

# Current Awareness Bulletin:

## *Latest Forensic Evidence*

November 2025

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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## Autism

**Chester, V., et al. (2025) '[Autistic People within Forensic Psychiatric Services and the Criminal Justice System: A Systematic Review.](#)' *The Journal of Forensic Psychiatry & Psychology* 36(5), 711–773.**

Understanding autism prevalence within the Criminal Justice System (CJS) and forensic settings has implications for identifying clinical/forensic needs, planning responses, potentially improving outcomes. This systematic review aimed to synthesise studies investigating autism prevalence within CJS/forensic cohorts, and the prevalence of CJS/forensic involvement in autistic cohorts. Searches were conducted on 6 June 2023, alongside backward searching and expert consultation. Studies were synthesised narratively with reporting quality appraised. The search yielded 6481 articles. Following duplicate removal, titles and abstracts of 4207 articles were screened; 71 articles were full text screened and 41 met eligibility criteria. Prevalence rates of autism in CJS/forensic settings were examined in 25 studies, varied from 0-60%, with rates of autism higher than the general population prevalence estimate of 1% in 24 of 25 included studies. Prevalence rates of CJS/forensic involvement in autistic populations

were examined in 16 studies, with reported rates varying by 3-71%. Studies examining prevalence of CJS/forensic involvement among autistic people indicate a rate of offending at a lower, or equivalent level to comparison samples. However, studies examining autism prevalence within CJS/forensic settings suggest over-representation. Possible explanations fall within three categories: pre-sentencing factors, autistic offender factors or post-sentencing factors. Implications for practice and research are discussed.

## Coercive Measures

**Pariseau-Legault, P., et al. (2025) 'Formal Coercion and the Moral Division of Labor: Moving Beyond Role Conflicts in Psychiatric Nursing.' *Journal of Psychiatric and Mental Health Nursing* 32(5), 1232–1243.**

**ABSTRACT** Introduction Psychiatric nurses are actively involved in involuntary hospitalisations and treatments. However, the scientific literature lacks insights into strategies used to navigate roles and institutional expectations in this regard. Aim To achieve a deeper understanding of practices that support the exercise of individual rights in psychiatry during involuntary hospitalisations and treatments. Method A situational analysis was conducted. Nineteen (n = 19) mental health workers participated in a semi-structured interview and completed a socio-demographic questionnaire. Case law review (n = 126) and non-participant observations (n = 70 h) were also conducted. Results The moral division of labour is a central element in mental health interventions, organising four types of practices: socio-legal assistance, support for exercising rights, intersectoral coordination and ignorance and trivialisation. Discussion Our findings reveal that nursing care is predominantly medicalised, confining nurses to a subordinate role. They also indicate marginal practices focused on socio-legal assistance and human rights support. Intersectoral coordination, though crucial, remains an invisible aspect of nursing practice. Implications for Practice There remains a significant lack of awareness about human rights issues in psychiatry. This research underscores the importance of considering professional hierarchies, organisational expectations and legal awareness to address role conflicts in psychiatric care. Relevance Statement This research highlights the need to study nurses' agency, offering insights into how they interpret and apply psychiatric laws. Such research could deepen knowledge on human rights issues in psychiatry or, at minimum, promote greater recognition of these concerns. Social policy implications are also notable, underscoring the need for integrated socio-legal assistance during involuntary treatments to support patients navigating complex systems and exercising their rights. Finally, the findings point to the importance of examining professional hierarchies, organisational expectations and legal awareness in developing practices that address the emotional, educational and intersectoral aspects of psychiatric coercion.

Wostry, F., et al. (2025) '[The Impact of Coercive Measures on the Therapeutic Relationship between Patients and Nurses in the Acute Psychiatric Care. an Integrative Review.](#)' *Journal of Psychiatric and Mental Health Nursing* 32(5), 1184–1196.

**ABSTRACT** Introduction The reduction of coercion requires a stable therapeutic relationship. It is generally assumed that coercive measures have a negative effect on the therapeutic relationship, but little is known about the specific impact. Question What is the impact of coercive measures in acute psychiatric care on the therapeutic relationship between nurses and patients? Method An integrative review and a thematic analysis were undertaken. Results Theme 1, labelled 'Destructive effects', encompasses three subthemes: 'Loss of trust', 'Power imbalance' and 'Engagement reduction' and highlights the negative impact on the therapeutic relationship. Theme 2, entitled 'Nursing dilemma', with the subtheme 'Dehumanisation' discusses the inherent conflicts faced by mental health nurses. Theme 3, 'Reinforcement', suggests potential enhancements in therapeutic relationships. Discussion Key characteristics of the therapeutic relationship, such as providing support, meeting at eye level, empathy and trust, can suffer damage from coercive measures and diminish a fundamental aspect of psychiatric nursing. Moreover, the absence of a therapeutic relationship can foster behaviours that prompt additional coercive measures, creating a negative cycle with adverse effects for all involved. Implications for Practice Nurses need to be aware of the effects of coercive measures on therapeutic relationships and use coercive measures as a last resort.

