesota Sex Offender Screening Test-Revised were coded. Results show that the predictive ability of items tapping sexual deviance is diminished by that association. An assessment instrument comprising an age-corrected antisocial behaviour scale, an age-corrected sexual deviance scale, and an age at release provided unique and significant predictive ability over and above age-corrected antisocial behaviour and age-corrected sexual deviance combined.

**Craig, Leam A.; Beech, Anthony (2009) Best practice in conducting actuarial risk assessments with adult sexual offenders *Journal of Sexual Aggression* Volume 15, Issue 2, Pages 193-211**

It is important for practitioners using actuarial scales to have some understanding of the methodological limitations of the technology and the possible errors and inaccuracies of reporting actuarial risk estimates in individual cases. Rather than enumerating every aspect of actuarial risk assessment measures, the aim of this paper is to summarize the strengths and weaknesses of actuarial risk data and to contribute to developing guidance on best practice when using actuarial measures in adversarial settings. This paper is organized into six areas: (1) actuarial scales in practice; (2) understanding risk prediction concepts; (3) factors known to affect actuarial estimates; (4) whether group data can be used to assess risk in individual cases; (5) choosing which actuarial risk measure to use; and (6) reporting actuarial risk estimates.

<http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=42208857&site=ehost-live>

**Hebenton, Bill; Seddon, Toby (2009) From Dangerousness to Precaution; Managing Sexual and Violent Offenders in an Insecure and Uncertain Age *British Journal of Criminology* Volume 49, Issue 3, Pages 343-362**

Theorists such as Ewald and Ericson, in their respective writings, argue that, increasingly, governmental responses to incalculable, but high-consequence, threats to life and security are framed by what has been described as 'precautionary logic'. Neither theorist sought to analyse and



develop the argument with regard to the problem of protecting the public from 'dangerous' sexual and violent offenders. This article takes up this challenge. It re-describes and refines features common to their characterizations of 'precaution' and examines how this approach to risk management is playing out in the context of decision-making practices. We outline the significance of this process and show how precautionary logic is refiguring the institutions of law and science in the management of sexual and violent offenders. Lastly, we consider the implications of our analysis for the normative politics of risk and security by exploring how the approach to the future entailed in the paradigm enframes 'security' and arguably stifles democratic participation and innovation in ways of responding to our fears.

<http://proquest.umi.com/pqdlink?did=1679980301&sid=5&Fmt=2&clientId=57473&RQT=309&VName=PQD>

## Smoke Free

**Ratschen, Elena; Britton, John, McNeill, Ann (2009)**  
**Implementation of smoke-free policies in mental health in-patient settings in England *British Journal of Psychiatry* Volume 194, Issue 6, Pages 547-551**

Mental health units in England had to become smoke-free by law from July 2008. Concerns regarding the implementation and enforcement of smoke-free policies in these settings have been raised. Aims: To study difficulties and challenges associated with smoke-free policy implementation in English National Health Service (NHS) mental health settings. Method: Questionnaire survey of all 72 English NHS trusts providing mental health in-patient services and facilities, supplemented by semi-structured telephone interviews at a systematic sample of 7 trusts and site visits at a convenience sample of 5 trusts. Results: Questionnaires were returned by 79% of the trusts, all of whom had implemented smoke-free policies. Most respondents (91%) believed that mental health settings faced particular challenges, arising from the high smoking prevalence among patients (81%), related safety risks (70%), adverse effects on the clinician-patient relationship (36%), and potential interactions with antipsychotic medication (34%). Interviews indicated that sustained policy enforcement was perceived as difficult, but that despite challenges and concerns, the impact of the policy was regarded as beneficial, with some evidence of positive behavioural changes occurring in people. Conclusions: Many mental health trusts across England have implemented comprehensive smoke-free policies but the majority state that they are facing specific difficulties. Challenges and concerns need to be explored in depth and addressed to ensure that smoke-free policies implemented under the terms of the Health Act in July 2008 are not undermined.

**Scottish Government (2009) *Achieving Smoke-Free Mental Health Services in Scotland- Consultation Responses***

A webpage with links to the consultation responses on achieving smoke-free mental health services in Scotland.

