

Current Awareness Bulletin:

Latest Forensic Evidence

February 2026

This current awareness bulletin compiles recently published evidence relevant to the field of forensic mental health, including evidence relating to prison and police services. It is produced on a quarterly basis by the Librarian at The State Hospital.

The search strategy and sources included are based on the topic of forensic mental health and may not be exhaustive or complete. Please also be aware that the sources listed have not been through a quality assurance process.

Your feedback is welcome – please [contact the Librarian](#) at The State Hospital if you have any feedback or comments about this bulletin.

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Adolescents

Sarno, A., and Kaltiala, R. (2026) '[Severe Psychopathology, but Not Violence Risk, Predicts Length of Stay in Adolescent Forensic Inpatient Care.](#)' *International Journal of Forensic Mental Health* 25(1), 60–70.

Forensic psychiatric inpatient units for minors are not widespread, nor is the associated research. The treatment is generally high-cost and lengthy, despite the recommendation to keep inpatient care as brief as possible. Our objective was to identify factors that predict length of stay (LOS) in such treatment.

Because society might expect forensic inpatient care to “protect the public” in addition to treating the patient, we put a special emphasis on whether risk of violence prolongs care. The retrospective study comprised patients from one of two Finland's forensic psychiatric units for minors treated since its inception in 2003–2019 (n = 313). The vast majority suffered from serious mental disorders, were affected by adverse background factors such as parenting problems, and had a history of violent and/or criminal behavior. Excluding two outliers, the median LOS was 133 days (IQR = 213; range 33–1472). In a bivariate and a subsequent multivariate analysis, a longer LOS was predicted primarily by indicators of severe psychopathology (e.g., BPRS score and diagnosis of a psychotic disorder), but not by predicted risk of violence nor by any of the studied adverse background factors. This may suggest that the treatment focus is appropriately placed on treating the patient, and violent and noncompliant behaviors arising from circumstances respond better to inpatient care than that rooted in very profound psychopathology. Future research should explore the outcomes of adolescent forensic inpatient care in follow-up designs.

Art Therapies

Hart, M., et al. (2026) '[Expanding the IDEA: Ongoing- and Evolving-Evaluation of an Art Therapy in Prisons Program.](#)' *International Journal of Offender Therapy and Comparative Criminology* 70(1), 24–37.

In 2021 an article was published that presented an art therapy in prisons program that emerged through a contractual partnership between a major state university and that state's Department of Corrections, funded by Individuals with Disabilities Education Act (IDEA). The program was charged to provide art therapy with youthful offenders to alleviate behavioral, emotional, and intellectual impediments to their education. The program began in the summer of 2019 with a 3-year contract for two full-time art therapists for four sites. Responses to the annual reports and subsequent changes and benefits to the targeted population resulted in the contract being revised in the summer of 2021 that expanded it considerably, to four full-time art therapists for nine prisons. This follow-up research article will delineate the successful efficacy of this program and the impactful changes instituted since its inception and expansion. In addition, this article will further examine the evolution in the data gathering process, specifically applying more distinct considerations needed to accurately examine the effectiveness of the program.

Autism

Brown, D., et al. (2025) '[Neurodiversity in Custody: Screening Results for ADHD and Autistic Traits in Individuals Arrested by the London Metropolitan Police.](#)' *Criminal Behaviour and Mental Health* 35(6), 327–333.

Background Previous studies have identified high rates of attention-deficit/hyperactivity disorder (ADHD) and autism in incarcerated populations. Despite such findings and the potential benefits of screening for undiagnosed autism and ADHD at earlier stages of police contact, such efforts are rare. **Aims** To screen arrested individuals for ADHD and autistic traits while in police custody. **Methods** Over an 8-week period, individuals arrested and detained at six police custody centres in London, UK, were offered screening for ADHD and autistic traits. ADHD traits were assessed using a modified version of the Adult ADHD Self-Report Scale (ASRS) and autistic traits using the 10-item Autism-Spectrum Quotient (AQ-10). Screening was carried out in person at the custody site by a healthcare professional, designated detention officer or arresting police officer. Individuals who screened above the thresholds (≥ 21 for ASRS, ≥ 6 for AQ-10) were informed and provided additional information on how to seek a formal diagnosis. **Results** Of 303 eligible arrestees, 216 (71.3%) consented to screening. The screening tools identified 50% and 5% of arrestees without an existing diagnosis as warranting further assessment for ADHD and autism, respectively. ADHD and autism trait scores were correlated ($r = 0.30$, $p < 0.01$). Nearly 60% of individuals arrested for drug offences had an existing diagnosis or positive screening result for ADHD. **Conclusions** Our findings suggest high rates of ADHD and autistic traits in arrestees, particularly among individuals arrested for drug offences. Screening for ADHD and autism at early stages of police contact could serve as a key opportunity to identify undiagnosed individuals and inform appropriate management.

Nikolić, N., et al. (2025) 'Determining Unmet Need: Clinical Relevance of Suspected Neurodivergence in First-Episode Psychosis.' *BJPsych Bulletin* 49(6), 385–390.

We explored the prevalence of autism and attention-deficit hyperactivity disorder in first-episode psychosis. Through service evaluation involving 509 individuals, detailed analyses were conducted on neurodevelopmental traits and patterns of service utilisation. Prevalence of neurodivergence in first-episode psychosis was 37.7%. Neurodivergent individuals used urgent mental health services more frequently (Mann-Whitney = 25925, $= -2.832$, $= 0.005$) and had longer hospital stays (Mann-Whitney = 22816, $= -4.886$, ≤ 0.001) than non-neurodivergent people. Neurodivergent people spend more than twice as long in mental health hospitals at a time than the non-neurodivergent people (Mann-Whitney = 22 909.5, $= -4.826$, ≤ 0.001). Mediation analysis underscored indirect impact of neurodivergence on hospital stay durations through age at onset of psychosis and use of emergency services. Prevalence of neurodevelopmental conditions in first-episode psychosis is underestimated. Neurodivergent individuals show increased utilisation of mental health services and experience psychosis earlier. Early assessment is crucial for optimising psychosis management and improving mental health outcomes.

Cultural Competence

Basu, M. (2026) 'Development of a Tool for the Evaluation of Cultural Competence of Staff Members at a Secure Forensic Unit in the UK: A Feasibility Study.' *Medicine Science and the Law* 66(1), 18–24.

Digital Divide

Spanakis, P., et al. (2025) '[The Digital Divide in People with Severe Mental Illness: Lessons Learned and Challenges Lying Ahead.](#)' *British Journal of Psychiatry* 227(6), 827–829.

In the post-COVID-19 pandemic era, a 'digital-first' agenda is being adopted in health/social care services, while digital exclusion has not been fully addressed. People with severe mental illness face profound inequalities at many levels (i.e. social, financial and health). Digital exclusion may further exacerbate some of these inequalities.

Intellectual Disabilities

Coleman, R., et al. (2026) '[How are we Doing? Exploring Service User Satisfaction within a Forensic Community Learning Disability Team.](#)' *Journal of Forensic Practice*

Jenkins, H., et al. (2025) '[An Evaluation of the Psychometric Properties of the Adapted PHQ-9 and GAD-7 Outcome Measures for use with Adults with Intellectual Disability.](#)' *Behavioural and Cognitive Psychotherapy* 53(3), 275–288.

People with intellectual disability often face barriers accessing mainstream psychological services due to a lack of reasonable adjustments, including the absence of adapted versions of routine outcome measures. Adapted versions of the Patient Health Questionnaire-9 (PHQ-9) and the Generalised Anxiety Disorder-7 (GAD-7) have been created for adults with ID. This study aims to evaluate the psychometric properties of the adapted PHQ-9 and GAD-7. The adapted PHQ-9 and GAD-7 and the Glasgow Depression and Anxiety Scales (GDS-ID, GAS-ID) were administered to 47 adults (=21 clinical group; =26 community group) with ID. Cross-sectional design and between-group analyses tested for discriminant validity. Concurrent and divergent validity was tested using correlational designs. Reliability was investigated by internal consistency and test-retest analysis. The clinical group scored significantly higher on the adapted PHQ-9 (=-2.28, =.03, 95% CI -7.09, -.45]) and GAD-7 (=-3.52, =.001, 95% CI -7.44, -2.02]) than the community group, evidencing discriminant validity. The adapted PHQ-9 correlated with the GDS-ID (=.86, <.001) and the adapted GAD-7 correlated with the GAS-ID (=.77, <.001). The adapted PHQ-9 (Cronbach's α =.84, ICC=.91) and GAD-7 (Cronbach's α =.86, ICC=.77) had good internal consistency and test-retest reliability. Preliminary research suggests the adapted PHQ-9 and GAD-7 are valid and reliable measures. They could provide a reasonable adjustment for the minimum dataset used in NHS Talking Therapies and can be easily administered in routine clinical practice. Further work to establish additional psychometric properties is now required.