## Compulsory Treatment

Corderoy, A., et al. (2024) '[The Benefits and Harms of Inpatient Involuntary Psychiatric Treatment: A Scoping Review.](#)' *Psychiatry, Psychology and Law* 32(5), 734–781.

## Female Services

de Vogel, V., et al. (2025) '[Working with Women in Forensic Mental Health Care: Guidelines for Gender-Responsive Assessment and Treatment.](#)' *International Journal of Offender Therapy and Comparative Criminology* 69(15), 2165–2184.

Important gender differences, relating to trauma history, offending and mental health needs are not sufficiently considered in most (risk) assessment and treatment procedures in forensic practice. We developed guidelines for gender-responsive work in Dutch forensic mental health care. The experiences of practitioners and forensic psychiatric patients were collected and analyzed by means of an online survey (n = 295), interviews with professionals (n = 22), female (n = 8) and male (n = 3) patients. Guidelines regarding gender-sensitive (risk) assessment and trauma-informed care were rated as most relevant in the survey. In the interviews we focused on experiences and wishes for trauma treatment and

gender-mixed treatment. Practical guidelines were written based on the results of the survey, interviews and literature, and presented in expert meetings with patients and practitioners, and further refined based on their comments. Applying these guidelines may contribute to improved treatment for female patients thereby preventing relapse.

**Magnusson, E., et al. (2025) '[Healthcare Staff's Experiences of Caring for Women in Compulsory Psychiatric Inpatient Care.](#)' *Issues in Mental Health Nursing* 46(11), 1066–1075.**

## Medication

**Aziri, H., et al. (2025) '[Genetic Identification of Undiagnosed Benign Ethnic Neutropenia in Patients Receiving Clozapine Treatment.](#)' *British Journal of Psychiatry* 227(2), 533–537.**

Clozapine therapy presents a risk of agranulocytosis, necessitating monitoring of white blood cell count. The detection of benign ethnic neutropenia (BEN), in which neutropenia can be present without an increased risk of infection, is particularly important in preventing unnecessary withdrawal of clozapine. BEN is strongly linked to the CC homozygote of the single nucleotide polymorphism rs2814778 in the atypical chemokine receptor-1 ( ) gene. We introduced voluntary genetic testing for BEN in one of our clozapine clinics, with the aim of assessing the prevalence of undiagnosed BEN in patients on clozapine. We offered genetic testing for BEN to patients undergoing medium- and long-term clozapine treatment, and conducted a comparative analysis of neutrophil counts across three identified groups: those previously diagnosed with BEN, those with newly discovered BEN and those confirmed by genetic testing not to have BEN. We conducted genetic testing for BEN on 108 patients. Of these, 16 were already registered as having BEN and had the CC homozygote. A further 26 patients (24% of the cohort) who were previously not diagnosed with BEN by standard haematological monitoring were found to have the CC homozygote on genetic testing. Unadjusted mean neutrophil counts were lowest for those with previously diagnosed BEN ( $2.5 \times 10^9 /L$ , 95% CI 2.2-2.8;  $< 0.001$  other groups), but those with newly discovered BEN had mean counts that were significantly lower ( $4.1 \times 10^9 /L$ , 95% CI 3.6-4.7) than those with TT and CT genotypes ( $5.1 \times 10^9 /L$ , 95% CI 4.7-5.4;  $= 0.006$ ). Undiagnosed BEN was common in our naturalistic cohort. The integration of genetic testing into standard monitoring would enhance the management of clozapine therapy, potentially allowing for the safe reintroduction or continuation of clozapine in patients with hitherto unrecognised BEN. All current and prospective clozapine patients should be genetically tested for BEN.

**Barclay, J., et al. (2025) '[Analysis of Clozapine Prescribing in the Over-65s: 5-Year Retrospective Study.](#)' *BJPsych Bulletin* 49(5), 294–298.**

Patients prescribed clozapine are increasingly living into old age. However, there is a lack of studies to guide prescribing in this age group. We sought to identify all clozapine patients in Hertfordshire Partnership NHS Foundation Trust over a 5-year period and review side-effect burden and co-prescribing

in all patients aged over 65 years. We identified 69 patients. The majority (61%) were stable in terms of mental state; 94% of cases had experienced a side-effect within the past year, with constipation occurring most commonly (65% of cases). Our findings reveal a significant side-effect burden, particularly in relation to constipation. Clozapine-induced gastrointestinal hypomotility (CIGH) can be fatal; however, increasing age has not been a recognised risk factor for constipation in clozapine patients to date. This raises questions about increasing risk to physical health as patients age and adds to concerns about the lack of monitoring for CIGH.