<http://www.scotland.gov.uk/Publications/2009/05/13144034/0>

## Stalking

### **Purcell, Rosemary et al (2009) Stalking among juveniles *British Journal of Psychiatry* Volume 194, Issue 5, Pages 451-455**

There is an almost total lack of empirical research on stalking among juveniles. Aims: To examine the characteristics, nature and impacts of stalking by juveniles. Method: Analysis of consecutive court applications for a restraining order against a juvenile because of stalking behaviours. Results: A total of 299 juvenile stalkers were identified. The majority were male (64%) and their victims predominantly female (69%). Most pursued a previously known victim (98%), favouring direct means of contact via unwanted approaches (76%) and telephone calls or text messaging (67%). Threats (75%) and physical and sexual assaults (54%) were common. The contexts for juvenile stalking involved an extension of bullying (28%), retaliation for a perceived harm (22%), a reaction to rejection (22%), sexual predation (5%) and infatuation (2%). Conclusions: Juvenile stalking is characterised by direct, intense, overtly threatening and all too often violent forms of pursuit. The seriousness that is afforded to adult forms of stalking should similarly apply to this behaviour among juveniles given the even greater rates of disruption to the victim's life and risks of being attacked.

## Treatment

### **Johnson, Sonia et al (2009) In-patient and residential alternatives to standard acute psychiatric wards in England *British Journal of Psychiatry* Volume 194, Issue 5, Pages 456-463**

Acute psychiatric wards have been the focus of widespread dissatisfaction. Residential alternatives have attracted much interest, but little research, over the past 50 years. Aims: Our aims were to identify all in-patient and residential alternatives to standard acute psychiatric wards in England, to develop a typology of such services and to describe their distribution and clinical populations. Method: National cross-sectional survey of alternatives to standard acute in-patient care. Results: We found 131 services intended as alternatives. Most were hospital-based and situated in deprived areas, and about half were established after 2000. Several clusters with distinctive characteristics were identified, ranging from general acute wards applying innovative therapeutic models, through clinical crisis houses that are highly integrated with local health systems, to more radical voluntary sector alternatives. Most people using the alternatives had a previous history of admission, but only a few community-based services accepted compulsory admissions. Conclusions: Alternatives to standard acute psychiatric wards represent an important, but previously undocumented and unevaluated, sector of the mental health economy. Further evidence is needed to assess whether they can improve the quality of acute in-patient care.

## Treatment Manuals

**Hollin, Clive R. (2009) Treatment manuals: The good, the bad and the useful *Journal of Sexual Aggression* Volume 15, Issue 2, Pages 133-137**

This paper offers a commentary on the debate between Marshall and Mann on the desirability and merits of treatment manuals in the treatment of sexual offenders. Marshall offers a view of manuals as restrictive to clinical practice and as stifling to clinical innovation. Mann takes the position that manuals are a vital component in effective correctional practice. The commentary suggests that these contrary views are understandable: Marshall takes a clinical perspective and advocates best practice; Mann speaks from a realist forensic perspective in which manuals offer a practical means to deliver treatment on a large scale within prisons and probation. Of course, both positions have their merits and it is suggested that the two are perhaps not irreconcilable if the skills of the practitioner and model of treatment delivery are taken into account.  
<http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=42208851&site=ehost-live>

**Mann, Ruth E. (2009) Sex offender treatment: The case for manualization *Journal of Sexual Aggression* Volume 15, Issue 2, Pages 121-131**

This paper sets out the case for the manualization of sex offender treatment. The movement towards evidence-based practice in psychotherapy has led to strongly voiced opposing views on the value of manualization. However, "what works" evidence, i.e. the meta-analytical research behind the Risk-Needs-Responsivity model of offender rehabilitation, as well as the broader psychotherapy literature, demonstrates that manualized treatment is usually more effective. Manualized treatment is also more likely to be replicable and focused upon criminogenic targets. Arguments against manualization include the claim that it restricts therapeutic artistry, but this is not necessarily a bad thing. This paper also proposes some important characteristics of a good manual, which will ensure that treatment is structured and targeted appropriately, but which will not override the importance of a constructive therapeutic relationship between treatment provider and offender. The review concludes that carefully designed manuals are essential for sex offender treatment to be demonstrably successful, and for successful treatment to be replicated.  
<http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=42208852&site=ehost-live>

**Marshall, W.L. (2009) Manualization: A blessing or a curse? *Journal of Sexual Aggression* Volume 15, Issue 2, Pages 109-120**

This paper considers the issues involved in the use of manuals to guide the treatment of sexual offenders. I identify problems in the use of manuals, particularly their failure to encourage satisfactorily the implementation of therapeutic skills, the restrictions they place upon the therapist's ability to address the responsivity principle, the limits to which manuals can accommodate changes as a result of new evidence and the

suppression of innovation. I offer suggestions for an alternative set of strategies to ensure the integrity of treatment delivery while at the same time overcoming the problems associated with manualization.

