

Current Awareness Bulletin:

Latest Forensic Evidence

May & August 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.

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Electronic monitoring

Ashworth, G., et al. (2025) '[A Service Evaluation Exploring Staff Perceptions about the use and Impact of Electronic Monitoring \(GPS Tracking\) in a Medium Secure Forensic Psychiatric Unit.](#)' *The Journal of Forensic Psychiatry & Psychology* 36(4), 508–525.

Following a series of high-profile offenders violating leave permissions, electronic monitoring (EM) was implemented in a medium secure psychiatric hospital in a metropolitan area. Although rare, leave violation (LV) can have detrimental consequences for both patient safety and public security. EM is therefore a potential tool to negate these risks. The purpose of this service evaluation was to explore staff perceptions about the use and impact of EM. An online survey was distributed to the entire staff group at the medium secure unit (MSU), and responses were analysed using quantitative (descriptive) and qualitative (thematic) approaches. The survey received 28 responses, with 68% of respondents believing that EM has reduced rates of LV. Thematic analysis produced three main themes: perceived impact of EM on LV; change prompting removal; and concerns with EM. The findings suggest that whilst the majority believe EM to be effective, improvements in device quality and the development of clinical guidelines are required to optimise its benefits and prevent inappropriate and/or unnecessary use.

Female services

Hansen, A., et al. (2025) '[Understanding Women and Seclusion use in a Forensic Mental Health Setting: A Retrospective Study.](#)' *International Journal of Forensic Mental Health* 24(2), 167–180.

Globally, efforts are underway to safely reduce and eliminate seclusion use in mental health settings. However, seclusion continues to be used in secure forensic hospitals despite well-known negative consequences for the person being secluded. Approaches for seclusion reduction have been implemented across a range of services, informed largely by research which focuses on men which may not be relevant for women in secure settings. Understanding of seclusion use for women remains somewhat limited. This study aimed to identify characteristics associated with the frequency and duration of seclusion for women admitted to a secure forensic hospital and examine the characteristics

of women who did and did not experience seclusion. A retrospective cohort study was conducted using data collected from medical records for all women admitted to the study site between 1 January 2016 and 30 April 2021. Data included demographic, clinical and seclusion information. During the study timeframe there were 111 admissions, involving 82 individual women and 232 seclusion events, involving 48 women. Demographic and clinical factors associated with seclusion included women who were single and had children and women who had a history of child abuse/neglect. Women with a schizophrenia type diagnosis, personality disorder and or substance use/abuse disorder were more frequently secluded. Women who had experienced multiple traumas were more frequently secluded, however spent less time in seclusion compared to women with fewer experiences of trauma. This research may assist in early identification of women potentially at higher risk of experiencing seclusion, enabling earlier intervention, supporting the elimination of seclusion use at least for some women.

Swift, J., et al. (2025) 'Female Service User's Experiences of Collaborative HCR-20V3 Risk Assessment on a Low and Medium Secure Ward.' *The Journal of Forensic Psychiatry & Psychology* 36(4), 492–507.

Best practice guidelines within violence risk assessment have advised collaboration with service users, with potential benefits including increased insight, shorter stays in hospital, and increased transparency. Previous research has explored the experiences of males, although to date there is no published research exploring the experiences of women. This article explores the experiences and perspectives of adult female service user's engagement with collaborative HCR-20V3 violence risk assessment in a low and medium secure mental health service. Following the introduction of collaborative HCR-20V3 risk assessment within the female service, six service users were recruited from a low or medium secure mental health ward and they undertook a semi-structured qualitative interview. Thematic Analysis identified five superordinate themes: (i) Improved understanding of use of HCR-20V3 and value of collaboration, (ii) Improved understanding of own violence risk, (iii) Development of goals for the future, (iv) Uncomfortable emotions and re-traumatisation", (v) Improvements to the collaborative process. Clinical implications and future research directions are discussed.

Trägårdh, K., et al. (2025) 'Links between Psychopathy, Type of Violence, and Severe Mental Disorder among Female Offenders of Lethal Violence in Sweden.' *International Journal of Forensic Mental Health* 24(3), 231–242.

Knowledge about females who commit lethal violence is limited compared to what we know about their male counterparts. The overall aim of this study was to investigate links between psychopathy, type of violence, and severe mental disorder (SMD), among Swedish female offenders of lethal violence. All records for female offenders (N = 175) who underwent a court-ordered forensic psychiatric investigation in Sweden charged with lethal/attempted lethal violence, between 2000 and 2014, were included. Structured assessments were done based on the Psychopathy Checklist-Revised (PCL-R) concerning psychopathy, and the Violent Incident Coding Sheet (VICS) concerning instrumental/reactive aspects of the crime. Overall, the female offenders were characterized by relatively low levels of psychopathy and acted based on reactive rather than instrumental motives. Modest associations appeared between psychopathy and instrumental, rather than reactive, features of the crime. However, the SMD group (n = 84) scored lower on PCL-R total and interpersonal facet 1, somewhat higher on VICS arousal and planning (<24 h vs. no planning), while showing inconsistent but generally lower scoring on provocation. PCL-R facet 1, and the secondary VICS classifications appeared as covariates associated with an SMD. These results contribute to our understanding of the driving mechanisms and complexity behind female lethal violence, where the SMD group showed a somewhat unexpected multifaceted pattern, including reactive and instrumental VICS aspects. This has especially consequences for the assessment and handling of female offenders of lethal violence within forensic psychiatry and correctional services, also calling for further research focusing on this population.

Forensic services

Arakawa, I., et al. (2025) '[Association of Self-Rated Attribution of Blame for Criminal Acts and of Psychiatric Symptoms among Patients Undergoing Specialist Forensic Psychiatric Treatment in Japan.](#)' *Criminal Behaviour and Mental Health* 35(3), 153–160.

ABSTRACT Background Treatment goals for offenders with mental disorders include restoring and maintaining health, establishing social participation and preventing negative outcomes, including further offending. The development of patient insight into their prior offences may facilitate their reintegration into society and prevent further harms. Aims To find out whether, among offenders with mental disorder,

their own causal attribution of their criminal acts, based on the Japanese version of the Gudjonsson blame attribution inventory-revised (GBAI-R-J), is associated with psychiatric symptoms according to the positive and negative syndrome scale (PANSS) ratings. Methods A cross-sectional study was conducted by collecting data from 45 patients in forensic psychiatric services, both in- and out-patients. All participants had a psychosis and a history of serious crimes. Attribution of blame was self-rated in the same session during which a clinician rated their symptoms using the PANSS. GBAI-R-J scores were converted into a categorical variable by allocating each participant into one of two groups—those scoring up to the half point or those scoring at or above it on each subscale. The three PANSS scale scores were treated as continuous variables. Results There was a significant positive relationship between the GBAI-R-J externalising blame scores and PANSS scores for positive symptoms and general psychopathology but not for negative symptoms. Neither the acceptance of personal the guilt factor nor the mental element factor, which imply attribution of the offence to mental disorder, was significantly related to any aspect of symptoms. Conclusions This is the first study to compare blame attribution for a serious index offence and mental state simultaneously, albeit at various stages of treatment and time after the offence. The association of persistent positive symptoms with externalising blame is understandable in terms of the nature of the symptoms, almost invariable including paranoid delusions. The absence of a relationship with acceptance of guilt or understanding the role of mental disorder in the offending suggests that many of these patients require further treatment to accept personal agency. A longitudinal study is indicated to test these possibilities further.

Krishnan, N., et al. (2025) 'Examining Forensic Service Effectiveness within an NHS Trust: Outcomes and Considerations for Practice.' *Journal of Forensic Practice* 27(2), 185–196.

Purpose This study aims to examine whole service effectiveness using a secure version of the Health of the Nation Outcome Scales (HoNOS-Secure), further supplemented in some services by the Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM) and the Patient Reported Experience and Outcome Measure (PREOM). Design/methodology/approach The utility of these measures were considered across the full remit of forensic services within a single NHS Trust. A total of 1,038 service users were included (male, n = 876), with the majority of these presenting with HoNOS-Secure ratings. It was predicted that there would be differences pre and post therapy indicated using these measures, that there would be further differences in relation to period of contact with services, and an association was also noted in relation to aggression within services. Findings Results indicated that HoNOS-Secure

scores decreased following treatment and as a function of time spent in secure care. However, no statistically significant improvement or deterioration was observed on patient-reported outcome measures (CORE-OM and PREOM). Practical implications The paper concludes with a comparative examination evaluating potential arguments regarding why low levels of distress are observed within forensic populations and why discrepancies exist between clinician-rated and patient-reported routine outcome measures. Originality/value Research into this area is limited and yet the HoNOS is a widely implemented tool, without consideration of the core value of this measure.

High security

Söderberg, A., et al. (2025) 'Self-Reported Perceptions of Patients and Staff on Participation and Verbal and Social Interactions in High-Security Forensic Psychiatric Care in Sweden.' *Journal of Psychiatric and Mental Health Nursing* 32(2), 263–275.