**Gupta, S., et al. (2025) '[Management of Cardiac Adverse Effects of Clozapine.](#)' *BJPsych Advances* 31(6), 375–385.**

Clozapine remains the only evidence-based treatment for treatment-resistant schizophrenia, supported by guidelines from the National Institute for Health and Care Excellence (NICE) and other authorities. However, clozapine is still underutilised for treatment-resistant schizophrenia, despite its proven benefits, including reduced all-cause mortality. This is attributed mainly to its association with adverse effects, including cardiac adverse effects. This review focuses on the latter, with a detailed exploration of clozapine-induced myocarditis – a potentially fatal acute hypersensitivity reaction – and cardiomyopathy, tachycardia and conduction deficits. Among other things, we discuss their pathophysiology, diagnosis and management, with signposting to international diagnostic criteria and monitoring protocols.

**Mayfield, N., et al. (2025) '[Underused Treatments in Psychiatry: Electroconvulsive Therapy, Clozapine and Lithium.](#)' *BJPsych Advances* 31(5), 280–289.**

Although fundamental advances in the life sciences raise the exciting possibility of novel translational therapies, optimal evidence-based usage of established treatments should be the bedrock of current clinical care. The authors argue that there are instances where well-established treatments are ‘underused’ in psychiatry; electroconvulsive therapy, clozapine and lithium are exemplars of this. This article explores possible reasons for, and strategies to address, this underuse.

## Patient-Centred Care

**Varol, B., et al. (2025) '[Patient-Centered Care Competence in High-Security Forensic Psychiatric Nurses: The Role of Professional Self-Efficacy and Attitudes Toward Forensic Patients.](#)' *Journal of Psychiatric and Mental Health Nursing* 32(6), 1325–1333.**

**ABSTRACT** Background Patient-centered care is a fundamental element in healthcare and nursing services. In units where complex healthcare services are provided, such as high-security forensic psychiatry hospitals, patient-centered care becomes even more critical. Aims This study aimed to examine the relationship between professional self-efficacy, attitudes toward forensic patients and patient-centered care competencies among nurses working in high-security forensic psychiatric

hospitals (HSFPHs). Method The study population consisted of 220 nurses employed in six HSFPHs in Turkiye. The sample size was determined by power analysis, and the study was completed with 122 nurses. Data were collected using the Descriptive Information Form, Patient-Centered Care Competency Scale (PCCCS), Nursing Profession Self-Efficacy Scale (NPSES) and Nurses' Attitudes Toward Forensic Psychiatric Patients Scale (NAFPPS). This study was conducted in accordance with the STROBE guidelines. Findings A strong positive correlation was found between PCCCS and NPSES ( $r = 0.650$ ,  $p < 0.001$ ). A weak but significant positive correlation was observed between PCCCS and NAFPPS ( $r = 0.256$ ,  $p = 0.005$ ). No significant correlation was found between NPSES and NAFPPS ( $r = 0.138$ ,  $p = 0.129$ ). Conclusion This study emphasises that improving nurses' self-efficacy and attitudes is key to strengthening patient-centered care in HSFPHs. Sustainable training programmes and supportive leadership are essential for maintaining this approach.

## Personality Disorders

Holroyd, H., and Beazley, P. (2025) ['Staff Attitudes Towards Individuals with Borderline Personality Disorder: Can Formulation Reverse the Stigma? an Experimental, Vignette-Based Study.'](#) *Issues in Mental Health Nursing* 46(9), 910–917.

## Physical Health

Eliasson, A., et al. (2025) ['Meaningful Movement: Understanding and Accessing Physical Activity among People with Severe Mental Illness – A Photovoice Study.'](#) *Issues in Mental Health Nursing* 46(10), 990–1001.

## Physical Intervention

Daguman, E., et al. (2025) ['Drivers of Seclusion and Physical Restraint in an Acute Mental Health Unit: A Feature Analysis.'](#) *Issues in Mental Health Nursing* 46(9), 937–947.

## Police

Heyman, I., et al. (2025) ['Safeguarding Experiences of People in Mental Distress, Police and Healthcare Practitioners: An Integrative Review.'](#) *Journal of Psychiatric and Mental Health*

***Nursing 32(5), 1262–1274.***

**ABSTRACT** Introduction Globally, there is demand on police and emergency health services to respond to people in mental distress. Research at this intersect has focused on decriminalisation of people with severe mental health disorders, police custody care or interagency collaborative models. There is little understanding of the experiences of stakeholders where mental distress is not associated with a severe mental disorder or criminal offence. Aim To determine current knowledge about safeguarding of people in mental distress supported by police and healthcare practitioners. Method A rigorous integrative review with 10 databases was searched January 2002 to January 2024. Results The search filtered 12,451 titles and s with 41 full-text articles appraised. Three overarching themes emerged: Safeguarding and care experiences of people in mental distress; intoxication, self-harm and aggression; professional perspectives and responses to people in mental distress. Discussion Experiences are varied. Whilst there is evidence of compassion, many reported negative experiences when self-harm and intoxication are involved, inconsistent professional responses and gaps in emergency police and mental health systems. Implications for Practice Unscheduled care and community mental health nurses have a vital role to play in identifying and influencing interdisciplinary gaps in out-of-hours emergency health and police processes to support people in mental distress to prevent repetitive distress cycles. This calls for an urgent re-imagining of unscheduled care mental health pathways, Specifically, where practice gaps impact on people who are intoxicated yet do not require inpatient care. Relevance to Mental Health Nursing (for Peer Reviewers and Editors Only) People in mental distress (PiMD) who come to police attention often require an interdisciplinary response. Unscheduled care and community mental health nurses play a key role in this support. This integrative review suggests there are systems gaps and variety in mental health and policing practice for PiMD, particularly for those who are intoxicated and/or who do not need inpatient care. Some PiMD experience cyclical, and at times, undignified and unsafe care. These gaps should be addressed through service redesign and sharing of evidence across disciplines whilst listening to and responding to perspectives of those experiencing mental distress in our communities.