<http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=42208853&site=ehost-live>

## Violence

**Campbell, Mary Ann; French, Sheila; Gendreau, Paul (2009) The Prediction of Violence in Adult Offenders: A Meta-Analytic Comparison of Instruments and Methods of Assessment *Criminal Justice and Behavior* Volume 36, Issue 6, Pages 567-590**

Using 88 studies from 1980 to 2006, a meta-analysis compares risk instruments and other psychological measures on their ability to predict general (primarily nonsexual) violence in adults. Little variation was found amongst the mean effect sizes of common actuarial or structured risk instruments (i.e. Historical, Clinical, and Risk Management Violence Risk Assessment Scheme; Level of Supervision Inventory-Revised; Violence Risk Assessment Guide; Statistical Information on Recidivism scale; and Psychopathy Checklist-Revised). Third-generation instruments, dynamic risk factors, and file review plus interview methods had the advantage in predicting violent recidivism. Second-generation instruments, static risk factors, and use of file review were the strongest predictors of institutional violence. Measures derived from criminological-related theories or research produced larger effect sizes than did those of less content relevance. Additional research on existing risk instruments is required to provide more precise point estimates, especially regarding the outcome of institutional violence.

**Oakley, Clare; Hynes, Fiona; Clark, Tom (2009) Mood disorders and violence: a new focus *Advances in Psychiatric Treatment* Volume 15, Issue 4, Pages 263-270**

Violent behaviour in people with a psychiatric disorder causes great public concern and leads to stigma for people with mental illness. There is good evidence for a correlation between schizophrenia and increased rates of violence but any association between mood disorders and violence has been comparatively overlooked. It appears that there may be more evidence relating mood disorders and violence than many clinicians realise. This article highlights the difficulties in assessing this, summaries what is known and discusses what this means for clinical practice.

**Reynolds, Kelly; Miles, Helen Louise (2009) The effect of training on the quality of HCR-20 violence risk assessments in forensic secure services *Journal of Forensic Psychiatry and Psychology* Volume 20, Issue 3, Pages 473-480**

Training (full course: one and a half days; introductory course: half a day) on the HCR-20 risk assessment of violence in mentally disordered offenders was held for Kent Forensic Psychiatry Service (KFPS) staff in 2007 and 2008. KFPS inpatient files (n = 68) on 1 April 2008 were reviewed to locate completed HCR-20s. Overall and component parts (historical factors, clinical factors, risk management factors, and risk

management plan) were rated for quality. Training significantly increased the quality of HCR-20 assessments. No significant differences in quality were found between those completed by qualified and by trainee staff. Training evaluations indicated that the most useful/helpful aspects of the training were the facilitator's training style and the pace of the day, while the least was training venue. Confidence in completing HCR-20s was also reasonably low, possibly due to perceptions of the time involved.

<http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=40627220&site=ehost-live>

## New Books

**Buckey, Steven F.; Callan, Joanne E.; Stricker, George (2009)  
Ethical and Legal Issues for Mental Health Professionals in  
Forensic Settings Routledge ISBN 978-0789038166**

*Ethical and Legal Issues for Mental Health Professionals in Forensic Settings* comprehensively focuses on the integration of ethical, legal, and clinical issues for practicing mental health professionals dealing with legal processes in forensic settings. This unique text is organized around the most current ethical and legal standards as defined by the mental health professionals of psychology, social work, marriage and family therapy, and psychiatry. Respected well-known authorities with diverse backgrounds, expertise, and professional experience offer a far-reaching discussion of ethical and legal issues important for every mental health professional to know. Practicing clinicians increasingly find themselves needing to deal with the legal system about a multitude of issues. *Ethical and Legal Issues for Mental Health Professionals: in Forensic Settings* not only presents mental health professionals, but also attorneys who defend mental health professionals providing legal and ethical discussions of importance to the field. This powerful resource provides up-to-date crucial knowledge for graduate students and clinicians alike. The final book in the three volume series will focus on special populations/special treatment modalities.