Khokhar, N., et al. (2026) '[Research Patterns in the Treatment of Adults with Problem Behavior and Intellectual and Developmental Disabilities: A Quantitative Systematic Review.](#)' *Behavior Modification* 50(1), 3–31.

Research featuring adults with intellectual and developmental disabilities who engage in problem behavior has outlined various treatment approaches. The current quantitative systematic literature review identified and coded 76 peer-reviewed and gray literature articles published between January 2002 and September 2022. Following article identification and coding, we calculated effect size estimates (i.e., Tau Baseline Corrected) and assessed the methodological rigor of included articles. Through this work, we uncovered 42 unique multi-protocol treatments (i.e., treatments incorporating multiple therapeutic elements). Multi-protocol treatments were associated with larger effect sizes (more effective) compared to single-protocol treatments. The average methodological rigor score associated with peer-reviewed works was 1.6 (out of 4), while gray literature works scored 1.2. We offer commentary in response to these outcomes, alongside recommendations for future research to address the many avenues of inquiry that appear to remain largely neglected (e.g., component analysis to evaluate individual treatment elements and their efficacy).

Majid, M., et al. (2025) '[Time to Prioritise the use of Participatory Research Methods for People with Intellectual Disabilities.](#)' *British Journal of Psychiatry* 228(2), 1–3.

People with intellectual disability experience significant health inequality, and consequently poor health outcomes. Although research can facilitate change, there is a risk of researchers propagating inequity by selecting methods that exclude people with some forms of intellectual disability. We argue for participatory research methods that enable inclusion.

Mental Health Law

Hallett, N. (2026) '[Moral Responsibility and Mental Disorder: A Philosophical Exploration of the Insanity Defence.](#)' 66(1), 25–34.

Neurostimulation

Cox, E., et al. (2026) '[Is it Time for Mental Health Services to Invest in Neurostimulation? an Economic Evaluation of Transcranial Magnetic Stimulation Therapies for the Treatment of Moderate to Severe Treatment-Resistant Depression in the UK.](#)' *BMJ Mental Health* 29(1), e302237.

Background Although transcranial magnetic stimulation (TMS) protocols are safe and efficacious therapies for treatment-resistant depression (TRD), they remain inaccessible for many people in the UK and internationally. One of the main reasons for this is a lack of evidence demonstrating their value-for-

money to commissioners. Objective To assess the cost-effectiveness of repetitive transcranial magnetic stimulation therapy (rTMS) and intermittent theta-burst stimulation (iTBS) versus treatment-as-usual (TAU) for treating TRD in UK mental health care services, and to evaluate operational circumstances underpinning cost-effectiveness. Methods This economic evaluation used data from the BRIGHTMIND trial (n=255), the SMD trial (n=187) and a study-specific structured expert elicitation exercise (n=7) to model the cost and consequences for each alternative. All findings were produced on a probabilistic basis from a Markov model using Monte Carlo simulation methods. Cost-effectiveness was assessed via incremental cost-effectiveness ratios (ICERs) per quality-adjusted life-year (QALY) gained over an 18-month time horizon from the perspectives of the UK's NHS and personal social services and from a broader societal perspective recognising informal care hours and productivity costs. Scenario analyses and an operational sensitivity analysis explored the impacts alternative methodologies, service delivery cases and perspectives had on base case findings. Findings From a health service perspective, rTMS and iTBS had pairwise ICERs of £12 093 and £12 959 per QALY compared to TAU, respectively. When incrementally compared, iTBS had an ICER of £16 621 versus rTMS. From a broader societal perspective, both rTMS and iTBS reduced informal care hours and were cost-saving compared with TAU. Study findings were particularly sensitive to service delivery, with the probability of being cost-effective ranging from 98% with high throughput and prompt delivery to approximately 4% with low throughput and prolonged delivery. Conclusions TMS therapies improve health, reduce informal care requirements, reduce health service utilisation and offset their costs when considered in terms of productivity losses to society. rTMS and iTBS are cost-effective and should be considered for wider clinical implementation provided they are delivered at sufficient scale and in a time-efficient manner. Clinical implications TMS can serve as a cost-effective alternative for treating moderate to severe depression after second-line treatment failure with non-psychological therapies.

Occupation

Boersma, G. J., et al. (2026) 'Evaluation of a Token Economy Program to Improve Daily Functioning of Forensic Psychiatric Inpatients: A Quasi-Experimental Mixed-Methods Pilot Study.' *Journal of Forensic Practice*

Outcomes

Moulden, H. M., et al. (2026) 'Enhancing Pre-Treatment Motivation Improves Forensic Mental Health Outcomes.' *International Journal of Offender Therapy and Comparative Criminology* 70(2-3), 150–166.

Despite evidence that psychological treatments benefit from pre-treatment intervention, there remains

no published research on the value of including a pre-treatment intervention in forensic mental health settings. The present study aimed to address this gap by examining the effects of adding a brief motivational preparatory program (MPP) to standard forensic psychiatric care. The MPP was based on hope theory and motivational interviewing within a cognitive-behavioral therapy approach. MPP participants and a waitlist control group completed a battery of self-report measures of hope and motivation to change, which were compared with respect to risk, demographic, offence history, and outcome variables. There was a significant increase in client motivation for change after completing the MPP. Additionally, those who completed the MPP evidenced modest reductions in aggressive behavior, but significantly increased engagement in subsequent forensic treatment and programming.

Personality Disorders

Roberts, E., and Scott, L. (2026) ['The Role of Social Adversity in the Association between Autistic Traits and Borderline Personality Disorder Symptoms.'](#) *Personality and Mental Health* 20(1), e70060.

Autism and personality disorders, including borderline personality disorder (BPD), demonstrate high levels of co-occurrence. Autistic individuals are more likely to experience social adversity and exhibit heightened reactivity to stressors, while social adversity is a well-established precursor to BPD. The current study investigated the role of social adversity in the association between autistic traits and BPD symptoms, and the moderating role of autistic traits in the association between social adversity and BPD symptoms. Data of 7403 individuals from the 2007 Adult Psychiatric Morbidity Survey in Great Britain were used. Path analysis was conducted to determine whether victimisation and a lack of social support have a role in the association between autistic traits and BPD symptoms. Moderation analysis was applied to assess whether associations of victimisation and a lack of social support with BPD symptoms vary as a function of autistic traits. Analysis was conducted before and after adjustment for sociodemographic covariates. Victimisation and a lack of social support had a role in the relationship between autistic traits and BPD symptoms. Autistic traits moderated the association between victimisation and BPD symptoms, such that the association was greater in individuals with more autistic traits. These observations were robust to adjustment for sociodemographic covariates. The co-occurrence of BPD in autistic individuals may reflect a double vulnerability, characterised by both heightened exposure to social adversity and increased susceptibility to its effects. However, it is important to note that these findings must be viewed as associational pathways rather than causal relationships.

Warrender, D. (2025) ['Spaghettification and the Conceptual Black Hole of Borderline Personality Disorder: A Qualitative Discussion Around Competing Meanings Given to the Diagnosis and their Potential Consequences.'](#) *Issues in Mental Health Nursing* 46(12), 1214–1226.

This paper explores competing meanings which may arise through receiving a diagnosis of "borderline personality disorder," discussing how this may impact a person's treatment and their sense of self. This

paper is informed by qualitative case study research, which utilized interviews to explore experiences of crisis and crisis intervention for people diagnosed with borderline personality disorder, their family and friends, and professionals who work with them. Utilizing this qualitative research data, alongside wider literature, the conceptualization of "borderline personality disorder" and the actual and potential real-world consequences of receiving this label are explored. Potential meanings are mapped onto a "black hole" model where potential competing meanings exist in the same place at the same time, and harm a persons sense of self. "Borderline personality disorder" is the most controversial personality disorder diagnosis. People may conceptualize their distress through four different labels for borderline personality disorder, be seen as "not real mental illness," "borderline of what?", not personality disorder, only personality disorder, and too unstable for therapy. Spaghettification, a term from astrophysics, is used as a metaphor to explain how a persons sense of self can fragment as they are pulled into the confusion of this black hole.

Wheable, V., and Davies, J. (2024) '[Forensic Case Formulation: Exploring the Knowledge, Opinions, and Training Experiences of Staff Working within the Offender Personality Disorder Pathway.](#)' *International Journal of Offender Therapy and Comparative Criminology* 70(4), 309–331.

Forensic case formulation (FCF) is a key activity within the Offender Personality Disorder Pathway (OPDP), performed by OPDP specialist offender managers (OMs) and psychologists. Although FCF training is provided to OMs, there are a number of questions about the adequacy and effectiveness of this training. Furthermore, it is unclear whether psychologists receive sufficient support to keep their FCF skills relevant and effective over time. This study aimed to investigate the FCF training experiences of OPDP staff, to assess staff satisfaction with this training, to identify ways of improving this training, and to explore the value of FCF from a staff perspective. To meet these aims, OPDP staff were asked to complete an online Qualtrics survey disseminated nationally. Results reveal a lack of standardized FCF training across the OPDP, contributing to poor staff satisfaction and confidence. These results highlight a need for FCF training improvement within the OPDP.