**Mousseau, V., et al. (2025) '[Police Officers' Perceptions and Adaptation to Body-Worn Cameras during Mental Health Calls.](#)' *Journal of Criminological Research, Policy and Practice* 11(3), 223–235.**

## Prisons

**Barnett, K., et al. (2025) '[A Systematic Review of Substance Misuse Treatment Processes and Outcomes as Implemented in Prisons for Men in the UK.](#)' *Criminal Behaviour and Mental Health* 35(5), 270–289.**

**ABSTRACT** Background With a rising prison population, a substantial portion of whom are identified as substance misusers, it is important to understand the availability of treatment pathways, their successes and areas for improvement. Given the likely importance of national factors in criminal justice and substance use service provision, we chose to focus on one country. Aim To review substance



misuse treatment and outcomes for such treatments as implemented in British prisons for men.

**Methods** We conducted a mixed-methods systematic review, searching Ovid MEDLINE, Ovid Embase, APA PsycINFO, CINAHL Plus, Sociology Collection, Web of Science Core Collection and Social Science Premium Collection between 1 January 2000 and 5 June 2024. Included were empirical, peer-reviewed studies of processes and outcomes of UK male prison-based substance misuse programmes. Primary outcomes included changes in substance use, withdrawal symptoms and experiences of interventions, whereas secondary outcomes encompassed quality of life, locus of control and mental health. Because of study design heterogeneity, meta-analysis was not possible. Analysis followed JBI methodology with a convergent synthesis. Results Fourteen studies were included: 8 qualitative, 5 quantitative studies of which 3 were randomised control trials (RCTs) and 1 mixed-methods study, with a combined sample of 4037 participants engaged in opioid substitute treatment (OST) and/or psychosocial interventions. Four key themes emerged: the power of purposeful activity, strengthening support systems, bridging patient needs with treatment plans and, for those in opiate programmes, experiences and engagement with opioid substitution treatments. **Conclusions** Participants articulated diverse treatment needs, highlighting the necessity of individualised and tailored reduction or maintenance plans. Treatment requires a comprehensive approach with the aim of facilitating effective social integration.

**Brooks, E. E. L. (2025) '[Does a Five-Day Drama Program Support Men in Prison to Develop their Self-Confidence?](#)' *International Journal of Offender Therapy and Comparative Criminology* 69(16), 2269–2282.**

This paper evaluates an established five-day drama project, designed, and delivered by a professional company, aimed to support the development of self-confidence of seven men with a history of substance misuse in a category C prison. The project involved creation of a safe space, improvised role-play, development of communication skills, and exploration of substance misuse, culminating in a performance. Audience members included prison staff, governors, healthcare staff, and prisoners. A mixed method approach was used to evaluate the project. Participant's pre and post project self-confidence and feelings of positivity were collated by a questionnaire comprising of closed questions and measured using a Likert scale. On the last day of the project qualitative interviews were conducted using open ended questions. The findings conclude that the use of drama can support development of self-confidence in men in prison. The project encouraged skills such as, commitment, communication, collaboration, and motivation enhancing the likelihood of rehabilitation and promoting crime abstinence. Further research with a larger sample size will identify if the changes the men experienced were statistically significant and maintained.

**Browne, C., and Dean, K. (2025) '[Consistency of Mental Health Screening Results Across Repeated Receptions into Prison Over 12 Months.](#)' *The Journal of Forensic Psychiatry & Psychology* 36(5), 821–829.**

Mental health screening at point-of-reception into prison is a common method of identifying those in need of mental health care in custody. Many individuals cycle in and out of prison resulting in multiple

episodes of screening, however little is known about the consistency of screening responses across reception episodes. This study examined recorded mental health and suicide/self-harm screening data for all individuals who entered public prisons in New South Wales over a 12-month period (10882 screens completed for 9568 unique individuals). Individuals with repeated receptions during this period were more likely than those with one reception to be women, Aboriginal, and to have a history of mental illness. Across the first two receptions, consistency of self-reported psychiatric diagnoses was high. However, consistency of reporting a history of psychotic symptoms and a history of self-harm and suicide attempts was significantly lower. Reception mental health screening should incorporate other sources of information and form just one component in the process of identifying those in need of further mental health assessment or treatment in prison.