**Whitbeck, Les B. (2009) Mental Health and Emerging Adulthood  
Among Homeless Young People Psychology Press ISBN 978-  
1841697529**

What happens to homeless and runaway adolescents when they become adults? This is the first study that follows homeless youth into young adulthood and reviews the mental health consequences of runaway episodes and street life. The adolescents were interviewed every three months for three years from their mid teens to their early twenties. The study documents the psychological consequences associated with becoming adults when missing the critical developmental tasks of adolescence. The authors report high levels of psychological problems associated with victimization prior to and after running away. These victimization experiences shape the behaviors of these young people, affecting their relationships with others and their chances of conventional adjustment. Across time, the more successful their adaptation to street life and the street economy, the more barriers to conventional adult life emerge. The distress, including self-mutilation and suicidal behaviors,

among this population is examined, as well as the impact street life has on future relationships, education, and employment. Nutritional and health problems are also explored, along with the social and economic impact of this population on society. As such, the book provides insight about why the current prevention and treatment programs are failing in an effort to help policy makers modify approaches to adolescent runaways. Intended as a supplementary text for undergraduate and/or graduate courses on homelessness, high risk youth, social deviance, adolescence and/or emerging adulthood taught in departments of psychology, human development, sociology, social work, and public health, this compelling book will also appeal to anyone who works with homeless adolescents.

277 Pages • 2009 • 1.39 MB • 210,184 Downloads.

Gottman\_John\_The\_Seven\_Principles\_for\_Making\_Mar(zlibraryexau2g3p\_onion).pdf Seven naslovi FORENSIC PATHOLOGY/BIOLOGY - Bio Medical Forensics. 833 Pages • 2011 • 5.79 MB • 4,677 Downloads. of the American Academy of Forensic Sciences (AAFS) and includes various areas FORENSIC PATHOLOGY ... PDF Drive investigated dozens of problems and listed the biggest global issues facing the world today. Let's Change The World Together. Pdfdrive:hope Give books away. awareness of the burden associated with mental health problems and the commitment of governments to reduce this burden; helping to build up the technical capacity of countries to create, review and develop mental health policies, legislation and plans; and developing and disseminating advocacy and policy resources. • To improve the planning and development of services for mental health through: strengthening the technical capacity of countries to plan and develop services; supporting demonstration projects for mental health best practices; encouraging operational research related to service de Serious incident investigations in forensic mental health services have been linked to relational security breakdowns. Reference Allen<sup>1</sup> However, relational security has been described as the "poor relation"™ Reference Tighe and Gudjonsson<sup>2</sup> when compared with physical or procedural security. This is most likely due to definition difficulties. There is growing awareness around the importance of this concept, and resources aiming to raise awareness and support the implementation of relational security are widely available. Reference Allen<sup>21</sup> However, until recently there have been few mechanisms to assess the quality of relational security within services. ! ! !. Awareness of mental health services and uptake by students. This study would recommend increasing awareness of mental health services on. mental health service initiatives, awareness as a barrier to accessing health services has largely been unexplored. 1. Murray CJ & Lopez AD (1996) The global burden of disease. A Web-based survey administered in spring 2009 examined correlates of mental health service utilization among students reporting serious thoughts of suicide in the previous year (n = 543). Correlates of treatment use included perceived need, beliefs that treatment is effective, contact with service users, lower personal stigma, higher perceived stigma, fewer positive relationships, and sexual minority or Caucasian identity. 00. The Mental Health & Social Care Current Awareness Bulletin is produced at. Essex Public Health Resource Unit Library. on behalf of the. CQC: Mental health services risk breaching patient rights Mental health services risk breaching detained patients' human rights by placing unnecessary restrictions on their care, the Care Quality Commission warned today in its first annual report on the use of the Mental Health Act. Are community treatment orders being over-used? A qualitative study of service user experiences of occupation in forensic mental health This qualitative study explored occupational engagement of those detained in forensic units. Legal and institutional restrictions on occupation have implications for their health and wellbeing.