Physical Health

Nielsen, S. D., et al. (2026) '[Development and External Validation of Machine Learning Approaches for Risk Prediction of Cardiovascular Disease in Individuals with Schizophrenia: A Nationwide Swedish and Danish Study.](#)' *BMJ Mental Health* 29(1), e301964.

Background Currently available cardiovascular disease (CVD) risk prediction tools may underestimate the risk in individuals with schizophrenia. Objective To develop and externally validate 5-year CVD risk prediction models for people with schizophrenia using large-scale register data in Sweden and Denmark with a machine learning (ML) approach. Methods Individuals with a diagnosis of schizophrenia, aged 30 and older and without prior CVD, were followed for up to 5 years. We investigated whether adding additional health-related and socio-demographic predictors to the established CVD risk factors

improved predictions and compared ML models with logistic regression. External validation was performed across countries. Findings A lasso penalised logistic regression including additional predictors achieved the highest predictive performance, both on Swedish and Danish data, while complex ML models with interaction terms did not provide additional improvements. The area under the receiver operating characteristic curve (AUC) on the internal validation data was 0.745 (95% CI (0.742 to 0.749)) in the Swedish model, and 0.722, 95% CI (0.719 to 0.726) in the Danish model. External validation showed similar performance, yielding an AUC of 0.746, 95% CI (0.741 to 0.751) using the Danish model on the Swedish data, and an AUC of 0.720, 95% CI (0.712 to 0.726) using the Swedish model on the Danish validation data. Conclusions Incorporating additional health-related information, such as psychiatric comorbidities and medication use, improved 5-year CVD risk prediction for people with schizophrenia in both countries. Clinical implications The models can be deployed between Denmark and Sweden without loss of performance compared with training a model on each country.

Petzold, M. B., et al. (2026) 'From Care to Motion: Physical Activity Advice in Mental Health Nursing Practice—A Cross-Sectional Observational Study.' *Journal of Psychiatric and Mental Health Nursing* 33(1), 26–37.

Background Despite the well-documented physical and mental health benefits of physical activity, people experiencing mental health challenges remain significantly less active than the general population. Mental health nurses are well positioned to promote physical activity in mental healthcare, yet little is known about their knowledge, attitudes and practices in this area, especially in Germany. **Methods** This cross-sectional study surveyed 347 mental health nurses in Germany using the German version of the Exercise in Mental Illness Questionnaire (EMIQ-G). The questionnaire assessed knowledge, attitudes, perceived barriers and recommendation behaviour regarding physical activity. This manuscript follows the STROBE reporting guidelines. **Results** Most participants were aware of the benefits of physical activity and recommended it regularly. However, only 28.8% had received formal training, and several limitations were observed regarding the quality of the recommendations: many participants did not assess clients' suitability for physical activity, a substantial proportion did not specify an intensity level, and there was a noticeable emphasis on aerobic exercises at the expense of other activity types. Mental health nurses showed a strong interest in further education, particularly regarding client motivation and appropriate exercise types. **Conclusion** While mental health nurses in Germany recognise the importance of physical activity and frequently recommend it in their mental health nursing practice, gaps in training and implementation remain. Targeted educational interventions and structural support are essential to enhance the quality and consistency of physical activity promotion in mental health nursing. These findings can inform tailored strategies to empower nurses and ultimately improve health outcomes for individuals experiencing mental health challenges.

Physical Intervention

Cranshaw, T., et al. (2025) '[Reporting of Oral Chemical Restraint in the Mental Health Services Monthly Statistics for England.](#)' *BJPsych Bulletin* , 1–5.

This study examines more than 5.8 million bed days of data from private and National Health Service care providers who contribute to the Mental Health Services Monthly Statistics in the UK. The use of oral chemical restraint is compared with provider size, and the relative use of oral chemical restraint as opposed to seclusion is investigated. The data-set has large amounts of missing data. The use of oral chemical restraint is proportional to provider size in terms of bed days. Analysis of those providers who reliably submit data demonstrates patterns of reported use of oral chemical restraint versus use of seclusion. Further research is required into the institutional characteristics that are correlated with increased use of oral chemical restraint. Efforts to investigate the use of restrictive interventions in mental health settings are frustrated by inconsistent reporting.

Police

Bacon, M. (2026) '[Police Innovation and Institutional Entrepreneurs: The Emergence of Police Drug Diversion Schemes in England and Wales.](#)' *Policing and Society* 36(1), 1–19.

Kennedy, H. G. (2026) '[Liaison between Psychiatrists and Police Siege Negotiation Teams.](#)' *BJPsych Advances* 32(1), 17–27.

Barricaded incidents, hostage-taking and sieges occur in the community, where police negotiators are usually called on to bring about a peaceful resolution. They occur also in prisons and psychiatric hospitals, where they will be managed by the institution's staff, with police support if needed. Psychiatrists and other mental health professionals have been involved in providing training and on-call support for negotiators and decision makers in these crisis situations. This article describes definitions and goals in relation to such incidents, and outlines a five-phase framework for their management (training; first responders, preliminary interventions and inquiries; negotiations; resolution; aftercare), indicating the psychiatrist's role during each phase. Ethical issues are also discussed.

Prisons

Balmer, A. N., et al. (2025) '[Interventions to Reduce Sexually Transmitted Infections and Blood-Borne Viruses in Incarcerated Adult Populations: A Systematic Review.](#)' *International Journal of Prison Health*

Duwe, G., and Clark, V. A. (2026) '[Is Hope a Good Thing, and Maybe Even the Best of Things? Exploring the Construct of Hope within the Risk-Needs-Responsivity Model.](#)' *The Prison Journal* 106(1), 3–24.

While hope has been found to have beneficial effects across a wide range of pro-social outcomes, there has been limited research on its impact for correctional populations. In June 2024, the Minnesota Department of Corrections incorporated the Adult Hope Scale into its risk-needs-responsivity assessment process. Using data collected on 1,343 individuals incarcerated in Minnesota prisons, the results revealed that greater levels of hope and, in particular, higher scores on the agency dimension were significantly associated with lower recidivism risk. The magnitude of this association was similar to that observed for other criminogenic needs domains, such as anti-social thinking, anti-social peers, and substance use. Although hope did not predict program completion, the agency subscale was significantly and positively associated with involvement in structured activities, which includes education classes, programs, and work assignments. The results suggest that assessing for hope holds the potential to improve outcomes for correctional populations.;

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Edwards, L. M., et al. (2025) '[Support and Service Provision for Women with Substance use Issues Exiting Prison in Australia: Findings from a 10-Year Retrospective Cohort Analysis.](#)' *International Journal of Prison Health* , 1–16.

Koddebusch, M., et al. (2025) '[Discontinuity and Prison Sickness: Sport Participation Barriers and Mental Well-being Effects among Women in Prison.](#)' *International Journal of Prison Health* 21(3), 292–304.

This qualitative interview study aims to examine the potential barriers and mental well-being effects of prison sports among women in a German prison. It places particular emphasis on prison-specific participation barriers and mental stress factors for females. Guided expert interviews were conducted with women in prison (n = 7). The interviews were fully transcribed and analyzed using qualitative content analysis. This study highlights a number of participation barriers, both institutional and related to the women's intrinsic motivation, which are mutually dependent. Nevertheless, sports have the potential of

enhancing the mental well-being of women in prison, who often experience higher rates of mental health disorders and more severe social challenges than their male counterparts. By addressing the need for physical activity and fostering psychological resilience, sports can promote enjoyment, enrich social bonds and contribute to personal contentment. Supervision and support from prison administration will be key to overcoming identified barriers and ensuring the success of such programs. It is essential to maintain efforts to enhance participation, particularly in light of potentially low initial participation rates. Systematically integrating sports programs into the women's daily routines is crucial for achieving long-term positive effects on mental well-being. This study reveals the necessity of addressing the mutual dependence of institutional and intrinsic participation barriers to facilitate a systematic integration of sports into everyday prison life. Given this, sports can be an effective medium to improve the mental well-being of the particularly vulnerable female prison population.

Langenhoven, R., et al. (2024) '[Coping, Adjustment, Perceived Social Support, and Age as Predictors of Depressed Mood among Male Maximum-Security Incarcerated Offenders.](#)' *Psychiatry, Psychology, and Law* , 1–21.

Liguori, F., and Calella, P. (2024) '[Physical Activity and Wellbeing in Prisoners: A Scoping Review.](#)' *International Journal of Prison Health* 21(3), 278–291.