ABSTRACT Introduction Studies suggest that experiences of patient participation, as described by both patients and staff, are associated with a significant caring relationship of high quality. Aim This study aimed to investigate staffs' and patients' self-reported perceptions on participation and the frequency and importance of verbal and social interactions in high-security forensic psychiatry. Method The questionnaire Verbal and Social Interactions (VSI) was used together with the subscale Participation from Quality in Psychiatric Care (QPC). The study was conducted at a large forensic psychiatric clinic in Sweden. Results Staff and patients rated the frequency of VSI differently while reporting the same perceived degree of patient participation. All categories of VSI were significantly correlated with perceived level of participation with medium or small effect size for the patients. Discussion Patients' perceived participation seems to depend on verbal and social interaction within the specific categories 'Showing interest in the patients' feelings, experiences, and behavior' and 'Helping the patients establish structure and routines in their everyday life'. There was, however, a negative association for the latter. Implications for Practice The results give a better understanding of what kind of interactions that affect patients' perceived level of participation. Relevance Statement Patient participant is a prioritised area for development in forensic psychiatry. The study contributes to a better understanding of what types of

interactions that affect the perceived level of participation, while at the same time, it shows important similarities and differences between patient and staff perspectives.

Incidents

Clercx, M., et al. (2025) '[Qualitative Analysis of Severe Incidents in Forensic Psychiatric Hospitals: Toward a Model of Forensic Vigilance.](#)' *International Journal of Offender Therapy and Comparative Criminology* 69(9), 1230–1247.

Forensic vigilance is a hypothesized specialty of forensic mental health professionals which seems to play a role in maintaining safety in forensic hospitals. It is unclear exactly how forensic vigilance relates to preventing incidents. We used standardized reports of severe incidents that occurred in forensic hospitals to investigate how forensic vigilance plays a role in the occurrence of incidents. Eight forensic psychiatric hospitals in the Netherlands contributed 69 anonymized incident reports, which were investigated by means of thematic analysis and interpretative phenomenological analysis. Analysis revealed five important themes. Four core skills needed by professionals, namely observation, integration, communication and action, which each need a number of prerequisites (e.g., knowledge). The fifth theme specifies that the professional needs to “connect the dots” meaningfully. This is a highly cyclical process in which the core four skills are steps. The process is unique to the forensic context in terms of how the “dots” are connected and weighed, and which risks need to be considered. We present a model of this process and prerequisites needed in professionals. This model can inform policy makers, aid assessment of and communication between forensic professionals and can form the basis of a training for forensic mental health professionals.

Intellectual Disabilities

Kennedy, C. H. (2025) '[How does Sleep Deprivation Functionally Impact the Challenging Behavior of People with Intellectual Disabilities? A Systematic Review.](#)' *Behavior Modification* 49(3), 317–337.

Sleep deprivation is a common health condition among people with intellectual disabilities. Studies have linked sleep problems with challenging behaviors. However, it is unclear if there is a consistent effect on challenging behavior and what reinforcement mechanism(s) might be involved. A systematic review of PsychINFO, PubMed, and Scopus identified seven studies meeting the inclusion criteria that had been published over the past 50 years. Data were extracted regarding participant characteristics, specific aim, sleep deprivation, functional behavioral assessments, results, and key findings. Studies consistently reported increased rates of challenging behavior following bouts of sleep deprivation. Five of the seven studies demonstrated negative reinforcement as the mechanism associated with increased challenging behavior. Results were unclear or lacking for other reinforcer mechanisms. Current evidence shows that sleep deprivation can increase negatively reinforced challenging behavior, but automatic and positive reinforcement mechanisms may be unaffected. Theoretical and practice implications are discussed.

Thomas, L., et al. (2025) '[An Investigation into the Critical Ingredients of Intensive Support Teams for Adults with Intellectual Disabilities Who Display Challenging Behaviour.](#)' *BJPsych Bulletin* 49(1), 5–10.

NHS England recommends the commissioning of intensive support teams (ISTs) to provide effective support to people with intellectual disability (ID) when in crisis. However, there is a paucity of evidence regarding how these services should be organised. This exploratory secondary analysis of data from the IST-ID study aimed to investigate IST characteristics that relate to clinical outcomes. The primary outcome was mean change in the total score on the Aberrant Behavior Checklist and its subscales. A measure of mental illness severity was the only variable associated with our primary outcome of reduction in challenging behaviour. Accommodation type, affective status and gender were associated with the subdomains of irritability, hyperactivity and lethargy in unadjusted and adjusted analyses. Our findings indicate that variation in clinical outcomes is influenced by individual rather than organisational factors. Further research on the theoretical fidelity of the IST-ID model is needed.

Legislation

Bennett, D. M., et al. (2025) '[Appeals Against Detention in Conditions of Excessive Security: An Analysis of Cases from Medium Secure Units in Scotland.](#)' *The Journal of Forensic Psychiatry & Psychology* 36(3), 340–355.

In Scotland, patients have the right to appeal against not only the order which detains them in hospital but also, if treated in medium or high security, against the level of security in which they are treated. This is the first study to examine the characteristics of those appealing against treatment in conditions of medium security. We examined 94 cases of appeals against treatment in medium security of which 79 led to a decision by the Mental Health Tribunal for Scotland. Seventy-seven percent of appeals were successful. The support of the responsible medical officer, being placed on the transfer list from medium security and having a history of substance misuse were all significantly associated with successful appeals. There was variation between the three Scottish medium secure units in the likelihood of an appeal to succeed, which may relate to their specific circumstances. This work is important in understanding the factors which are likely to lead to successful appeals and may be of interest if the provision is extended within Scotland, as recently proposed by a review of mental health legislation, or beyond into other jurisdictions.

Cave, J., et al. (2025) '[Deprivation of Liberty in Hospital: The MHA Versus DoLS Dilemma.](#)' *BJPsych Advances* 31(2), 103–112.

When admitting patients to hospital and treating them, psychiatrists and other health professionals may need to deprive them of their liberty. Where this occurs, professionals will need to work within a statutory framework to practice legally and protect their patients' right to liberty under Article 5 of the European Convention on Human Rights. Within England and Wales, some clinical scenarios will require a choice to be made between the Mental Health Act 1983 (MHA) and the Mental Capacity Act 2005 (MCA) and its Deprivation of Liberty Safeguards (DoLS). This choice can be complex, is often overlooked and frequently misunderstood in clinical practice. Deciding between the two frameworks must be done on a case-specific basis. With the use of code of practice guidelines, case law and an unfolding clinical scenario we aim in this article to support clinicians in taking a clear-sighted approach to the dilemma and the factors to consider when deciding between the two regimes.

Leclair, M., et al. (2025) '“No Safe Place to Call”: Perspectives and Experiences of Access to Mental Health Services by People found Not Criminally Responsible on Account of a Mental Disorder.' *International Journal of Forensic Mental Health* 24(3), 255–266.

The growing role of the justice system in the care of individuals with mental illness has led to concerns about access to adequate and timely mental health services, particularly for persons with severe mental illness whose behaviors increase their risk of justice involvement. This study investigated the perceptions of people found not criminally responsible, their loved ones, peer support workers, and other mental health professionals and managers regarding access to effective and relevant mental health services. Semi-structured interviews and focus groups were conducted with 25 participants, and data analyses were carried out according using thematic analysis. The findings highlighted how past experiences of stigma, trauma, inefficiency, and discrimination within a hospital-centric system influenced service users' and caregivers' ability to seek and engage with care. Current access mechanisms, such as police intervention and emergency room visits, were described as unacceptable and often viewed as options of last resort. Consequently, service users frequently entered the healthcare system only when their needs had escalated in complexity, making them difficult to address within the scope of standard clinical practice. Implications for policy and service organization are discussed.

van Es, R. M. S., et al. (2025) 'Opening the Black Box of Judicial Decision-Making in Cases with Forensic Mental Health Reports: A Qualitative Study from the Netherlands.' *Journal of Forensic Psychology Research and Practice* 25(1), 55–80.

Neurodiversity

Walker, F., et al. (2025) 'Prevalence of Neurodiversity in a UK High Secure Psychiatric Hospital Cohort: A Records Study.' *Criminal Behaviour and Mental Health* 35(3), 170–178.

ABSTRACT Background The term neurodiversity is an umbrella term for any atypical pattern of cognitive ability, including but not confined to neurodevelopmental disorders. Research suggests that several neurodivergent conditions are overrepresented in offender populations, with a recent survey suggesting that over half of those coming into contact with the criminal justice system may have a neurodivergent condition. Considerable effort has been invested in trying to divert people with such conditions out of

long-stay hospitals, but nevertheless, a few studies in secure hospitals suggest that while prevalence in hospitals may be lower than in prisons, it is high relative to the general population. Aims To determine the prevalence of recorded neurodivergent conditions in one high secure hospital. Methods We conducted a records survey of a resident cohort of men in one high secure hospital in England during December 2022. Results Records were accessed for all 197 resident men. According to these records, over one-half (115, 58%) of the men had at least one neurodivergent condition; nearly a third (56, 29%) had more than one form of neurodivergent condition. The most frequently recorded form of neurodivergent condition was general cognitive dysfunction (24%), followed by general language difficulties (16%), ADHD (15%) and autism (14%) and those with a history of seizures (14%) and atypical brain scans (12%). Dyslexia was reported within 6.5% of patient notes, acquired brain injury 5% and chromosomal disorders 2%. The survey also suggests some differences in the prevalence of neurodivergent disorders across clinical groups, with higher rates among people with mental illness than with personality disorder. Prevalence was also unevenly distributed across nature of ward type. Conclusions With the survey suggesting that the majority of patients in one high secure psychiatric hospital have at least one form of neurodivergent condition, it raises questions around how useful the term is and what the term neurodivergence means in this population. With each form of neurodiversity having different needs, the diversity of conditions present also raises questions around what a 'neurodiverse informed model of care' would look like in forensic mental health services.