**Coelho, J., et al. (2025) '[The Mental Health Outcomes of Trauma-Informed Intervention Programs in Prisons: A Systematic Review.](#)' *Criminal Justice and Behavior* 52(11), 1643–1662.**

People who are incarcerated globally exhibit higher rates of mental health issues and adverse childhood experiences than the general population, yet prisons seldom address trauma's role. This systematic review analyzed the mental health outcomes of implementing Trauma-Informed intervention programs with adults being incarcerated. Following PRISMA guidelines, systematic searches of electronic databases (e.g., PubMed) and a manual search identified relevant studies. Thirteen empirical studies were identified, featuring seven interventions, with Seeking Safety being the most common. All studies explored the effects of their respective intervention and/or treatment program on participants' mental health, particularly traumatic symptoms and/or other mental health outcomes. Most samples included women who were incarcerated, with one study involving incarcerated men. Trauma-informed prison programs improved incarcerated individuals' mental health and reduced recidivism. By highlighting gaps, such as limited studies on incarcerated males or research in European contexts, this study offers critical insights for improving and creating these programs.

**Fanarraga, I., and Celinska, K. (2025) '[Gender-Responsive Classification of Women in Prison: A Typology Based on Mental Health Symptoms and Coping Strategies.](#)' *International Journal of Offender Therapy and Comparative Criminology* 69(15), 2067–2083.**

Despite the increase in the incarceration rates of women, most correctional practices are still normed on male samples, including prison classification. Moreover, those classifications do not take into account women's particular experiences, needs, and unique pathways to criminality. The current research proposes a typology based on female prisoners' mental health symptoms and coping strategies. The data was derived from a survey conducted with 194 women housed in a Northeastern prison. A two-step clustering analysis was used to obtain three classification types—each with different symptomatology, coping mechanisms, demographic, and background characteristics. The results suggest that identifying and relying on needs-based typologies has important correctional policy implications in terms of the management and the treatment of incarcerated women.

Frith, S., and Hocken, K. (2025) ['“It was Time to Let Him Go”, the Experience of Prisoners, with Sexual Convictions, Transitioning Gender in Male Prisons.'](#) *Journal of Forensic Practice* 27(4), 419–433.

Glorney, E., et al. (2025) ['Women Living with a Traumatic Brain Injury in Prison; Self- and Public Stigma.'](#) *International Journal of Forensic Mental Health* 24(4), 276–287.

MacRae, R., et al. (2025) ['How Feasible is it to Introduce Routine Cognitive Screening in a Prison Setting?: A Six-Stage Scoping Review.'](#) *The Journal of Forensic Psychiatry & Psychology* 36(5), 675–696.

People in prison have a right to the same quality of care as those in the community, however, this remains a challenge. The numbers of older people with complex health care needs including cognitive impairment are rising. The aim of this paper is to explore the feasibility of research recommendations to implement routine cognitive screening for dementia in prisons. A six-stage scoping review that included a three stage stakeholder consultation exercise with prison healthcare professionals was conducted. Six papers met the inclusion criteria. Research suggested screening tools that were appropriate for prison populations needed to be validated to identify effectively older prisoners vulnerable to adverse health outcomes. The consultation exercise was a formal data collection process. It explored the feasibility, benefits and barriers to introducing cognitive screening for older prisoners in prisons. The views of healthcare professionals supported much of the published evidence, in that the introduction of cognitive screening was feasible for those sentenced and over 55 years. Existing evidence-based dementia care pathways if implemented could support staff to take a routine and robust approach to pre and post diagnostic dementia care. Future research could evaluate how these work in specific practice contexts.

Monero, D., et al. (2025) ['A Culturally Informed Audit of Psychological Formulations Completed in Prison and Community Settings on the Offender Personality Disorder Pathway.'](#) *Criminal Behaviour and Mental Health* 35(5), 256–262.

**ABSTRACT** Background People from ethnically minoritised backgrounds are significantly over-represented within the criminal justice system, as are those with personality difficulties. The offender personality disorder pathway offers services for people with personality difficulties associated with serious offending and aims to work in a culturally attuned way with individuals from ethnically minoritised backgrounds. Aims To establish a baseline of how culturally informed formulations are within our services. Methods Twenty-one formulations from community services were audited, and two audits of 23 and 24 formulations, respectively, were carried out in our custodial service. Training was implemented between these two audits. Formulations were audited using two tools: the London Pathways Partnership (LPP) formulation audit tool and the London Pathways Unit (LPU) culturally informed formulation (LPU-CIF) audit tool. The latter was not used in the community audit. Results There was a broad range of means on the LPP formulation audit tool and the LPU-CIF and both were below adequacy. There was a narrower range of scores on the LPU-CIF. The LPU-CIF scores increased across all items between the two audits but were below the threshold of adequacy. Conclusions The audits

suggest that formulations across both services are easily understood, psychologically informed and include developmental histories. However, they do not adequately consider people's cultural experience and protected characteristics. Although not without limitations, these audits highlight a need for further training to develop staff's confidence and competence when developing formulations for people under our service.