Purpose This scoping review aims to evaluate the impact of physical activity interventions on the well-being of incarcerated individuals. It seeks to provide a comprehensive overview of existing research on various forms of physical activity, including structured exercise programs, yoga and mindfulness, and their effects on both mental and physical health within prison populations.

Design/methodology/approach A scoping review was conducted by searching Google Scholar, PubMed and Web of Science in June 2024. Keywords used included “physical activity,” “exercise,” “fitness,” “sports,” “prisoners,” “inmates,” “incarcerated individuals,” “well-being,” “mental health,” “physical health,” “psychological well-being” and “emotional well-being.” After screening 1,736 potential articles, 54 relevant studies were selected. These included structured exercise programs, yoga/mindfulness programs and evaluations of physical activity levels. Two authors independently reviewed and selected studies based on predefined inclusion criteria, ensuring a comprehensive overview of the literature on physical activity interventions in prison settings.

Findings The review identified 12 relevant studies, revealing that physical activity interventions, including structured exercise programs, yoga and mindfulness, positively impact the psychological and physical well-being of incarcerated individuals. Consistent improvements were noted in mental health outcomes, such as reduced depression and anxiety, and enhanced physical health indicators, including lower body mass index and increased fitness levels. The findings underscore the necessity for age- and gender-specific interventions to address the unique health challenges faced by different inmate demographics, highlighting the importance of incorporating diverse and culturally relevant exercise programs in prisons.

Originality/value This review uniquely synthesizes the impact of various physical activity interventions on the well-being of incarcerated individuals, emphasizing the necessity for tailored, culturally relevant programs. Notably,

no previous review has comprehensively analyzed this aspect. By comparing diverse types of interventions, it provides comprehensive insights into the benefits of structured exercise, yoga and mindfulness in prison settings. This work highlights the importance of implementing physical activity in various forms, especially for female inmates, to enhance health and well-being. It offers valuable guidance for developing effective rehabilitation strategies in correctional facilities.

Millar, C. (2025) ["The Black Box of Scary Memories": A Prison-Based Trauma Intervention Case Report.](#) *International Journal of Prison Health* 22(1), 146.

Women in prison face profound challenges, including high rates of trauma and gender inequalities. This paper aims to explore the barriers to delivering effective psychotherapy in these settings and the importance of approaches tailored to women's specific needs. A case study is presented of "Clare", a white, British woman in her early 30s, with diagnoses of autism and severe depression, serving a life sentence for murder in a women's prison in England. The intervention combined cognitive behavioural therapy with systemic working delivered within a National Health Service commissioned service. Outcomes were assessed using the Clinical Outcomes in Routine Evaluation and Problem Behaviour Checklist, supported by qualitative reflections on therapeutic resources, strengths and limitations. The intervention produced significant improvements suggesting partial support for the therapeutic approach. The case highlights the therapeutic potential of collaborative and tailored interventions, while recognising the challenges related to gender, trauma, autism and the constraints of the prison environment. Additional complexities were noted in the context of COVID-19 and social isolation. This case study offers in-depth clinical insight but is limited by its single-subject design and lack of post-discharge follow-up data. The absence of longitudinal outcome measures restricts conclusions about the sustainability of change. Further research is needed to explore adapted therapeutic models for individuals with complex trauma and co-occurring neurodivergence in forensic settings. Ethical challenges surrounding consent, particularly posthumously, highlight the importance of developing clearer publication frameworks for clinical learning. Future studies could strengthen the evidence base by combining individual case data with service-level evaluations of trauma-informed approaches in secure environments. This paper illustrates how trauma-informed psychological therapy, adapted for neurodivergent needs, can be delivered safely and effectively within a high-security women's prison. It highlights the value of flexible, relationship-based work supported by robust supervision and multi-agency collaboration. The case emphasises the importance of formulation-driven approaches, staff training and managing systemic barriers such as restricted access, risk procedures and limited specialist services. Clinicians working in secure settings may draw on this example to inform safe and ethical trauma work, particularly when navigating complex presentations, co-occurring diagnoses and environments that often compound psychological distress. This case highlights the impact of social inequalities, institutional trauma and system-induced distress on women in prison, particularly those with neurodivergent needs. It raises important questions about access to psychological care in secure settings, the potential for re-traumatisation and the risks of exclusion from therapy. The work reinforces the need for equity in mental health provision for marginalised groups, especially those affected by

intersecting vulnerabilities. Sharing this anonymised account may help inform service development, promote more compassionate care and advocate for change within carceral systems that often neglect the psychological needs of those most affected by adversity. This case study contributes to the limited literature on trauma-focused psychotherapy with women in prison. It illustrates how adapted, evidence-informed interventions can promote recovery in an often-overlooked client group, offering insights into the intersectionality of trauma, gender and imprisonment.

Prost, S. G., et al. (2025) '[A Descriptive Study of Chronic and Mental Illness Multi- and Comorbidity among Older Adults Incarcerated in a State Prison System.](#)' *International Journal of Prison Health* 22(1), 1–18.

The purpose of this study is to investigate the prevalence of chronic illness, multimorbidity, mental illness and comorbidity among older adults incarcerated in a Mid-South state prison system. This study used a cross-sectional descriptive design, gathering data through face-to-face interviews with older adults (n = 499) incarcerated in five state prisons in Kentucky. Uncovered was a substantial prevalence of chronic diseases and mental health disorders among older adults incarcerated in a Mid-South state prison system. Specifically, hypertension was reported by 65.5% of the participants, arthritis by 52.3% and diabetes by 23%. In terms of mental health, significant findings included that 34% of the older adult population scored above the threshold for major depression, and over one-third met the criteria for post-traumatic stress disorder. Constrained by its cross-sectional design, the study may not reflect changes in chronic and mental health conditions over time. The predominantly white demographic of the Kentucky state prison system limits the generalizability of findings to more racially diverse populations. Findings highlight the need for integrated health-care models within prison systems to address the complex, coexisting chronic and mental health conditions among older inmates. These findings illuminate the substantial social implications of inadequate health care for aging incarcerated persons, revealing a pressing public health issue within correctional facilities. The study highlights the often-overlooked demographic of older adults within the correctional system, particularly within a specific geographical region of the Mid-South, which is known for its higher disease prevalence. It contributes valuable insights into the multimorbidity and comorbidity of chronic and mental health conditions among incarcerated older adults.

Roberts, K., and Lawrence, D. (2026) '[Understanding the Psychological Impact of the IPP Sentence for Adult Men in a UK Category B Prison.](#)' *Journal of Forensic Practice*

Rocha, P. (2025) '[Aging Behind Bars: Barriers and Solutions in Norwegian Correctional Rehabilitation.](#)' *International Journal of Prison Health* 21(3), 305–324.

This study aims to investigate the health-related challenges faced by older inmates in Norwegian prisons, focusing on how these issues influence their ability to engage in rehabilitation programs. With an increasing proportion of inmates aged 50 and above, this research highlights the need for targeted interventions to address physical, mental and social barriers to effective rehabilitation. Using a mixed-methods approach, this study explores data using statistical methods as well as analyzes quantitative

survey data on inmate experiences alongside qualitative feedback to provide a comprehensive understanding of their needs. Key focus areas include infrastructure accessibility, mental health support and tailored rehabilitation initiatives. This study reveals that while existing rehabilitation efforts improve some aspects of well-being, significant gaps remain in addressing the unique challenges faced by older inmates. These include inadequate infrastructure, limited resources for mental health care and insufficient age-appropriate programs. Recommendations emphasize the importance of policy reforms and enhanced collaboration between correctional and health-care services to develop inclusive, effective rehabilitation strategies. By shedding light on the fastest-growing demographic in Norwegian prisons, this study contributes to a broader understanding of how age-specific approaches can improve rehabilitation outcomes. The findings have significant implications for corrections policy, promoting inclusivity, dignity and reduced recidivism through innovative and humane practices.

Scanlon, F., and Morgan, R. D. (2026) '[Changing Outcomes in Jail? Evaluating Treatment Completion and Change among Adults with Serious Mental Illness.](#)' *Criminal Justice and Behavior* 53(2), 215–232.

Jail offers an important opportunity to treat psychiatric symptoms and criminogenic risk among people with serious mental illness (SMI), although the evidence base for these programs is limited. We implemented a 9-session cognitive behavioral group program for men and women with SMI in one county jail (n = 75). We tested predictors of treatment completion and evaluated the program's effectiveness in producing change in mental illness and criminogenic risk from before to after treatment. No strong predictors of treatment completion emerged. Participants demonstrated significant improvements in psychiatric distress, well-being, and self-management of mental illness. Although not statistically significant, participants' reactive or impulsive criminal thinking and frequency of disciplinary infractions also reduced across treatment. Post hoc analyses show treatment improvement was not associated with participants' demographics. These results offer preliminary evidence that this brief program can be effective for people with SMI at a critical juncture of their legal involvement.