Occupational therapy

Khan, S. (2025) '[Gender-Based Considerations for Women Experiencing Psychosis: Implications for Occupational Therapy.](#)' *Occupational Therapy in Mental Health* 41(1), 5–12.

Gender-specific considerations are essential in the treatment of women with psychosis, as they face unique occupational challenges that impact their journey to recovery. This article explores the intricate interplay of biological, social, and psychological factors that shape the experiences of women with psychosis. Drawing from evidence-based practices in occupational therapy, it underscores the critical need for tailored interventions that address gender-specific influences on occupational functioning. By emphasizing the importance of early intervention and gender-responsive approaches, this article sheds

light on the disparities that women with psychosis often encounter within the healthcare system. It highlights the significance of individualized treatment strategies in improving outcomes, promoting recovery, and enhancing the overall quality of life for this specific population.

Offenders

Narvey, C. S., et al. (2025) '[Assessing Variability in Offending between Sex and Non-Sex Offenders through Age 70.](#)' *Criminal Behaviour and Mental Health* 35(2), 115–126.

ABSTRACT Background The criminal career paradigm represented a fundamental shift within criminology as it drew attention to the longitudinal patterning of offending, with research findings leading to important new insights on matters related to theory, methods and policy. Aims This study examines the longitudinal crime mix among sex and non-sex offenders. Materials and Methods Administrative data of over 43,000 individuals released from incarceration in the State of Texas through age 70 are used to examine crime mixture patterns. Results Key findings show that: having a sex offence history significantly decreased the likelihood of arrest by age and that having a first arrest for a sex offence was associated with significantly lower odds of any subsequent arrest and violent non-sex offence arrests. Discussion The criminal career patterns of sex offenders are not more specialised, violent, nor frequent compared to non-sex offenders. Conclusion Theories and policy associated with sex offenders must take into account their lack of crime type specialisation.

Outcomes

Gilling, L., et al. (2025) '[Evaluation of a Self-Report Distress Measure in a High-Secure Forensic Population: CORE-OM Psychometric Properties and Test Structure.](#)' *The Journal of Forensic Psychiatry & Psychology* 36(3), 458–474.

The Clinical Outcomes in Routine Evaluation Outcome Measure (CORE-OM) is a widely adopted routine patient reported outcome measures across the National Health Service mental health services, including some forensic mental health services. Yet little is known about the measurement properties of

the CORE-OM for forensic patients. This study examined the psychometric properties and structure of the CORE-OM in a sample of high-secure forensic patients. T-tests confirmed forensic patients' scores fall between non-clinical and clinical normative scores. Internal consistency of the overall scale was high, though some score domains demonstrated poor reliability. Principal component analysis revealed a unique three-component structure underlying the CORE-OM items, related to life-functioning and self-worth, relational difficulties, and risk of harm to self. The findings highlight limitations to the generalisability of the original CORE-OM measurement properties to a forensic population. Further research on the CORE-OM is critical given its continued routine use in forensic mental health services.

Personality disorders

Bangash, A. (2025) '[Personality Disorders in Later Life: An Update.](#)' *BJPsych Advances* 31(3), 173–185.

Personality disorders can worsen with age or emerge after a relatively dormant phase in earlier life when roles and relationships ensured that maladaptive personality traits were contained. They can also be first diagnosed in late life, if personality traits become maladaptive as the person reacts to losses, transitions and stresses of old age. Despite studies focusing on late-life personality disorders in recent years, the amount of research on their identification and treatment remains deficient. This article endeavours to provide an understanding of how personality disorders present in old age and how they can be best managed. It is also hoped that this article will stimulate further research into this relatively new field in old age psychiatry. An awareness of late-life personality disorders is desperately needed in view of the risky and challenging behaviours they can give rise to. With rapidly growing numbers of older adults in the population, the absolute number of people with a personality disorder in older adulthood is expected to rise.

Jarrett, M., et al. (2025) '[The Offender Personality Disorder \(OPD\) Pathway for Men in England and Wales: A Qualitative Study of Pathway User Views about Services, Perceived Impact on Psychological Wellbeing, and Implications for Desistance.](#)' *Criminal Justice and Behavior* 52(1), 98–118.

The offender personality disorder (OPD) Pathway is a network of services across prison, health and

community settings in England and Wales providing psychological support for high-risk people who have offended and are thought to have a personality disorder. As part of a national evaluation of the Pathway, semi-structured interviews were carried out with 36 Pathway users to determine their views about their experiences in these services; and whether and how these impacted on their psychological wellbeing. Framework analysis was used to analyze the data. Participants reported positive therapeutic relationships with staff; improved psychological wellbeing; and for some, a shift away from antisocial toward more pro-social identities. They also described a negative impact of staff turnover and uncertainty about the role of prison officers and psychologists within prison services. Pathway services are able to engage individuals who have not previously engaged with services. Constancy of staff is fundamental to the Pathway.

Keulen-de Vos, M., and Clercx, M. (2025) '[Common and Specific Factors in Psychological Treatment of Personality Pathology](#).' *BJPsych Advances* 31(4), 228–236.

Cognitive-behavioural therapy (CBT) has been widely used for a broad range of mental health problems for several decades and has been researched extensively. Its techniques are relatively easy to learn and follow in treatment protocols. Many new CBT-based psychotherapies have been developed that go further than traditional CBT, some specifically addressing personality disorders. These so-called third-wave approaches target emotional responses to situations by using strategies such as mindfulness exercises and acceptance of unpleasant thoughts and feelings (observing thoughts as ‘from afar’). In this article, we discuss the historical context of these therapies, dissect common and specific factors in some treatment modalities often used to treat personality disorders, and suggest potential future directions for research and treatment.

Monaghan, C. (2025) '[Bridging the Implementation Gap in Dimensional Personality Models](#).' *BJPsych Advances* 31(3), 147–149.

Natoli et al present a comprehensive higher level framework aligning dimensional personality pathology assessment with treatment delivery through a hierarchical model. Their approach integrates common therapeutic factors with trait-specific interventions, offering a promising pathway for clinical implementation. Despite strong evidence supporting the superiority of dimensional models and the field's shift towards dimensional classification, they remain largely unused in clinical practice after a decade, despite evidence of clinical utility and learnability. Although the authors' framework

demonstrates how dimensional approaches could work in practice, particularly through matching severity to treatment intensity and traits to specific interventions, healthcare systems require evidence of improved clinical outcomes before undertaking systemic change. Without controlled trials demonstrating enhanced treatment effectiveness, dimensional models risk remaining theoretically superior but practically unused. While healthcare systems remain tethered to categorical diagnostic approaches, the authors' framework offers a practical pathway for implementing dimensional models – one that now requires testing in real-world settings.

Natoli, A. P., et al. (2025) '[Dimensional Models of Personality and a Multidimensional Framework for Treating Personality Pathology.](#)' *BJPsych Advances* 31(3), 137–146.

The categorisation of personality pathology into discrete disorders has been an enduring standard. However, dimensional models of personality are becoming increasingly prominent, in part owing to their superior validity and clinical utility. We contend that dimensional models also offer a unique advantage in treating mental illness. Namely, psychotherapy approaches and the components of dimensional models of personality can both be arranged hierarchically, from general to specific factors, and aligning these hierarchies provides a sensible framework for planning and implementing treatment. This article begins with a brief review of dimensional models of personality and their supporting literature. We then outline a multidimensional framework for treatment and present an illustrative fictitious clinical case before ending with recommendations for future directions in the field.

Pereira Ribeiro, J., et al. (2025) '[Pharmacological Interventions for Co-Occurring Psychopathology in People with Borderline Personality Disorder: Secondary Analysis of the Cochrane Systematic Review with Meta-Analyses.](#)' *British Journal of Psychiatry* 226(4), 226–237.

Medications are commonly used to treat co-occurring psychopathology in persons with borderline personality disorder (BPD). To systematically review and integrate the evidence of medications for treatment of co-occurring psychopathology in people with BPD, and explore the role of comorbidities. Building on the current Cochrane review of medications in BPD, an update literature search was done in March 2024. We followed the methods of this Cochrane review, but scrutinised all identified placebo-controlled trials for reporting of non BPD-specific ('co-occurring') psychopathology, and explored treatment effects in subgroups of samples with and without defined co-occurring disorders. GRADE ratings were done to assess the evidence certainty. Twenty-two trials were available for quantitative

analyses. For antipsychotics, we found very-low-certainty evidence (VLCE) of an effect on depressive symptoms (standardised mean difference (SMD) -0.22, = 0.04), and low-certainty evidence (LCE) of an effect on psychotic-dissociative symptoms (SMD -0.28, = 0.007). There was evidence of effects of anticonvulsants on depressive (SMD -0.44, = 0.02; LCE) and anxious symptoms (SMD -1.11, < 0.00001; VLCE). For antidepressants, no significant findings were observed (VLCE). Exploratory subgroup analyses indicated a greater effect of antipsychotics in samples including participants with co-occurring substance use disorders on psychotic-dissociative symptoms (= 0.001). Our findings, based on VLCE and LCE only, do not support the use of pharmacological interventions in people with BPD to target co-occurring psychopathology. Overall, the current evidence does not support differential treatment effects in persons with versus without defined comorbidities. Medications should be used cautiously to target co-occurring psychopathology.