**Parrish, S. L., et al. (2025) '[Ethnically Minoritised Prisoners' Perceptions of Accessing a Therapy Service in Prison.](#)' *Journal of Forensic Practice* 27(4), 376–396.**

**Roberts, K., and Lawrence, D. (2025) '[“Banged Up with ADHD”: A Qualitative Analysis of the Experiences of Adult Men with ADHD in Prison.](#)' *Journal of Forensic Practice* 27(3), 263–277.**

**Rouse, P., et al. (2025) '[Does the Implementation of a Model of Care Improve the Value for Money of Mental Health Services in Prisons?](#)' *Criminal Behaviour and Mental Health* 35(4), 228–239.**

**ABSTRACT** Background There is little research into appropriate measures of value for money in prison mental health services. Aims To develop and evaluate an accountability framework for an enhanced Prison Model of Care for people with serious mental illness in five New Zealand prisons. A key objective was to identify people with such illnesses who were missing from existing caseloads. Methods A generic public sector accountability framework was modified to provide measures of value for money around efficiency in its three component criteria of effectiveness and economy using a pre/post design, allowing measurement of flows between successive stages of this prison healthcare model. Measures were arranged into common dimensions around outcomes, outputs, inputs and costs, varied across the stages. The framework was populated with data collected from five prisons for the pre- and post-implementation periods. Results Improvements in the three criteria were generally obtained across all five areas of service delivery but especially in the screening, assessment, intervention and reintegration stages. Since these three criteria are major components of value for money, they provide evidence for improvement in value for money of the mental health services in these prisons. Other desired operational changes achieved were a threefold increase in the nurse to doctor ratio at the triage stage and slight increase in doctor to nurse ratio at the treatment stage. Overall, the implementation of this model of care achieved an increase in the size of caseload from 6.1% to 7.3% of the prison muster, equivalent to an increase in caseload of 21%. Conclusions This accountability framework confirmed the value for money of the Prison Model of Care for severe mental illness, highlighting areas of good performance as well as areas requiring further development. The framework also provides measures that can be used as key performance indicators in ongoing monitoring.

**Tock, G., and Johnson, D. (2025) '[Prisoners' Experiences of Transition from a Progression PIPE to a Mainstream High-Secure Prison Environment.](#)' *Journal of Criminological Research, Policy and Practice* 11(3), 287–297.**

## Psychology

Davies, J., and McMurran, M. (2025) '[Developments in Forensic Case Formulation: A Special Section.](#)' *Criminal Behaviour and Mental Health* 35(5), 243–245.

Theunissen-Schuiten, L. (2025) '[An Ethnographic Study of Multidisciplinary Collaboration: The Role of Psychological Safety at a High Secure Forensic Inpatient Hospital in Germany.](#)' *Journal of Forensic Practice* 27(4), 506–524.

## Psychopathy

Sörman, K., et al. (2025) '[Psychopathic Traits in a Swedish Court-Ordered Forensic Sample: Preferential Associations of Boldness, Meanness, and Disinhibition.](#)' *International Journal of Offender Therapy and Comparative Criminology* 69(13-14), 1873–1892.

The construct validity of the triarchic psychopathy model has yet to be evaluated in the Swedish forensic psychiatric context. We examined associations between the three phenotypic constructs of the triarchic model of psychopathy (i.e., boldness, meanness, disinhibition), self-assessed empathy and anxiety, and clinical variables in 91 individuals undergoing pretrial forensic psychiatric evaluation in Sweden.

Participants completed the Triarchic Psychopathy Measure (TriPM) and self-report measures of empathy and anxiety. Clinical variables, including psychiatric diagnoses and criminal behavior, were collected from the forensic psychiatric evaluations (FPE). All three subscales of the TriPM displayed significant and predominantly anticipated correlations with empathy and trait anxiety measures. TriPM Disinhibition was the only subscale with significant associations with the clinical variables collected from the FPEs. The results provide evidence for the reliability and construct validity of the Swedish translation of the TriPM in a pretrial forensic setting.

## Psychosis

Tatti, V., et al. (2024) '[Inventory of Problems–29 \(IOP-29\) and Inventory of Problems–Memory \(IOP-M\) Failure Rates in Patients with Severe Psychosis with and without Criminal Convictions.](#)' *Psychiatry, Psychology and Law* 32(5), 782–795.

# Schizophrenia

**Moncrieff, J., et al. (2025) '[The Association between Relapse and the Outcome of Schizophrenia and Recurrent Psychotic Disorders.](#)' *British Journal of Psychiatry* 227(4), 673–679.**