Turner, M., et al. (2025) '[Barriers and Facilitators in Providing Palliative and End-of-Life Care in Prison Settings: A Qualitative Study of Professional Stakeholders' Views and Experiences in Six Western Countries.](#)' *J Correct Health Care* 31(6), 373–382.

Increasing numbers of people require palliative end-of-life care (PEOLC) within prison settings, mainly because of aging populations and increasingly long sentences. There is limited research in this area, but evidence suggests that prisons possess limited resources to provide adequate care for aging and frail people at the end of life. This study aimed to explore how PEOLC is provided in prisons in different countries and identify factors that facilitate or impede its provision. A cross-sectional qualitative study using semistructured interviews was utilized to interview prison and health care staff involved in the organization and/or delivery of PEOLC to incarcerated adults in six countries. Sampling was purposive and adopted a snowball technique. Data were analyzed using framework analysis. This study provides evidence that numerous barriers exist that can impede the organization and delivery of PEOLC to people

in prison, including barriers at the individual, staff, organization, and regulatory levels. Facilitators coexisted alongside the barriers. Similar barriers and facilitators were identified in each country. Despite some good practices, multiple challenges remain in providing the same quality of PEOLC that is available outside prison, and thus, those dying in prison continue to be disadvantaged.; Increasing numbers of people require palliative end-of-life care (PEOLC) within prison settings, mainly because of aging populations and increasingly long sentences. There is limited research in this area, but evidence suggests that prisons possess limited resources to provide adequate care for aging and frail people at the end of life. This study aimed to explore how PEOLC is provided in prisons in different countries and identify factors that facilitate or impede its provision. A cross-sectional qualitative study using semistructured interviews was utilized to interview prison and health care staff involved in the organization and/or delivery of PEOLC to incarcerated adults in six countries. Sampling was purposive and adopted a snowball technique. Data were analyzed using framework analysis. This study provides evidence that numerous barriers exist that can impede the organization and delivery of PEOLC to people in prison, including barriers at the individual, staff, organization, and regulatory levels. Facilitators coexisted alongside the barriers. Similar barriers and facilitators were identified in each country. Despite some good practices, multiple challenges remain in providing the same quality of PEOLC that is available outside prison, and thus, those dying in prison continue to be disadvantaged.

Urrutia-Moldes, A. (2025) 'Light Behind Bars: How Light Impacts Mental Health in Prisons.' *International Journal of Prison Health* 21(3), 347–362.

This paper synthesises literature on non-visual effects of light in prison environments, drawing attention to disconnect between research evidence and current practices. This paper aims to guide prison designers and decision-makers towards lighting strategies that better support inmates' mental health and rehabilitation. A focused literature search was conducted from June to October 2024 using Google Scholar and PubMed, targeting peer-reviewed studies published between 1985 and 2024. Included studies addressed the non-visual effects of light related to circadian rhythm, mental health, artificial and natural lighting, stress, aggression and hormonal regulation. Only English-language studies providing empirical or theoretical insights relevant to confinement settings were considered. Studies focused solely on visual performance, non-human subjects or lacking health implications were excluded. Keyword combinations were refined iteratively, although some relevant interdisciplinary work may have been missed due to indexing or terminological variations. Neglecting the role of lighting in prison design contributes to poor psychological outcomes. Limited access to daylight and the overuse of artificial lighting with high blue light content disrupt circadian regulation, worsening sleep, mood and mental health. Conversely, designs that maximise daylight exposure and use adjustable artificial lighting with appropriate spectral qualities can promote emotional stability, reduce aggression and support rehabilitation. Relevant interdisciplinary studies may still have been missed due to database indexing limitations or terminological variations across fields. This paper bridges the gap between lighting design, environmental psychology and prison reform. By focusing on how light affects inmates' psychological health and rehabilitation, it offers insights into how prison design can be improved to foster well-being.

Weber, S., and Lynch, S. (2026) '[Interpersonal Violence, Emotion Regulation, and Trauma-Coping Self-Efficacy as Predictors of Posttraumatic Stress Disorder, Substance use, and Risk Engagement among Women in Jail.](#)' *Journal of Interpersonal Violence* 41(1-2), 26–47.

Women in jail report significantly higher rates of interpersonal violence, posttraumatic stress disorder (PTSD) symptoms, and substance use disorders compared to the general population. Exposure to interpersonal violence is associated with PTSD and maladaptive behaviors such as substance use and engagement in risky behaviors. However, less is known about mechanisms, such as emotion regulation and trauma-coping self-efficacy, that might increase or decrease the likelihood of these maladaptive behavioral health outcomes in this population. The present study investigated the extent to which emotion regulation and trauma-coping self-efficacy exert indirect effects on the relations between cumulative interpersonal violence exposure and distress outcomes (i.e., PTSD, substance use, and risky behavior) among women in jail. Interviews were completed by 180 randomly selected women recruited from two county detention centers in the Mountain Northwest. Hypotheses were tested using structural equation modeling. Interpersonal violence significantly predicted PTSD, risky behaviors, difficulties in emotion regulation, and trauma-coping self-efficacy. Difficulties with emotion regulation predicted PTSD and trauma-coping self-efficacy predicted PTSD and substance use symptoms. In addition, there were significant indirect effects for both emotion regulation and trauma-coping self-efficacy on interpersonal violence and PTSD and interpersonal violence and substance use. These findings suggest potential targets for intervention in the underserved and highly trauma-exposed population of system-involved women.

Zhorayev, O., et al. (2026) '[County Characteristics Associated with Implementation Strategies to Reform the use of Jail for People with Behavioral Health Problems.](#)' *Criminal Justice and Behavior* 53(1), 119–139.

Counties engage in various strategies to implement behavioral health services in jail and community settings. National initiatives to reduce the use of jail for those with mental illness emphasize four primary implementation strategies: relationship building among agencies, performance monitoring, integration of care across agencies, and consensus on common goals. Using survey data from 519 U.S. counties, this research employs hierarchical linear modeling (HLM) to examine county characteristics associated with these strategies. We find that higher interagency data capacity, a greater number of grants or initiatives, and a greater number of evidence-based programs are significantly associated with the use of relationship-building, performance monitoring, and integration of care strategies. The availability of data experts is a significant determinant of relationship-building strategies. In contrast, sociodemographic characteristics such as county size and rurality do not significantly predict the use of implementation strategies to reduce the number of individuals in jail with mental illness.

Psychology

Rachwal, F., and Gredecki, N. (2026) 'A Phenomenological Investigation into the use of Therapist Self-Disclosure in Compassion-Focused Therapy with Forensic Clients.' *International Journal of Offender Therapy and Comparative Criminology* 70(1), 38–54.

Existing research has demonstrated the benefits of therapist self-disclosure (TSD) in strengthening therapeutic alliance. However, little is known about its effectiveness in the forensic context. The current research sought to address this gap by interviewing six Compassion Focused (CFT) therapists who had experience of working across a range of forensic settings. Results of an Interpretative Phenomenological Analysis (IPA) indicated that all participants advocated using TSD as a powerful therapeutic tool when working with forensic clients. However, there was a tension between balancing risk with the rewards of TSD, and participants expressed how the secure forensic environment was not conducive to its use. There was a consensus that TSD was more strongly discouraged with clients who had sexual convictions. For some, this had an impact on their own disclosures. Training on the function of TSD is recommended in forensic practice to address some of the environmental barriers to its implementation.

Psychopathy

Vasaturo, A., et al. (2026) 'The Effects of Psychopathy Facets on Treatment Involvement.' *International Journal of Offender Therapy and Comparative Criminology* 70(2-3), 167–183.

The current study explored the relations between patient characteristics and psychopathic traits in predicting treatment involvement. We rated treatment involvement using detailed archival clinical files of 218 individuals committed to the Massachusetts Treatment Center (MTC). Psychopathy Checklist-Revised (PCL-R) scores had been rated from a previous study on the same sample. Overall, PCL-R Facets 2 and 4 significantly predicted decreases in treatment involvement, suggesting the characteristics associated with these facets have the most disruptive effects on treatment involvement. Exploratory analyses were also conducted assessing the relations between the PCL-R facets and the individual treatment involvement components. Whereas Facet 2 significantly predicted lower levels in all three individual treatment involvement components, Facet 4 only significantly predicted lower levels in two, highlighting the differentiating effects of these facets. Identifying the components that have either positive or negative effects on treatment involvement can allow clinicians to tailor treatments to optimize treatment involvement and outcome.

Psychosis

Balcioglu, Y. H., et al. (2025) 'Profiling Overkill Cases Perpetrated by Individuals with Psychotic Illness: A Cross-Sectional Study from Türkiye.' *Criminal Behaviour and Mental Health* 35(6), 334–343.