Qian, X., et al. (2025) '[Gender Differences in Treatment Effectiveness for Borderline Personality Disorder](#).' *Personality and Mental Health* 19(1), e1642–n/a.

Borderline personality disorder (BPD) is a psychological disorder that is diagnosed predominantly in females yet is equally as prevalent in males. Many empirical research studies on the treatment of BPD have been conducted with only female participants. We aimed to investigate the impact of current treatments for BPD on men compared to women. Using data from a larger ongoing longitudinal study, we matched 48 males with 48 females in treatment on age, overall functioning and psychological distress at intake and then accessed their progress in treatment after 12 months. Controlling for the initial scores at baseline, analysis of covariance (ANCOVA) analysis found significant differences in outcome measures at 12-months follow-up. Females had significantly greater improvements in BPD severity and greater improvements in internalizing symptoms such as chronic feelings of emptiness. Females also reported significantly greater satisfaction and ratings of health at follow-up. These findings suggest that current treatment as usual for BPD could be more effective for women compared to men. Results from the study highlight the need for future studies to investigate the experience of males in current BPD treatment and to identify potential areas for modification to better cater to this population.

Ratnam, A., et al. (2025) '[Borderline Personality Disorder: Part 2 – Psychiatric Management](#).' *BJPsych Advances* 31(3), 150–163.

The large volume of seemingly conflicting guidance on the management of borderline personality

disorder (BPD), combined with the ongoing shortage of specialised resources, can make the task feel like an exclusive undertaking that the general psychiatrist is underprepared for. In this article, we distil current evidence to submit that sound psychiatric management principles used to treat all serious and enduring mental disorders (diagnostics, comorbidity management, rational pharmacotherapy and dynamic risk management) are readily applicable and particularly therapeutic for BPD. We offer actionable practice guidance that we hope will render the clinical management experience a more lucid and rewarding one for both practitioner and patient.

Vamvakas, G. (2025) 'The Effectiveness of the Offender Personality Disorder Pathway: A Propensity Score-Matched Analysis.' *Psychology Crime and Law* 31(6), 716–736.

<https://www.tandfonline.com/doi/full/10.1080/1068316X.2024.2310532>

van Reijswoud, B., et al. (2025) 'A Systematic Review on the Prevalence and Assessment of Persons with a Diagnosis of Personality Disorders in Outpatient Forensic Mental Health Services.' *The Journal of Forensic Psychiatry & Psychology* 36(4), 621–643.

Persons with a diagnosis of personality disorders (PDs) are associated with increased risk of violent and antisocial behavior and with higher recidivism risk and are therefore treated in outpatient forensic mental health settings (OFMH). There are promising results for treatment of people with the diagnosis of PD in this setting. However, information on prevalence and assessment seems scarce. This systematic review focuses on the prevalence of diagnoses of PDs in general and diagnoses of specific PDs in OFMH, and how assessment was done. Following the PRISMA protocol, five electronic bibliographic databases were searched. This yielded 251 records of which eight studies on prevalence and nine on assessment were included in the review. Because of the many differences between these studies and the settings studied, prevalence rates varied widely and no single percentage of diagnosis of PDs in OFMH settings can be given. Moreover, there appeared to be no commonly used or preferred method of assessment; clinical assessment, structured interviews and self-report questionnaires were all used, while few studies used validity scales or a control for response styles. Patients and practitioners in OFMH may benefit from knowledge of prevalence rates and proper assessment of diagnosis of PDs. This requires new research.

Völlm, B., and Cerci, D. (2025) 'Pharmacological Management of Personality Disorders: From Evidence to Practice.' *BJPsych Advances* 31(4), 214–222.

Clinical guidelines recommend avoiding the use of medications to manage personality disorder. In

clinical practice, however, substantial amounts of medication are used. In this article, we summarise the recommendations of guidelines published in various countries in the past 15 years. We review the evidence from randomised controlled trials and recent reviews, discuss the discordance between guidance and clinical practice and give recommendations on what a clinician should consider if they choose to prescribe in cases of severe disturbances in mood or behaviour despite the lack of evidence.

Watkin, F., et al. (2025) '[The Role of Psychological Formulation in Inpatient Settings in Supporting Staff Empathy and Therapeutic Optimism for Adults Diagnosed with Borderline Personality Disorder: A Pre- and Post-vignette Study.](#)' *Journal of Psychiatric and Mental Health Nursing* 32(1), 31–42.

Accessible summary What is known on the subject? Psychological formulation brings together a service user story and expertise, with psychological knowledge, research, and practitioners clinical experience to make sense of a service users' presentation (thinking about their difficulties but also strengths). Evidence into the effectiveness of formulation is largely anecdotal, qualitative, or small scale. Although this is very valuable research, there is not a lot of research which quantitatively evidences the role of formulation for service users or services. Quantitative evidence that does exist is also conflicting. Considering how widely psychological formulation is used, and the governing guidelines that recognize this as a core competency for psychological practitioners, it is important to continue to add to the evidence base. What the paper adds to existing knowledge? Psychological formulation can increase staff empathy and hope. This could help service users to feel more understood and hopeful. Formulation; however, did not impact feelings of personal distress in staff. This research may suggest a need for the two distinct processes (i.e. team formulation and reflective practice) to support all components of empathy within inpatient services. Psychological formulation could support the provision of psychologically informed care within inpatient services, of which promotes effective care delivery. **Objectives** National Health Service (NHS) values, such as empathy and therapeutic optimism, are integral when supporting service users with complex mental health presentations. There is some evidence to suggest that psychological formulation can increase empathy and optimism in healthcare professionals. This study, therefore, aimed to investigate whether a psychological formulation of a hypothetical service user with a complex presentation, typically labelled with a diagnosis of borderline personality disorder (BPD), increased empathy and therapeutic optimism in professionals working in mental health inpatient services. **Method** Sixty-six mental health professionals working in NHS inpatient

services took part in a pre- and post-vignette study. Participants were asked to read a case vignette about a hypothetical service user, with a diagnostic label of BPD, and complete questionnaires capturing levels of empathy and therapeutic optimism. Participants were then randomized into two conditions and either asked to read the same information again (control condition) or read a psychological formulation based on the same hypothetical service user (intervention condition). The findings were analysed using a series of ANCOVAs/ANCOHETs. Results Two constructs of empathy (i.e. perspective taking and empathic concern), and therapeutic optimism significantly increased following exposure to the psychological formulation when compared to the control group condition. Conclusion This study warrants further replication. These initial findings; however, indicate that psychological formulation can significantly increase the ability to perspective take, display empathic concern, and hold therapeutic optimism towards service users with a presentation associated with a diagnosis of BPD.

Pharmacology

Fernandez-Egea, E., and McCutcheon, R. A. (2025) '[Clozapine Monitoring Requirements: Is it Time for an Update?](#)' *British Journal of Psychiatry* 226(1), 1–3.

Oloyede and colleagues advocate for updating haematological monitoring requirements for clozapine, arguing that current protocols overestimate the risk of clozapine-induced agranulocytosis. Their research suggests that stringent monitoring may unnecessarily limit access to clozapine, a crucial treatment for resistant schizophrenia. The editorial supports calls for international consensus to carefully weigh the pros and cons of relaxing monitoring guidelines while ensuring comprehensive care for patients.

Gupta, S., et al. (2025) '[Management of Clozapine-Associated Neutropenia.](#)' *BJPsych Advances* 31(2), 113–123.

Clozapine is the only evidence-based intervention for treatment-resistant schizophrenia. One of the drug's most well-known and potentially fatal adverse effects is agranulocytosis (severe neutropenia). Hence, regular blood tests are an essential component of clozapine treatment. This article presents a narrative review of the history, incidence, potential aetiology and management of clozapine-associated neutropenia. It gives an overview of clozapine monitoring requirements, including those for benign ethnic

neutropenia. We point to the growing body of evidence that the risk of clozapine-induced agranulocytosis is mostly confined to the first year of treatment and that the risk of fatality is considerably lower than previously assumed. Given the absence of alternative evidence-based interventions for treatment-resistant schizophrenia, we suggest that rechallenging with clozapine should be considered in most patients with clozapine-associated mild to moderate neutropenia who do not respond to other treatments. A more careful risk–benefit analysis is needed in cases of severe neutropenia (agranulocytosis).

Pedersen, M. L., et al. (2025) '[Ethnic Disparities in Rapid Tranquillisation use and Justifications in Adult Mental Health Inpatient Settings: A Systematic Review and Meta-Analysis.](#)' *BMJ Mental Health* 28(1), e301399.