Having a relapse of schizophrenia or recurrent psychosis is feared by patients, can cause social and personal disruption and has been suggested to cause long-term deterioration, possibly because of a toxic biological process. To assess whether relapse affected the social and clinical outcomes of people enrolled in a 24-month randomised controlled trial of antipsychotic medication dose reduction versus maintenance treatment. The trial involved participants with a diagnosis of schizophrenia or recurrent, non-affective psychosis. Relapse was defined as admission to hospital or significant deterioration (assessed by a blinded end-point committee). We analysed the relationship between relapse during the trial and social functioning, quality of life, symptom scores (Positive and Negative Syndrome Scale) and rates of being in employment, education or training at 24-month follow-up. We also analysed changes in these measures during the trial among those who relapsed and those who did not. Sensitivity analyses were conducted examining the effects of 'severe' relapse (i.e. admission to hospital). During the course of the trial, 82 out of 253 participants relapsed. There was no evidence for a difference between those who relapsed and those who did not on changes in social functioning, quality of life, symptom scores or overall employment rates between baseline and 24-month follow-up. Those who relapsed showed no change in their social functioning or quality of life, and a slight improvement in symptoms compared to baseline. They were more likely than those who did not relapse to have had a change in their employment status (mostly moving out of employment, education or training), although numbers changing status were small. Sensitivity analyses showed the same results for those who experienced a 'severe' relapse. Our data provide little evidence that relapse has a detrimental effect in the long term in people with schizophrenia and recurrent psychosis.

# Self-Harm

**Abbas, M. J. (2025) '[A Unifying Framework for Suicide Risk Assessment: The Source–problem–solution–motive \(SPSM\) Model.](#)' *BJPsych Advances* 31(6), 352–364.**

Suicidal and self-harming behaviours present a significant challenge for mental health services. Recent national guidelines advocate abandoning tools based on box-ticking and a move towards a personalised psychosocial assessment. This article examines evidence from theoretical and empirical research in this area and attempts to integrate it by introducing the source–problem–solution–motive (SPSM) model. The model, which builds on the contributions of other suicidologists, specially Jean Baechler, could be used as a framework for the assessment and management of these behaviours. The four stages of the model provide a comprehensive approach that enables an exploration of the internal logic of the behaviour. The



model covers 'because' and 'in-order-to' motives. This allows a personalised approach, but also a structured one that can be taught and generalised.

**Sun, F., et al. (2025) '[Exploring the Perceptions of Young Persons at Risk of Suicide regarding Suicide and Suicide Prevention: A Phenomenological Study.](#)' *Journal of Psychiatric and Mental Health Nursing* 32(6), 1275–1285.**

**ABSTRACT** Introduction Globally, the number of young persons who die by suicide has increased rapidly. However, research exploring young persons' perceptions of suicide is rare. Aims To explore the perceptions of young persons at the risk of suicide regarding suicide and suicide prevention. Method A phenomenological research approach was employed using semi-structured interviews. Purposive sampling was conducted, recruiting 46 participants from hospitals and clinics in Taiwan between 2022 and 2024. Data were analysed using Colaizzi's (1978) seven-step framework. Results Four main themes emerged from the data: (1) the impact of multiple external pressures; (2) struggles with internal negative self-thoughts; (3) support from the external environment; (4) inner self-regulation. Discussion Young persons' experience multiple external pressures, especially bullying. It is important to build a bullying-free environment for young persons. Everyone encounters stress; therefore, it is essential to assist young persons in accessing substantial support systems and provide psychoeducation on self-regulation to help reduce their suicidal ideation. Implication for Practice Nursing professionals could use these findings as reference to further understand the external and internal pressures endured by young people. Concurrently, nursing professionals could ensure that young persons get the external support they need and provide psychoeducation on internal self-regulation, hence encouraging the self-soothing of their suicidal ideations.

## Sexual Offenders

**Carr, A. E., et al. (2025) '[The Predictive Validity of the SAPROF-SO for Success on Supervised Release from a Secure Treatment Center.](#)' *Sexual Abuse* 37(7), 759–786.**

Recent research has highlighted the importance of protective factors in preventing sexual offense recidivism and led to the development of a number of strengths-based approaches to the treatment of adult males who have been convicted of sexual offenses. However, these approaches have not been supported by structured methods to assess protective factors. The Structured Assessment of PROtective Factors against Sexual Offending (SAPROF-SO) was designed to bridge the gap between assessment and strengths-based treatment, and the current study contributes to the validation of that instrument. The SAPROF-SO was rated retrospectively for adult males released on supervised release from a secure treatment center in the US (N = 170). SAPROF-SO total scores predicted supervised release success as measured by revocation outcomes. In addition, results highlighted the utility of the SAPROF-SO Resilience subscale in predicting supervised release revocation for any reason and the

Adaptive Sexuality subscale in predicting sexually related revocations. Notably, the SAPROF-SO demonstrated incremental validity over the Static-99R, which was not predictive of revocation outcomes. Implications for the management of sexual offense risk when planning and administering release from criminal justice contexts are discussed.