Background Although individuals with psychosis represent a minority of homicide perpetrators, they are overrepresented in 'overkill' cases, yet little is known about the characteristics of this specific group. **Aims** To describe the characteristics of people with psychosis who not only kill another person but also use far more force than necessary to do so. **Methods** A 10-year cross-sectional clinical chart review was conducted at two major forensic psychiatry centres in Türkiye found 183 homicide perpetrators with psychotic illness whose index offences met overkill criteria, operationalised as the infliction of violence beyond that necessary to cause death. Data on background, clinical and homicide-related factors were analysed and an exploratory cluster analysis was performed. **Results** Almost all (91%) perpetrators were men, with a mean age of 38 years and long-standing illness with impaired psychosocial functioning and prior psychiatric contact. Most usually the victim was a relative, killed in a private indoor setting with a sharp weapon, easily to hand, when the perpetrator was experiencing active psychotic symptoms. Cluster analysis confirmed two distinct subgroups: this psychosis-dominant/domestic type, but also a smaller externalising/premeditated type, these perpetrators characterised by more planning and much greater likelihood of prior involvement with crime and/or substance use and targeting peers rather than family. **Conclusion** The profile of overkill perpetrators with psychotic illness largely resembles that of people with psychosis who kill without excessive violence, but the identification of two distinct subgroups highlights important heterogeneity within this population. Given that the perpetrators had almost all been known to mental health services at some point, these findings should help focus assessments and guide risk management approaches, which, particularly for the domestic attacks, may include environmental strategies.

Calciu, C., et al. (2025) 'Exploring the Relationship between Dissociative Experiences and Recovery in Psychosis: Cross-Sectional Study.' *BJPsych Bulletin* , 1–10.

This study explored the association among dissociative experiences, recovery from psychosis and a range of factors relevant to psychosis and analysed whether dissociative experiences (compartmentalisation, detachment and absorption) could be used to predict specific stages of recovery. A cross-sectional design was used, and 75 individuals with psychosis were recruited from the recovery services of the Gloucestershire Health and Care NHS Foundation Trust. Five questionnaires were used - the Dissociative Experiences Scale - II (DES), Detachment and Compartmentalisation Inventory (DCI), Questionnaire about the Process of Recovery, Stages of Recovery Instrument (STORI), and Positive and Negative Syndrome Scale - and a proforma was used to collect demographic data. Our findings indicated that compartmentalisation, detachment and absorption, as measured by DES and DCI, do not predict stages of recovery as measured by the STORI. The results of this study suggest that there is no simple relationship between dissociative and psychotic symptoms. They also suggest a need

to assess these symptoms separately in practice and indicate that special approaches to treatment of psychosis may be needed in cases where such symptoms have a significant role.

Černis, E., et al. (2025) '[Working with Felt Sense of Anomaly Dissociation in the Context of Psychosis: Guidance for Therapists.](#)' *Behavioural and Cognitive Psychotherapy* 53(3), 211–223.

Dissociative experiences are common transdiagnostically, and particularly prevalent in psychosis. Such experiences have long been under-recognised in routine clinical practice, despite evidence that dissociation is related to clinical complexity and increased risk of self-harm and suicidality. Adopting a symptom-specific, targeted approach to conceptualisation and intervention for dissociation may help improve outcomes. The evidence base for psychological treatments targeting dissociation is building, but training and guidance for clinicians remains sparse. This review outlines a preliminary approach to the treatment of a subtype of dissociative experience (felt sense of anomaly dissociation), based on emerging research evidence and clinical practice. The guidance is tailored to the context of psychosis, and may also have broader clinical relevance. We present symptom-specific guidance for clinicians, including factors to consider in the assessment, formulation, and intervention for felt sense of anomaly dissociation in the context of psychosis, and reflections on process issues. We present a cognitive behavioural model, where affect-related changes are interpreted as an internal threat, driving a maintenance cycle of catastrophic appraisals and safety behaviours. Using this formulation, evidence-based therapy techniques familiar to most readers can then be applied. It is important for clinicians to consider dissociation. As well as generating new avenues for translational intervention research, we anticipate that the novel insights and specific advice outlined here will be of use to professionals working with dissociation in psychosis (and beyond). Encouragingly, we demonstrate that widely used, evidence-based skills and techniques can be employed to address distress arising from dissociation.

Dudley, R., et al. (2025) '[Digitally Delivered Treatment for Unusual Sensory Experiences for People with Psychosis: A Real-World Service Evaluation Study.](#)' *Behavioural and Cognitive Psychotherapy* 53(3), 253–263.

Hallucinations and other unusual sensory experiences (USE) are common in people with psychosis. Yet access to effective psychological therapies remains limited. We evaluated if we can increase access to psychological therapy by using a brief treatment, focused only on understanding and dealing with hallucinations (Managing Unusual Sensory Experiences; MUSE), delivered by a less trained but more widely available workforce that harnessed the benefits (engaging content, standardisation) afforded by digital technology. The delivery of this in a real-world setting was considered within the non-adoption, abandonment, scale-up, spread, and sustainability (NASSS) framework. Thirty-eight people with psychosis and distressing hallucinatory experiences were offered sessions of MUSE, delivered by trained and supervised assistant psychologists. MUSE was evaluated within an uncontrolled study conducted in routine clinical practice. Assessments pre- and post-treatment enabled consideration of the impact of the real-world intervention. There was good uptake (88.4%), and receipt of MUSE (89% received four or more sessions). On average participants received 8.69 sessions. The participants reported significant

reductions in voice hearing, paranoia, as well as improved quality of life. The feedback from the participants indicated that MUSE delivered by a less trained workforce was acceptable and beneficial. In a real-world setting we were able to offer and deliver sessions of a brief psychological psycho-education and coping skills enhancement package to people with distressing USE in the context of psychosis. The delivery of MUSE when considered against the NASSS framework appears to be a good candidate for adoption in services.

Wood, L., et al. (2025) '[A Crisis-Focused Cognitive Behavioural Informed Approach to Formulating Experiences of Psychosis in Acute Mental Health Inpatient Settings.](#)' *Behavioural and Cognitive Psychotherapy* 53(3), 238–252.

People experiencing psychosis in acute crisis should be offered cognitive behavioural therapy for psychosis (CBTp); however, there are few crisis-focused CBTp-informed models to underpin formulation development for people experiencing psychosis and receiving inpatient mental health care. This paper draws on existing CBTp and crisis theories to conceptualise a psychotic crisis from a cognitive behavioural perspective to inform the delivery of therapy in inpatient settings. Previous literature is reviewed, critiqued, and synthesised. It draws upon relevant crisis and CBTp theories to outline how to best formulate a psychotic crisis. Drawing on existing research and theory, this paper outlines how a psychotic crisis can develop and be maintained. It highlights the importance of the person's context including the social, political, and cultural context, interpersonal context and trauma, and previous and current inpatient experience. It then outlines the key triggers, cognitive, behavioural, and emotional components of the crisis, and personal strengths, values and resources. A crisis-focused CBTp-informed approach is outlined, which can be used to underpin formulation and brief therapy strategies for people experiencing a psychotic crisis. More research is required to explore the efficacy of such therapies.

Research

Moghimi, E., et al. (2026) '[A Focused Ethnography of Researchers Navigating Power Dynamics when Implementing Patient-Oriented Research Practices in a Forensic Mental Health Setting.](#)' *International Journal of Forensic Mental Health* 25(1), 28–39.

This ethnographic study explores how a research team navigated power dynamics while developing patient-oriented research practices in a high-secure forensic mental health care setting. Data were collected through team meetings, interviews, and field notes. The study explored how power was understood and addressed at individual, interpersonal, and structural levels. The three themes and six subthemes focused on the importance of acknowledging power within the system, power given to the project through community support, and power held by researchers. Researchers learned to navigate strict policies, procedures, and practices within the forensic environment, focusing on building trust with staff while ensuring patient autonomy and engagement. Equitable communication, particularly with patients, was critical in garnering support for patient-oriented research, often requiring the use of

accessible language. Lastly, reflexivity allowed the research team to critically reflect on their biases and positionalities, fostering power-balanced relationships essential for authentic engagement. Findings suggest that addressing power imbalances early and often, and building on the support of staff champions, are key considerations for conducting patient-oriented research in forensic mental health settings.

Risk Assessment

van Dooren, M., et al. (2026) ['Standardized Risk Levels for Violent Recidivism Risk Assessed with the HCR-20: An Exploration.'](#) *Psychology, Crime & Law* 32(2), 394–411.

Schizophrenia

Chien, W. T., et al. (2026) ['Family-Based Interventions Versus Standard Care for People with Schizophrenia, a Cochrane Review.'](#) *BJPsych Advances* 32(1), 2.