Question Evidence on the likelihood of receiving rapid tranquillisation (RT) across ethnic groups is mixed, with some studies suggesting that ethnic minorities are more likely to receive RT than others. We aimed to investigate the association between ethnicity and RT use in adult mental health inpatient settings and to explore explanations for RT use in relation to ethnicity. Study selection and analysis. We searched six databases, grey sources, and references from their inception to 15 April 2024. We included studies reporting the association between RT and ethnic groups in adult mental health inpatient settings. A meta-analysis with a random-effects model was performed using odds ratio (OR) to estimate the association. Grading of Recommendations Assessment, Development, and Evaluation (GRADE) was used to assess the overall certainty of the evidence. We reported narratively any explanations for RT use in relation to ethnicity. PROSPERO: CRD42024423831. Findings Fifteen studies with 38 622 individuals were included, mainly using white or native as the ethnic majority group compared with other ethnic groups. Individuals from ethnic minority backgrounds were significantly more likely to receive RT than those with ethnic majority backgrounds (OR=1.49; 95% confidence interval (CI): 1.25 to 1.78; moderate certainty), corresponding to a relative risk of 1.32 (95% CI: 1.17 to 1.48). Conclusion. Disparities appear to exist in RT use across ethnic groups in adult mental health inpatient settings, disproportionately affecting ethnic minorities. Further research is required to gain a more comprehensive understanding of this issue.

Silva, E., et al. (2025) '[Understanding Clozapine-Related Blood Dyscrasias. Developments, Genetics, Ethnicity and Disparity: It's a CIN.](#)' *BJPsych Bulletin* 49(3), 163–168.

Clozapine remains the gold standard intervention for treatment-resistant schizophrenia; however, it remains underused, especially for some minority groups. A significant impediment is concern about propensity to neutropenia. The aim of this article is to provide an update on current knowledge relating to: the pattern and incidence of severe blood dyscrasias; the effectiveness of current monitoring regimes in reducing harm; the mechanisms of and the distinctions between clozapine-induced neutropenia and agranulocytosis; benign ethnic neutropenia; and changes to the monitoring thresholds in the USA and other international variations. These all have implications for the practical use of clozapine; specifically, how barriers to initiating, maintaining and restarting clozapine can be understood and in many cases overcome, especially for patients from minority groups, potentially with simpler approaches than the use of lithium or G-CSF.

Physical health

Atan, R. M., et al. (2025) '[Health Behind Bars: Obesity and Cardiometabolic Risk According to Different Indicators in Incarcerated Men.](#)' *International Journal of Prison Health* 21(1), 103–115.

PurposeThis study aims to evaluate the obesity and cardiometabolic disease risks of incarcerated men and to determine the related factors.
Design/methodology/approachThis study was cross-sectional and 139 incarcerated men were included. Data were collected using a questionnaire containing the Descriptive Information Form and the Pittsburgh Sleep Quality Index. The incarcerated men' body mass index (BMI), waist circumference, waist-to-hip ratio and waist-to-height ratio were evaluated. The significance level of statistical tests was accepted as $p < 0.05$.
FindingsAccording to BMI, the rates of incarcerated men with overweight were 53.2% and with obesity were 13.7%. Their cardiometabolic disease risk according to waist circumference, waist-to-hip ratio and waist-to-height ratio was 47.5%, 53.2% and 73.4%, respectively. The cardiometabolic disease risk was 2.66 times higher in the married and 3.71 times higher in those with senior high school or lower education according to waist circumference, and 4.16 times higher in those who were in the aged = 40 years according to the waist-to-hip ratio, 3.49 times higher in those who were in the aged = 40 years and 4.26 times higher in those with senior high school or lower education according to the waist-to-height ratio.
Originality/valueTo the best of the authors' knowledge, this study is the first study in which obesity and the risk of cardiometabolic

disease in incarcerated men was investigated in Türkiye. In the incarcerated individuals, there was an association between the increased cardiometabolic diseases risk and variables such as older age, being married and having senior high school or lower education.

Moss, K., et al. (2025) '[Physical Activity of Inpatients Under Forensic Mental Health Care: A Mixed Methods Study of Patient Knowledge, Preferences, Practices and Identified Barriers.](#)' *International Journal of Forensic Mental Health* 24(2), 119–131.

Few studies have reported the perspectives of inpatients under forensic mental health care with regards to their physical activity and the barriers they face. This mix-methods study reports perspectives on physical activity of 28 patients under forensic mental health care using a structured questionnaire and semi-structured interview. Descriptive statistics were used to summarise patient data. Physical activity knowledge, preferences, practices and barriers were qualitatively examined by thematic analysis. Five themes were identified: (1) while physical activity is viewed as important and beneficial by patients, knowledge remains lacking; (2) patients under forensic mental health care have individual physical activity preferences, goals and motivations; (3) environmental context and social influences impact engagement in physical activity; (4) confidence and skills play a role in physical activity planning and adherence; and (5) perceived barriers to physical activity include individual, service-related and environmental factors. This study highlights the overall preference expressed by forensic patients for lower intensity activity supervised by a known and supportive staff member. Forensic services need to be adaptive when considering how to offer physical activity opportunities while managing several service-related challenges.

Needham, N., et al. (2025) '[Metabolic Dysfunction in Severe Mental Illness: Updates on Prevalence, Aetiology and Treatment Options.](#)' *BJPsych Advances* 31(4), 201–210.

Metabolic dysfunction is an established phenomenon in people with severe mental illness (SMI), and it has a higher prevalence than in the general population. It is associated with increased morbidity and mortality, and effective recognition and management are essential to enable good psychiatric care. Despite widespread awareness of this disparity for several decades, health outcomes continue to worsen, highlighting the need for more effective preventive and treatment measures. This article outlines the risk factors that contribute to metabolic dysfunction in this population, including genetic, environmental and pharmacological factors, and considers underlying metabolic pathophysiological

processes as part of SMI itself. To aid discussions with patients, recognition and interpretation of metabolic risk factors are outlined, together with mitigating strategies. Novel areas of uncertainty are discussed, including the use of a ketogenic diet. This article advocates use of the term ‘metabolic psychiatry’, to increase awareness of the significant overlap between psychiatric illness and metabolic dysfunction.

Öztürk, Ş, et al. (2025) '[Health Perceptions and Risk of Metabolic Syndrome and Diabetes in Psychiatric Patients.](#)' *Journal of Psychiatric and Mental Health Nursing* 32(3), 689–698.

ABSTRACT Introduction People with serious psychiatric disorders requiring long-term care and treatment are known to have higher rates of various physical diseases and early mortality. Aim This study aimed to evaluate health perceptions and risk of metabolic syndrome and diabetes in patients with psychiatric disorders. Method Data were collected from a group of 228 patients using the Health Perception Scale, the Metabolic Syndrome Assessment Form and the American Diabetes Association Diabetes Risk Test. Results The patients had moderately positive health perceptions, 51.3% had moderate risk, 10.1% had high risk of metabolic syndrome, 27.6% were at risk for diabetes. Low health self-awareness was associated with higher diabetes and metabolic syndrome risk, and diabetes risk was also positively associated with metabolic syndrome risk. Discussion The interrelatedness of health perceptions, diabetes risk and metabolic syndrome risk suggests the need for educational interventions focused on increasing awareness of self-care, nutrition, exercise and disease- and health-related issues specific to these patients. Implications for Practice This study highlights the need for nurses to regularly screen patients with mental illness for diabetes and metabolic syndrome risk and to intervene accordingly.

Palmer, C. M. (2025) '[Beyond Comorbidities: Metabolic Dysfunction as a Root Cause of Neuropsychiatric Disorders.](#)' *BJPsych Advances* 31(4), 211–213.

Metabolic dysfunction has been long associated with severe mental illness (SMI), often viewed as a comorbidity to be managed. However, emerging evidence suggests that metabolic dysfunction, particularly at the mitochondrial level, may be a foundational element in the pathophysiology of neuropsychiatric disorders. This commentary expands on the current understanding by exploring the brain energy theory of mental illness, which posits that mitochondrial dysfunction is central to both metabolic and psychiatric conditions. The roles of insulin resistance, chronic stress and environmental factors are highlighted as shared biopsychosocial determinants that contribute to deterioration in both

metabolic and mental health. The therapeutic potential of the ketogenic diet is discussed, particularly its ability to improve mitochondrial function and alleviate psychiatric symptoms. This shift in perspective, from viewing metabolic dysfunction as a secondary concern to recognising it as a root cause of SMI, has significant implications for clinical practice and research. By focusing on bioenergetic deficits and mitochondrial health, psychiatry may advance towards more effective, integrated treatment approaches that target the underlying cellular dysfunctions driving both metabolic and mental illnesses.

Rees, H. (2025) '[Assessing the Physical Health of Service Users with Severe Mental Illness.](#)' *Mental Health Practice* 28(2), 35–42.

Why you should read this article: • To recognise the factors that may increase the risk of suboptimal physical health in people with severe mental illness • To enhance your understanding of the aspects that should be included in a physical health assessment of service users with severe mental illness • To contribute towards revalidation as part of your 35 hours of CPD (UK readers) • To contribute towards your professional development and local registration renewal requirements (non-UK readers) Individuals with severe mental illness are at greater risk of experiencing suboptimal physical health and have a higher premature mortality rate than the general population. This is due to a range of factors, including health behaviours and health inequalities. Therefore, it is essential that mental health nurses undertake physical health assessments as part of their care of people with severe mental illness. This article provides an overview of various aspects that should be included in a physical health assessment of service users with severe mental illness and suggests some screening and assessment tools that nurses can use to support such an assessment.