## Staff

**Wheeler, C., et al. (2025) '[Attitudes, Perceptions and Workplace Factors Predict Well-Being in Forensic Healthcare Workers Caring for Sex Offenders.](#)' *Journal of Psychiatric and Mental Health Nursing* 32(5), 1211–1221.**

**ABSTRACT** Introduction Forensic healthcare workers in mental health settings face significant challenges when working with sex offenders. Balancing staff wellbeing with effective offender rehabilitation remains critical. Aim This study examined how attitudes, perceptions and workplace factors influence the wellbeing of frontline forensic healthcare workers caring for sex offenders. Method A cross-sectional design, adhering to the STROBE checklist, was used. Ninety-one participants from UK privatised mental health settings completed an online survey. Wellbeing was assessed using measures of compassion satisfaction, burnout and secondary traumatic stress, with predictors including attitudes, perceptions and workplace factors. Results Positive attitudes, such as understanding offender intent, were associated with improved wellbeing, while excessive trust reduced compassion satisfaction. Perceptions like risk awareness acted as psychological buffers. Workplace factors, including environmental safety and quality supervision, enhanced wellbeing, whereas co-worker support unexpectedly reduced compassion satisfaction. Discussion The findings highlight the importance of rational attitudes in enhancing wellbeing. While punitive perceptions offered emotional buffering, fostering balanced approaches is essential for improving therapeutic environments. Limitations and Implications The study focused on privatised UK settings, limiting generalisability to NHS contexts. Future research should explore broader populations. Recommendations Employers should enhance environmental safety, supervision and training to foster rational attitudes and address peer dynamics.

## Stigma

**Karaağaç, H., et al. (2025) '[A Study on Internalized Stigma in People being Treated in a Forensic Psychiatry Hospital: The Example of Türkiye.](#)' *International Journal of Forensic Mental Health* 24(4), 288–298.**

**Kilbane, S., and Tomlin, J. (2025) '[Stigma in Forensic Mental Healthcare: An Introduction to the Special Issue.](#)' *International Journal of Forensic Mental Health* 24(4), 271–275.**



Masland, S., and Sharp, C. (2025) '[Advancing the Science and Reduction of Personality Disorders Stigma: Introduction to a Special Issue of Personality and Mental Health.](#)' *Personality and Mental Health* 19(4), undefined.

Vorstenbosch, E., et al. (2025) '[Conceptualizing Professional Stigma Toward Forensic Mental Health Service Users: Results of a Qualitative Inquiry.](#)' *International Journal of Forensic Mental Health* 24(4), 324–335.

## Trauma

Roberts, C., et al. (2024) '[Forensic Mental Health Nurses' Perceptions and Experiences of Trauma-Informed Care in a High-Secure Hospital.](#)' *Journal of Forensic Nursing*

Implementation of trauma-informed care (TIC) into forensic clinical practice may contribute to positive outcomes for both patients and staff. The current study aimed to describe forensic mental health nurses' perceptions and experiences of using TIC within a high-secure forensic hospital. Twenty-seven forensic mental health nurses were interviewed regarding their experiences of using TIC within a high-secure hospital. Participants recognized the importance of understanding the past traumatic experiences of patients in their care but described a number of barriers to the implementation of TIC. A lack of organizational support, the negative impact of patient psychopathology on nurse well-being, and environmental factors were all perceived to negatively impact the successful delivery of TIC. Participants also discussed a widespread lack of knowledge and confidence in the application of TIC but expressed great desire for training to improve service delivery. The application of TIC into daily clinical practice appears to be suboptimal. To support nurse and patient well-being and contribute to a highly skilled trauma-informed workforce, further training in this area is vital. Training in TIC may contribute to enhanced patient outcomes and promote nurse well-being and should be supported organizationally with sufficient resources.

Salla, M., et al. (2025) '[The Effect of Cumulative Trauma and Polarised Thinking on Severity of Depressive Disorder.](#)' *Psychology and Psychotherapy: Theory, Research and Practice* 98(4), 974–986.

## Violence

Anttila, M. J., et al. (2025) '[Co-Design in the Adaptation of a Clinical Decision Support System to Aid Violence Risk Assessment and Management: A Case Study.](#)' *Journal of Psychiatric and Mental Health Nursing* 32(6), 1314–1324.

ABSTRACT Introduction The electronic application of a clinical decision support system (CDSS)

conjoining the Dynamic Appraisal of Situational Aggression and the Aggression Prevention Protocol has been shown to be effective in reducing coercion and workplace violence in forensic settings in Australia. However, there is currently a lack of knowledge on the successful implementation of CDSSs across different cultural environments. Aim To describe the use of co-design in the adaptation of a CDSS, the eDASA+APP-FI in Finland. Method This qualitative case study followed a co-design framework involving a variety of methods, including analysing project data, rapid ethnography, and analysing the notes from co-design workshops. Results The adaptation of the CDSS into the local context included changes to the training programme and in the frequency of use of the CDSS, as well as linguistic adjustment. Discussion The co-design framework was valuable in identifying adaptation needs and in providing a sense of ownership among staff and consumers. Limitations Co-design can be time-consuming in clinical environments. Implications The results emphasise the importance of co-design in the identification of adaptation needs as part of the implementation process of a CDSS. Recommendations Co-design can be used as a framework when aiming to create a feasible CDSS. Trial Registration: NCT anonymised.

**Henrich, S., et al. (2025) '[The Eco-System of Extremist Violence \(ES-EV\): Exploration of Radicalisation in Forensic Psychiatric Populations.](#)' *Journal of Forensic Practice* 27(4), 483–505.**

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