Data collection and analysis We used standard Cochrane methods. Compared to standard care, family-based interventions probably reduce caregiver burden at one month or less postintervention (MD -5.84, 95% CI -6.77 to -4.92; 8 RCTs, 563 participants; moderate-certainty evidence) and may result in more family members shifting from high to low expressed emotion (RR 3.90, 95% CI 1.11 to 13.71; 2 RCTs, 72 participants; low-certainty evidence). Family interventions may result in little to no difference in patients' death (RR 0.48, 95% CI 0.18 to 1.32; 6 RCTs, 304 participants; low-certainty evidence) and hospital admission (≤ 1 month postintervention; RR 0.81, 95% CI 0.51 to 1.29; 2 RCTs, 153 participants; low-certainty evidence) in comparison with standard care.

Karahan Ağu, E., and Orak, O. S. (2025) ['The Effect of A Self-Compassion-Oriented Mindfulness-Based Psychoeducation Program on Internalized Stigma in Individuals Diagnosed with Schizophrenia.'](#) *Issues in Mental Health Nursing* 46(12), 1237–1249.

This study examined the effect of a self-compassion-oriented mindfulness-based psychoeducation program on internalized stigma in individuals diagnosed with schizophrenia. This single-blind, randomized controlled experimental study was conducted with individuals with schizophrenia who were receiving follow-up care at a Community Mental Health Center in a province in northern Türkiye between June and August 2024. Following the administration of pretest assessments, the sample was randomly allocated into an experimental group (= 21) and a control group (= 21) through simple randomization. The psychoeducation program, adapted to the specific needs of this population, was administered to the experimental group. Data were collected using the Internalized Stigma of Mental Illness (ISMI) scale and the Descriptive Characteristics Form. Posttest measurements revealed a statistically significant

difference between the experimental and control groups in the total score and the subdimensions of Alienation, Stereotype Endorsement, Perceived Discrimination, and Social Withdrawal ($p < 0.05$). The psychoeducation program significantly reduced the total scores on the ISMI among individuals diagnosed with schizophrenia, demonstrating a large effect size of 17.3% ($\eta^2 = 0.173$; $p = 0.006$). These findings suggest that a self-compassion-oriented mindfulness-based psychoeducation program, adapted specifically for individuals with schizophrenia, is an effective intervention for reducing internalized stigma in this population.

Kaya Ozturk, L., et al. (2025) 'Examining the Effect of "Instrumental Activities of Daily Living Group Therapy" on Social Functioning in Individuals with Schizophrenia: Randomized Controlled Study.' *Occupational Therapy in Mental Health* 41(4), 463–478.

The aim of the randomized controlled study was to examine the effect of instrumental activities of daily living (IADL) group therapy on social functioning in individuals with schizophrenia. A total of 30 individuals with schizophrenia were randomly assigned to two groups, intervention group ($n = 15$) and control group ($n = 15$). All participants received standard mental health services, while the intervention group also received 45 minutes of IADL group therapy. The intervention group had significant improvements, compared to the control group in the areas of IADL, social engagement, and interpersonal behavior. IADL group therapy is recommended for use in patients with schizophrenia.

Shaw, M. (2026) 'Schizophrenia is a Family Matter – but which Interventions are Helpful?' *BJPsych Advances* 32(1), 3–7.

High expressed emotion (EE) in families is known to increase risk of relapse for people with schizophrenia. This Cochrane Review by Chien et al suggests that family-based interventions such as psychoeducation may result in a reduction in caregiver burden, a shift from high to low EE, and perhaps also reduce patient relapse rates. However, there was a high degree of heterogeneity in the combined study sample and a significant risk of bias across studies. The authors' decision to only include studies reporting both a family member and a patient outcome means relevant evidence in this area may not have been incorporated.

Zhang, L., et al. (2026) 'Turning Points in the Shadows: Critical Incidents Influencing Help-Seeking Behaviours and Duration of Untreated Psychosis in Individuals with Schizophrenia.' *Journal of Psychiatric and Mental Health Nursing* 33(1), 14–25.

Introduction The extended duration of untreated psychosis (DUP) in individuals with schizophrenia represents a significant challenge in mental healthcare delivery, potentially compromising treatment outcomes and recovery trajectories. Understanding the critical incidents that influence help-seeking behaviours remains crucial yet understudied from patients' perspectives. **Aim** To identify and analyse the critical incidents that influence help-seeking behaviours and duration of untreated psychosis in individuals with schizophrenia, and to examine the factors associated with these turning points. **Method** In a qualitative study, 21 individuals in remission from schizophrenia participated in semi-structured interviews based on the critical incident technique. The COREQ guidelines were followed for reporting

qualitative research. Interviews were analysed using reflexive thematic analysis to identify key themes and patterns. Results Analysis revealed two primary domains: internal turning points (self-recognition of symptoms, personal coping strategies) and external catalysts (family intervention, crisis events). Family members emerged as crucial facilitators in the help-seeking process, with their involvement significantly reducing DUP. Educational background, cultural beliefs, and previous mental health awareness were identified as key factors influencing the timing of help-seeking behaviours. Discussion These findings illuminate the complex interplay between personal, familial and social factors in determining when and how individuals with schizophrenia seek professional help. The results emphasise the critical role of family support systems in facilitating earlier intervention. Implications Mental health professionals can utilise these insights to develop targeted early intervention strategies and family education programs, potentially reducing DUP and improving treatment outcomes for individuals experiencing first-episode psychosis.

Sexual Offenders

Douglass, M. D., et al. (2026) '[Sexual Offending: The Impact of the Juxtaposition between Social Constructions and Evidence-Based Approaches.](#)' *Journal of Forensic Psychology Research and Practice* 26(1), 1–25.

Sundet, I., et al. (2026) '[Correlates of Treatment Satisfaction among Adults Convicted of Sex Offenses.](#)' *International Journal of Offender Therapy and Comparative Criminology* 70(2-3), 209–227. Treatment satisfaction and post-treatment factors have not received focus in research on the efficacy of sex offender treatment. We aim to describe factors that are associated with treatment satisfaction and how having satisfaction with sex offender treatment is related to future health and protective factors. We solicited responses via an anonymous self-administered survey from 718 adults in the United States who were required to register on a sex offender registry. Being older, a person of color, and not sentenced to prison were associated with higher odds of treatment satisfaction. Those convicted of rape offenses had higher odds of treatment satisfaction than respondents with other types of sexual offenses. A significant relationship was found between treatment satisfaction and being in a committed relationship, being in good mental and physical health, and being self-employed. The results suggest that satisfaction with treatment is a good predictor of treatment benefits.

van den Berg, J. W., et al. (2025) '[Personalised Monitoring and Feedback on Risk-Relevant Features in Forensic Case Formulation: A Series of Case-Studies in Men Who have Committed Sexual Offences.](#)' *The Journal of Sexual Aggression* 31(3), 548–565.

The current study investigated to what extent personalised information on interrelated risk-relevant behavioural, psychological, and contextual features obtained using experience sampling method (ESM) can be deployed to inform forensic case formulations of adult men with a history of sexual offences. Five

adult men in outpatient forensic treatment for committing sexual offences monitored personal risk-relevant features using ESM and discussed the resulting feedback report with their therapist. Data were collected using the Twente engagement with Ehealth technologies Scale, an online questionnaire, a semi-structured interview and log data. Participants reported increased awareness of personal patterns of risk-relevant features and their possible association with the risk of sexual reoffending. The participants did not perceive the ESM procedure as burdensome or intrusive. Obtaining personalised information on risk-relevant features by ESM was feasible and achievable for adult men with a history of sexual offences. Insights derived from ESM measurements could enhance traditional forensic case formulation. Combining experience sampling method (ESM) and traditional forensic case formulation can help adult men with a history of sexual offences to better understand patterns in their risk-relevant characteristics. A more thorough understanding of such patterns may improve treatment plans focused on desistance of sexual reoffending.

Wilpert, J. (2025) '[Negative Emotionality and Coping in Forensic Outpatients with Sexually Transgressive Behaviour.](#)' *The Journal of Sexual Aggression* 31(3), 521–532.

Negative emotionality has been consistently linked to an increased risk of sexual offending. Ninety-one Dutch males treated in outpatient forensic psychiatry for sexually transgressive behaviour were studied on self-reported negative emotionality, coping and sexual coping, and therapist assessed corresponding dynamic risk factors. Outpatients reported more prevalence of high negative emotionality than therapists. Correlation analyses showed, amongst others, a significant positive association between emotional coping and all subscales of negative emotionality: stress (strong), aggression (weak) and alienation (weak). Furthermore, regression analyses revealed that self-reported stress was a significant predictor of several types of self-reported coping (task, emotional, avoidant, and sexual consent and molest) and assessed sexual coping. Additionally, self-reported aggression predicted consent and rape-themed sexual coping. These results indicate a nuanced relationship between different aspects of negative emotionality and coping mechanisms, underscoring the relevance of careful consideration tailored to characteristics of the patient involved when addressed in forensic treatment. The observed associations between (aspects of) negative emotionality and coping, promote the use of patient-tailored emotion regulation interventions in the forensic treatment of outpatients with sexually transgressive behaviour. Moreover, self-report appears to provide useful additional information for further tailoring therapy.