Physical intervention

Lawrence, D., et al. (2025) '[Differences between Restrictive Practices Applied to Men and Women in UK Secure Mental Health Services.](#)' *The Journal of Forensic Psychiatry & Psychology* 36(4), 602–620.

Restrictive practices are intentional interventions used by mental health professionals with the aim of managing the risk of harm posed by patients, but have been associated with a number of harmful consequences for those who experience them. The current study aimed to explore differences in how restrictive interventions and restrictive practices more broadly were used between men and women who

had been detained in secure mental health services in England and Wales, with the intention to inform policy and practice directed at developing gender-sensitive mental health services and to facilitate reduced use of restrictive practices. The sample for the study was 249 patients (203 men, 46 women) detained in low, medium, and high secure services in England and Wales. Analysis revealed significant differences in the way in which restrictive practices including observations, physical restraint, and restricted access were used with men and women. To our knowledge, few studies have previously set out to compare restrictive practices between men and women explicitly. Fewer studies still have considered the broader, day-to-day restrictive practices in place in secure mental health services. Our findings have implications for forensic mental health practice, research, and policy.

McDowell, C. H., and Kendig, N. E. (2025) '[A Collaborative Stakeholder Approach for Reducing the use of Custodial Restraints in Hospitalized Patients.](#)' *Journal of Correctional Health Care* 31(1), 6–10.

In hospitals across the country, most patients admitted from jails or prisons receive their care in custodial restraints regardless of clinical concerns or public safety risk. Blanket restraint protocols are deemed necessary for public safety; however, the indiscriminate use of custodial restraints causes harm to patients physically, mentally, and through propagation of prejudice. Hospitals and correctional officials must create policies that allow for a case-by-case analysis of patients to develop an individualized custodial restraint plan that will balance public safety and patient care needs. In this Viewpoint, we recommend a collaborative stakeholder approach to address this needed public policy evolution. Now is the time for health care professionals, correctional and hospital administrators, those with lived incarceration experience, and community members to work together to create policies on custodial restraints that support patient healing and reduce physical harm, emotional distress, and prejudice while optimizing staff and public safety.; In hospitals across the country, most patients admitted from jails or prisons receive their care in custodial restraints regardless of clinical concerns or public safety risk. Blanket restraint protocols are deemed necessary for public safety; however, the indiscriminate use of custodial restraints causes harm to patients physically, mentally, and through propagation of prejudice. Hospitals and correctional officials must create policies that allow for a case-by-case analysis of patients to develop an individualized custodial restraint plan that will balance public safety and patient care needs. In this Viewpoint, we recommend a collaborative stakeholder approach to address this needed public policy evolution. Now is the time for health care professionals, correctional

and hospital administrators, those with lived incarceration experience, and community members to work together to create policies on custodial restraints that support patient healing and reduce physical harm, emotional distress, and prejudice while optimizing staff and public safety.

Police

Brodie, Z. P. (2025) 'The Impact of Trauma-Awareness Session on Police Officers' Trauma-Informed Attitudes in Scotland.' *Psychology Crime and Law* 31(1), 26–40.

<https://www.tandfonline.com/doi/full/10.1080/1068316X.2023.2210736>

Gallagher, O. (2025) 'Violence is all He Knew, and it Seemed to Work': Using the Power Threat Meaning Framework to Explore Prison Officers' Understandings of Violence in Irish Prisons.' 31(5), 594–624.

<https://www.tandfonline.com/doi/full/10.1080/1068316X.2024.2303485>

Mydlowski, L. 'Tensions between Police Training and Practice for the Risk Assessment of Registered Sex Offenders in England and Wales.' *Journal of Sexual Aggression* 31(1), 53–66.

<https://www.tandfonline.com/doi/full/10.1080/13552600.2023.2190752>

Prisons

Aranda-Hughes, V., and Mears, D. P. (2025) '[Prison Personnel Views of the Effects of Solitary Confinement on the Mental Health of Incarcerated Persons.](#)' *Criminal Justice and Behavior* 52(1), 3–22.

The use of extended solitary confinement (ESC) has received domestic and international condemnation for its potential effects on the mental health of incarcerated persons. Despite the criticism, prison systems continue to rely on the practice. To advance understanding of why the housing is used and how correctional personnel view it, this study develops a theoretical model, based on concepts of human agency, empathy, and punitiveness, to examine perceptions of ESC and its effects on the mental health of incarcerated persons. The study examines survey responses from prison personnel who have worked

in ESC and finds that personnel hold mixed views about ESC's harms. Structural equation modeling indicates that perceptions about agency and empathy influence views about ESC and whether it harms the mental health of incarcerated persons in the housing. These relationships are mediated by punitiveness and point to nuanced views that personnel hold about ESC's impacts.

Bakman, P., et al. (2025) '[A Quantitative Survey of Correctional Mental Health Professionals on Current Healthcare and Treatment Practices for Transgender Incarcerated Persons.](#)' *Behavioral Sciences & the Law* 43(1), 28–42.

There is a need for updated survey literature collected from correctional mental health professionals working within prison settings. Up to date research can add to the literature addressing the best practices for mental health treatment of the transgender incarcerated population in order to provide health care professionals and correctional staff with more effective, efficient, and widely understood intervention practices to facilitate the well-being and safety of this population. Guided by three research aims, 50 mental health professionals from 21 states throughout the United States were surveyed in this quantitative survey regarding their work with the transgender incarcerated population. Results are discussed in terms of implications for the type of care and coordination of care provided by correctional mental health professionals.

Berghuis, M. L., et al. (2025) '[Do Prison Visits have a Spectrum? Visitation Quality and the Varying Impacts for Individuals' Behavior and Well-being in Prison.](#)' *Criminal Justice and Behavior* 52(5), 671–689.

Scholarship suggests that prison visits can have beneficial as well as potential adverse effects on life in prison. What remains unclear is what explains these heterogeneous effects. In this study, latent profile analysis and regression analyses are used to examine whether the nature of people's experiences during visits dictates their effects on individuals' behavior and well-being in prison among more than 2,000 individuals incarcerated in Dutch prisons. The results showed that individuals had diverse, mainly positive experiences during visits which were related to lower incidences of misconduct and higher well-being. However, some visits left individuals feeling stressed, helpless, or guilty, which were related to higher incidences of misconduct (particularly property infractions) and lower overall well-being. These findings suggest that policies aimed at improving visit interactions could have potential beneficial impacts on prison experiences and effects.

Brisbane, R., et al. (2025) '[I was in a Jail within a Jail': Prisoner's Experiences of Segregation within the Scottish Prison Service.](#)' *International Journal of Forensic Mental Health* 24(1), 69–78.

Segregation in prison is a highly researched area worldwide, however, gaps remain about the experience of individuals who reside in these units. This study was the first of its kind in the Scottish prison service (SPS). The study was exploratory, completed over two stages and used a mixed method observational design. In stage one, questionnaires were distributed to incarcerated males across eight prisons in the SPS. Questionnaires asked why participants were segregated, how they spent their time and how it felt. Responses (n = 151) indicated participants used the segregation and reintegration unit (SRU) on multiple occasions and for significant periods of time. Participants spent their time thinking, watching TV, listening to music, and reading; few engaged in education. Most attributed negative emotions to their time in segregation, however, others felt happy (n = 43, 29%), relieved (n = 26, 17%), and safe (n = 34, 23%). Responses informed the interview schedule in stage two. Semi-structured interviews were conducted with seven prisoners exploring their experiences of segregation, their routine, access to services/support and their views on what could be improved. Thematic analysis was employed. Interviews identified three overarching themes: impact of segregation on mental health, services and support, and reintegration.

Brooke, J., et al. (2025) '[The Development, Delivery, Content, and Impact of Nutrition Education in Prisons: A Systematic Review.](#)' *Journal of Correctional Health Care* 31(1), 17–28.

People in prison are at an increased risk of long-term conditions that have been associated with poor nutrition intake, low levels of physical activity, and obesity. We aim to identify the necessary components of nutrition education to impact the health and health behaviors of people in prison. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines informed the structure of this article. Our protocol was registered in PROSPERO (CRD42022353925). Electronic databases were searched for relevant studies published in the English language from January 1, 2000, to December 31, 2023. Data were extracted and narrative synthesis completed. The search identified 394 studies, of which 10 studies included nutrition education delivered to and with people in prison. In most cases, nutrition was one element of a complex intervention, with the inclusion of physical activity and/or a focus on health. The outcomes measured varied considerably across studies; therefore, our narrative synthesis explored the (1) development and delivery, (2) content, and (3) impact of nutrition education delivered for people in prison. There remains a need for nutrition education for people in prison,

developed through coproduction, that encompasses their individual needs, with quantifiable outcome measures through validated tools and/or physiological measures.; People in prison are at an increased risk of long-term conditions that have been associated with poor nutrition intake, low levels of physical activity, and obesity. We aim to identify the necessary components of nutrition education to impact the health and health behaviors of people in prison. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines informed the structure of this article. Our protocol was registered in PROSPERO (CRD42022353925). Electronic databases were searched for relevant studies published in the English language from January 1, 2000, to December 31, 2023. Data were extracted and narrative synthesis completed. The search identified 394 studies, of which 10 studies included nutrition education delivered to and with people in prison. In most cases, nutrition was one element of a complex intervention, with the inclusion of physical activity and/or a focus on health. The outcomes measured varied considerably across studies; therefore, our narrative synthesis explored the (1) development and delivery, (2) content, and (3) impact of nutrition education delivered for people in prison. There remains a need for nutrition education for people in prison, developed through coproduction, that encompasses their individual needs, with quantifiable outcome measures through validated tools and/or physiological measures.

Casagrande, K. (2025) '[Prevalence of Psychiatric Disorders by Demographics in Jail Populations](#).' *International Journal of Offender Therapy and Comparative Criminology* 69(9), 1158–1174.

Many individuals incarcerated in jails suffer from psychiatric disorders and require mental health treatment. However, there has yet to be a study which comprehensively described the prevalence of mental illness diagnoses by demographic variables or compared results to the general population. Data for this study were the Survey of Inmates in Local Jails, 2002. Binary logistic regression was run to compare the prevalence of diagnoses to demographic variables of the jail population. Results were compared to studies in the general population. Males were less likely than females to report five of the seven disorder categories, and employed individuals were less likely to report all seven disorders. The results were consistent with research on the general population. It is important to understand the population of individuals with mental illness in jail so we can better serve them and catch psychiatric disorders early while they are more easily treatable.

Datta, M., et al. (2025) '[Suicide among Prisoners: A Bibliometric Analysis.](#)' *International Journal of Prison Health* 21(1), 94–102.

Purpose Suicide in prisons accounts for about half of all prison deaths globally. A bibliometric analysis would indicate research output and potential contributors in the sector, which has not been conducted previously. The purpose of this paper was to conduct a bibliometric analysis to understand the patterns, trends and gaps in research on this issue. **Design/methodology/approach** The PubMed database was searched by using the terms: (suicide) AND ((Prison) OR (prisoner) OR (incarceration)). A bibliometric analysis was done with the help of Harvard Catalyst, PubMed PubReMiner and biblioshiny. **Findings** A total of 1,683 publications were identified in the PubMed database from 1949 to 2024, with an annual growth rate of 4.4% and a Hirsch index of 46. Journal articles were the top publications with the highest number in the journal Crisis. The USA published the highest number of articles, and countries with low income showed much less production. **Originality/value** Prison suicide is not well-researched worldwide. The majority of the studies are published in high-income countries. An interdisciplinary outlook and more intervention-based and longitudinal studies are required in this field. Importantly, more research in low- and middle-income countries is required to understand mental health issues and prevent suicide in prisons.

Dean, K., et al. (2025) '[Testing Approaches to Mental Health Screening at Prison Entry, Considering both Concurrent and Predictive Validity in Men and Women.](#)' *International Journal of Forensic Mental Health* 24(1), 16–26.

Mental health screening at prison entry is important given the burden of unmet need and the challenge of prioritizing scarce resources, but the evidence to guide approaches to screening is limited. Screening at prison-entry (into prisons or jails receiving people at any stage of the trial or sentencing process) must achieve several aims, from uncovering untreated symptoms to recognizing the need to recommence treatment for established illness, and for a range of mental health conditions. The current exploratory observational study examines different approaches to screening and considers the results of both concurrent (structured diagnostic interview) and predictive (post-screening receipt of prison mental healthcare) methods for validation, in a sample ($n = 291$) of men and women entering prison in New South Wales, Australia. A high prevalence of mental health problems, particularly for women was identified across the three screening approaches (i.e., screening for previous psychiatric history, current symptoms, and psychological distress). No single screening approach was superior across validation

methods, supporting a broad approach to mental health screening, and differences in validity outcomes were seen between men and women. Prioritizing sensitivity to avoid false-negative cases requires a broad approach to prison-entry mental health screening but a second-stage triage assessment is likely necessary.

Edmondson, L., et al. (2025) '[Exploring the Impact of Custodial Parkrun in an English Women's Prison: HMPPS Psychologists and Partners Delivering a Best Practice Evaluation.](#)' *Journal of Forensic Practice* 27(1), 84–99.

Purpose This paper describes qualitative research evaluating the impacts of parkrun in a female prison. The extended methodology section explains why HMPPS psychologists have been ideally suited to investigate custodial parkrun whilst successfully partnering with a range of stakeholders, conferring benefits that could not have been achieved in any other way. **Design/methodology/approach** Purposive sampling resulted in 15 semi-structured interviews with prisoner parkrunners and volunteers at a women's prison in England. **Findings** A range of highly positive parkrun experiences were described, which were grouped into four themes with sub-themes; improved mental and physical health, a sense of purpose, enhanced connections to others and stabilisation in prison. Women struggled when custodial parkrun was inconsistently delivered. **Research limitations/implications** Custodial parkrun offers an opportunity for women to develop factors underpinning health and well-being, harnesses elements which engage women in physical activity and mitigates some gendered barriers to exercise. The findings also describe factors which are important to desistance, the development of a rehabilitation culture, self-determination theory (Ryan and Deci, 2000) and a trauma-informed approach. The opportunity for women to participate in parkrun through the gate may offer an important and sustainable “catalyst for change” (Maruna, 2001, p. 96). **Practical implications** The paper discusses how parkrun might be further utilised across the female prison estate. It adds to the evidence base regarding the benefits of physical activity for women, which might be considered when developing a sports strategy specific to the female estate. Additionally, HMPPS managers hoping to further develop the rehabilitation culture in their establishment might be persuaded as to the benefits of parkrun in this regard. Finally, the work provides an exemplar of how HMPPS psychologists can work with stakeholders to enhance practice evaluations. **Originality/value** This is only the second published research paper focusing on the impacts of parkrun in the custodial estate, and the first looking at women. Additionally, its inclusion in this Special Edition

mean it is among the first published works describing how HMPPS psychologists can successfully partner with stakeholders to support evidence-based practice.

Enayat, Q., et al. (2025) '[Trends in Sexually Transmitted Infection Diagnoses among People in Prison in England, 2018-2023: Analysis of Surveillance and Pilot Seroprevalence Data.](#)' *International Journal of Prison Health* 21(2), 176–186.

Purpose People in prison face a disproportionate risk of sexually transmitted infections (STIs), but there is a paucity of evidence on trends in STIs in prisons in England. This study aims to describe trends in chlamydia test-positivity and syphilis prevalence by using two different methodologies in prison settings. **Design/methodology/approach** This study used routinely collected chlamydia surveillance data reported by all primary diagnostic laboratories in England from 2018 to 2022 to identify tests undertaken in prisons. Separately, this study used data from a pilot syphilis serology pilot study of four prisons in England. A descriptive analysis was undertaken to describe chlamydia test-positivity and syphilis seroprevalence by demographic characteristics. **Findings** Between 2018 and 2022, the number of chlamydia tests carried out in prisons increased by 2.0% (17,177–17,514) whilst the number of positive diagnoses decreased by 12.0% (957–840). The overall test-positivity in 2022 was 4.8% (840/17,514) which was marginally lower than that of the community; test-positivity was highest in 15–19 year-olds. Overall, syphilis prevalence was 3.9% (43/1064). Prevalence was highest in the women's prison site at 6.4% (27/398). The range in male prison sites was between 0.5% and 3.5%. **Originality/value** Use of two methods enabled us to better understand the burden of STIs in a vulnerable population. Chlamydia test positivity was marginally lower than community levels but still indicated a high burden of infection, in particular for the 15–24 age group. Syphilis prevalence was high across all age groups in prisons, highlighting the need for more systematic assessment of STIs in prisons to allow for earlier identification and treatment of infections.

Fazel, S., et al. (2025) '[Bridging Assessment and Treatment for Repeat Suicidality in Prisons: Development and Validation of a Risk Model.](#)' *BMJ Mental Health* 28(1), e301280.

Background Suicidal thoughts and behaviours are common in people in prison and associated with poor health outcomes, including suicide, injury and repeat self-harm. **Objective** To develop and validate a model to stratify risk of repeat suicidality up to 3 months in people in prison. **Methods** In seven English prisons, we identified 754 people aged over 17 who had been placed on a suicide risk management plan

after a self-harm episode or elevated risk. We developed a multivariable model to stratify risk of repeat suicidality at 3 months using routinely collected sociodemographic, clinical and prison-related factors, which were tested using Cox proportional HR models. In a prospective validation sample of 390 people from 13 prisons, we tested this model to assess risk of repeat suicidality at 3 months across a range of performance measures. Findings of the overall sample of 1144 people in prison (n=966 men or 84%, mean age 33 years), 22% had the outcome of repeat suicidality over 3 months. The final risk model consisted of nine factors, including sex, calendar age and features of recent suicidal behaviour. Calibration and discrimination were similar in both development and validation samples, with O:E ratio=1.09 (95% CI 0.88 to 1.35) and c-statistic=0.66 (95% CI 0.60 to 0.72) in external validation. At a 25% cut-off, sensitivity was 58% (50 to 66) and specificity was 72% (68 to 75) in external validation. The tool (Risk Assessment for people in Prison at risk of Self-harm and Suicide, RAPSS) is available as an online risk calculator at <https://oxrisk.com/rapsstrial/>. Interpretation A novel assessment approach for repeat suicidality can provide an evidence-based approach to stratify risk and better allocate resources.