Substance Misuse

Roberts, E. (2025) '[Hype Or Hope? the Developing Evidence Base for Psychedelic Treatment of Addiction Disorders.](#)' *British Journal of Psychiatry* 227(6), 830–832.

There has been substantial recent renewed interest and investment to assess the therapeutic potential of psychedelic compounds in addiction disorders. This editorial discusses the available evidence from

randomised trials and future research directions in the field, together with potential implications for patients, professionals and the wider addiction treatment system.

Trauma

Murphy, N., and Lawrence, D. (2025) '[Are we Asking the Right Questions? Assessing Trauma Histories of Men Involved in the Justice System.](#)' *Journal of Forensic Practice*

Rahme, C., et al. (2026) '[The Relationship between Early Maladaptive Schemas and Intimate Partner Violence Against Women: The Moderating Effect of Childhood Trauma.](#)' *Journal of Interpersonal Violence* 41(1-2), 320–344.

The study objectives were to test the hypothesis that childhood trauma moderates the associations between early maladaptive schemas (EMS) and intimate partner violence (IPV) among women in the specific Lebanese patriarchal context. This is a cross-sectional study that was conducted on Lebanese women between September and December 2018; 1,655 participants enrolled in this study were from all of Lebanon's governorates and were selected using an equitable representative sample. The "Disconnection and Rejection" EMS domain showed the strongest correlations with both physical and nonphysical IPV ($r = .46$ and $r = .51$, respectively) in our sample. Moderation analyses findings showed that at low, moderate, and high levels of childhood trauma, greater endorsement of the "Disconnection and Rejection" schema domain was strongly linked to more severe physical and nonphysical IPV. Furthermore, childhood trauma (only at high levels) emerged as a significant moderator in the link between the "Impaired autonomy and performance" domain and physical/nonphysical IPV. High levels of childhood trauma significantly moderated the association between "Other directedness" and nonphysical IPV. Finally, low levels of childhood trauma moderated the link between "Over-vigilance and Inhibition" and physical IPV. Given that EMS are known to be resistant to change, identifying childhood trauma as a moderator in the link between certain specific EMS and IPV can provide novel avenues for the prevention IPV and its long-lasting detrimental consequences. Childhood trauma can be regarded as a target for prevention and intervention, as it can assist in mitigating correlations between EMS and IPV occurrence.

Violence

Alqatwan, Y., et al. (2025) '[Do Cognitive Distortions Mediate the Relationships between Critical Thinking, Moral Reasoning and the Risk of Violence?](#)' *Criminal Behaviour and Mental Health* 35(6), 316–326.

Background A considerable body of existing literature has shown links between critical thinking, moral

reasoning and violence or risk of violence. Still, the psychological processes through which these deficits translate into violent behaviour remain unclear. Emerging evidence suggests that cognitive distortions may be key mechanisms, yet these pathways have rarely been tested in severe offender samples. Aims To examine whether cognitive distortions—specifically emotional suppression and abundant thoughts—mediate the associations between critical thinking, moral reasoning and the risk of violent behaviour. Methods Participants, all men, were recruited from one prison for the homicide and other violent offender groups and from the broader community for the nonviolent comparison group. Consenting participants completed standardised measures of critical thinking, moral reasoning, cognitive distortions and violence risk. Mediation analyses were then conducted to examine whether cognitive distortions accounted for the associations between reasoning abilities and violent behaviour. Results The final sample was of 57 men convicted of homicide, 60 of nonfatal violence and 59 wider-community-living men with no criminal history. Noncriminal men showed the highest critical thinking and moral reasoning scores, followed by violent offenders, with homicide offenders lowest. Cognitive distortions showed the reverse pattern and were strongest among homicide offenders. Stronger reasoning abilities were associated with lower violence risk, whereas greater distortions were associated with greater risk. Mediation analyses indicated that emotional suppression and abundant thoughts partly explained the associations between lower reasoning skills and both past severe violence and estimated future violence risk. Conclusions This study shows that emotional suppression and abundant thoughts are central mechanisms linking weaker critical and moral reasoning to violence risk, advancing prior work by identifying how these deficits translate into violent behaviour. Demonstrating these pathways in a homicide offender sample provides new evidence that cognitive distortions are crucial intervention targets. Strengthening reasoning skills alongside reducing distortion-based thinking may therefore help lower violence and recidivism.

Aslan, M., et al. (2026) 'Agitation and Aggression in Psychiatric Care: Insights from Nursing Observations in a Turkish Mental Health State Hospital.' *Journal of Psychiatric and Mental Health Nursing* 33(1), 109–119.

Introduction Nursing observations are a critical component of psychiatric services, playing a key role in ensuring patient safety and maintaining high standards of care. Aims This study aims to examine the relationship between nursing observations and their impact on patient agitation and aggression in a psychiatric state hospital. Methods The study included 363 inpatients and was part of a broader investigation into the impact of nursing services on treatment processes during hospitalisation in a psychiatric hospital. The data were collected through observation forms completed by nurses and analysed statistically. Results Certain nursing interventions and observations were significantly associated with patient agitation and aggression. Weak to moderate correlations were found between various behaviours and restraint–isolation, excitation and agitation. Linear regression models revealed significant predictors for restraint, excitation and agitation based on observed behaviours. Discussion There remains uncertainty regarding which observation areas should be prioritised and how they should be evaluated. A structured, evidence-based psychiatric nursing observation guideline is urgently needed

to address inconsistencies in care. **Limitations** Due to the lack of standardised assessment tools in this area, conclusions were based on electronically documented qualitative observations. **Implications** The findings suggest that targeted nursing interventions can effectively reduce agitation and aggression, thereby improving patient safety and care quality. **Recommendations** Enhancing the structure and quality of nursing observations could lead to significantly better outcomes for individuals with psychiatric disorders. **Summary** What is known on the subject? ○Nursing observations are essential for ensuring patient and staff safety and managing effective psychiatric care. ○There is limited standardisation in psychiatric nursing observations, leading to variability in care quality. What the paper adds to existing knowledge? ○Some areas such as sleep, self-care, orientation and treatment adherence are associated with levels of agitation and aggression observed during nursing interventions and patient assessments. ○The findings highlight the importance of structured and systematic nursing observation and interventions as a method of reducing the frequency of aggression and agitation. What are the implications or impacts of the paper? ○Structured nursing observations are essential for the early detection of agitation and aggression, enabling timely and appropriate interventions. ○The study highlights the urgent need for standardised, evidence-based guidelines to improve the quality and consistency of psychiatric nursing observations. ○The research contributes to the global discourse on non-pharmacological approaches in psychiatric care, emphasising the potential of nursing practices to improve therapeutic outcomes.

Gao, M., et al. (2025) 'Effect of Cognitive Behavior Intervention on Violent Behavior in Female Patients with Schizophrenia.' *Issues in Mental Health Nursing* 46(12), 1261–1267.

We aimed to explore the effect of cognitive behavior intervention on violent behavior in female patients with schizophrenia (SP). A total of 86 female SP patients who were treated in Fuyang Third People's Hospital from January 2021 to January 2023 were included, and they were randomly divided into control and cognitive behavior intervention groups (n = 43). Patients in the control group received routine psychiatric nursing measures, including basic nursing, drug guidance, safety management, and psychological nursing. Those in the cognitive behavior intervention group received cognitive behavioral intervention based on routine nursing measures, including evaluating the condition and establishing a treatment alliance in the first week, knowledge training in the second week, cognitive reconstruction in the third week, and cognitive behavior training in the fourth week. The number of violent incidents after intervention was compared between the two groups. The Brief Psychiatric Rating Scale (BPRS) was used to compare the nursing effects. The incidence of violent behavior after nursing in the cognitive behavior intervention group was 13.9% (6/43), which was lower than that in the control group (39.5%, 17/43). There was no significant difference in BPRS between the two groups before nursing intervention ($p > 0.05$). After intervention, BPRS was notably decreased in the two groups than before intervention ($p < 0.05$), and the BPRS factor scores in the cognitive behavior intervention group were significantly lower than those in the control group ($p < 0.05$). This study provides preliminary evidence that CBI may reduce the incidence of violent behaviors in female patients with schizophrenia, with the intervention group demonstrating a lower rate of violent incidents compared to the control group. While these findings suggest the potential

clinical utility of CBI for managing violence risk in this population, several important limitations must be acknowledged, including the restricted sample size and the exclusion of male patients.

Melunovic, I., et al. (2025) '[Contributing Factors to Aggressive Incidents in Correctional and Forensic Psychiatric Care: A Rapid Evidence Assessment.](#)' *Journal of Forensic Practice*

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