Fernandes, C., et al. (2025) 'A Qualitative Review and Thematic Synthesis of Resident Experiences in Prison-Based Democratic Therapeutic Communities.' *The Journal of Forensic Psychiatry & Psychology* 36(4), 550–581.

A qualitative systematic review and thematic synthesis was conducted to explore residents' perspectives of prison-based democratic therapeutic communities (DTCs). This is important to inform effective treatment for residents of these communities. Five databases were searched for studies published between January 1962 and November 2023. Following screening, eleven qualitative studies were included in the review. Collectively, the review sample were 153 male residents of prison-based DTCs. Three themes were generated by thematic synthesis: (1) The Importance of Safety in the Therapeutic Environment, (2) Opening Up to Vulnerability and (3) Life Within and Beyond the DTC. Experiences were highlighted within the papers reviewed where progress in each of these areas was comprised for some residents, due to inequalities, stigma, and disconnection. Further training and awareness to support residents who experience such difficulties is needed. Interventions within prison-based DTCs to help reduce toxic masculinity and promote emotional vulnerability are also recommended. In addition, there is a need for culturally informed and adapted practices to help those from minoritized background integrate into prison-based DTC communities. Further qualitative research

across UK prison-based DTC settings incorporating the voices of those participating in therapeutic communities would be beneficial to expand the generalisability and diversity of findings.

Forrester, A. (2025) 'Prison Healthcare: The Practical and Ethical Consequences of the Current State of Prisons.' *Medicine Science and the Law* 65(2)

<https://journals.sagepub.com/doi/full/10.1177/00258024241302277>

Gaber, J., et al. (2025) '[Understanding Trauma-Informed Care in Correctional Facilities: A Scoping Review.](#)' *Journal of Correctional Health Care* 31(3), 144–167.

People who are incarcerated are significantly more likely to have experienced traumatic events than others in the general population. Trauma-informed care (TIC) is an approach that recognizes and responds to the lasting effects of trauma on peoples' lives and health, going beyond individually focused, trauma-specific care and into broader change in policy and practice. Our objectives were to describe how TIC is implemented in correctional facilities, and evidence on the impacts of TIC in correctional facilities. We conducted a scoping review of academic and gray literature. Two team members screened titles and abstracts and reviewed full texts for eligibility. We included articles in English focused on TIC in any adult correctional facility and extracted relevant data. We categorized information on how TIC is implemented into structural, organizational, and individual levels, and organized evidence on the impacts of TIC into the Quintuple Aim for Health Care Improvement framework. We identified 45 relevant articles, including 14 studies that reported evidence on impacts of TIC across the Quintuple Aim components. While the correctional facility environment challenges TIC implementation, TIC interventions at the individual, structural, and organizational levels could improve health outcomes in correctional facilities.; People who are incarcerated are significantly more likely to have experienced traumatic events than others in the general population. Trauma-informed care (TIC) is an approach that recognizes and responds to the lasting effects of trauma on peoples' lives and health, going beyond individually focused, trauma-specific care and into broader change in policy and practice. Our objectives were to describe how TIC is implemented in correctional facilities, and evidence on the impacts of TIC in correctional facilities. We conducted a scoping review of academic and gray literature. Two team members screened titles and abstracts and reviewed full texts for eligibility. We included articles in English focused on TIC in any adult correctional facility and extracted relevant data. We categorized information on how TIC is implemented into structural, organizational, and individual levels,

and organized evidence on the impacts of TIC into the Quintuple Aim for Health Care Improvement framework. We identified 45 relevant articles, including 14 studies that reported evidence on impacts of TIC across the Quintuple Aim components. While the correctional facility environment challenges TIC implementation, TIC interventions at the individual, structural, and organizational levels could improve health outcomes in correctional facilities.

Hewson, T., et al. (2025) '[Long-Term Physical Health Conditions in Older Adults in Prison: A Brief Report from a Nominal Group.](#)' *The Journal of Forensic Psychiatry & Psychology* 36(1), 89–104.

Prisoners are at increased risk of multiple health conditions relative to the general population. The effective management of long-term conditions amongst prisoners is vital to reducing health inequalities. A nominal group was conducted exploring facilitators and barriers to the identification, diagnosis, and treatment of chronic physical illness amongst older adult prisoners in England and Wales, as well as innovations and suggestions for improvement in this area. The nominal group included 12 prison staff from a range of professions and specialist roles, including nurses, general practitioners, consultants, junior doctors, researchers, and managers. Eight key themes were identified from group discussions, including: 1) primary and secondary care interfaces; 2) quality and outcomes framework (QOF); 3) healthcare during transitions; 4) prison environments and lifestyles; 5) expert patients; 6) service design and healthcare roles; 7) telemedicine; and 8) data availability. The importance of collaboration between prison staff, primary and secondary healthcare professionals, and patients themselves to effectively manage long-term conditions infiltrated several themes. Further research is needed to determine the most effective interventions for managing chronic illness and multimorbidity amongst older prisoners. This research is urgently required given the ageing prisoner population and could help to standardise healthcare across the prison estate.

Hidalgo Isern, T., et al. (2025) '[Benefits of Art Therapy in Prison Population with a Diagnosis of Mental Illness: A Systematic Review.](#)' *International Journal of Offender Therapy and Comparative Criminology* 69(12), 1707–1725.

Art therapy is a form of psychotherapy that was introduced in psychiatric hospitals, where psychiatric patients used painting as a way to express themselves. Nowadays, it is used in prison and has positive effects such as stress and anxiety reduction, and decrease in rates of recidivism. The main aim of this study was to analyze the effects of art therapy programs among the prison population with a diagnosis of

mental illness. A systematic review was performed and a total of 12 studies were included. Positive results and beneficial effects were observed for this population; the most prominent is the decrease in the rate of recidivism. Art therapy is a form of therapy that is effective for improving socialization and decreasing anxiety and depressive symptoms in patients diagnosed with mental illnesses. It has been proved to decrease recidivism rates in inmates who participate in these programs.

Marr, C., et al. (2025) '[Self-Harm in a Prison Mental Health Unit: A Pilot Trial of a Structured Professional Judgement Approach to Risk Assessment and Safety Planning.](#)' *International Journal of Prison Health* 21(2), 218–232.

Purpose Evidence to support approaches to reducing self-harm (SH) and suicide in prison settings is lacking, despite increased risk in these settings. This study aims to describe a pilot trial of a health service-improvement initiative intended to provide a structured framework to support mental health clinicians in assessing and managing risk of SH /suicide in a prison setting.

Design/methodology/approach The authors examined all clinically reported SH incidents in a prison mental health unit over a three-year period. In the third year, the authors piloted a novel intervention, the Suicide/Self-Harm, Legal, Individual, Psychiatric, Safety Plan (SLIPS) framework, aimed at reducing SH and suicide behaviours. Routinely recorded data from clinical notes were used to examine both incidents of SH as well as reported thoughts of SH. **Findings** No statistically significant reduction in the number of SH incidents was observed. An increase in patients reporting thoughts of SH to staff was seen in the post-SLIPS period, potentially reflecting an improvement in patient–staff engagement.

Implementation of the intervention was challenging, with just under 20% of individuals in the unit receiving an SLIP assessment or safety plan. **Originality/value** This study focused on a unique population of patients in a prison mental health screening unit and used a novel structured professional judgement approach to developing a framework for supporting clinicians to undertake the difficult job of assessing and managing SH and suicide risk in prison.

Morgan, K., et al. (2025) '[Guest Editorial: Past, Present and Future – using the Evidence Base to Support Transforming Delivery in His Majesty’s Prisons and Probation Service.](#)' *Journal of Forensic Practice* 27(1), 1–6.

Mulligan, L., et al. (2025) '[The Mental Health of Older Adults in the Criminal Justice System: A Brief Report from a Nominal Group.](#)' *The Journal of Forensic Psychiatry & Psychology* 36(1), 121–130.

The number of older people in prison is increasing, and this group has significant mental health needs. Despite this, little research has evaluated mental healthcare for older prisoners, and examples of best practice are unknown. This paper explored staff experiences of supporting the mental health needs of older prisoners to identify existing forms of care provision, challenges to implementation, and areas for improvement. Eight professionals were recruited to a nominal group discussion, and seven themes were identified: 1) Lack of recognition of mental health problems in prison; 2) Risk factors for mental health problems among older prisoners; 3) Models of working; 4) Specialised environments; 5) Prison transfers; 6) Aftercare post release; and 7) Mental health education. There was consensus that older prisoners are vulnerable to mental health problems, though their needs are not sufficiently recognised nor addressed. While several ideas for improvement were identified, the provision of consistent and effective mental health care for older prisoners is lacking. To identify best practice guidelines for addressing the mental health needs of older prisoners, a valuable next step is to review mental healthcare provision for older people in the community and consider how this could be adapted to a prison environment.

Nixon, L., and Goldie-Chaplin, G. (2025) '[Prisoner Perceptions of the Environmental Impact on Self-Harm and Suicidal Behaviour.](#)' *Journal of Forensic Practice* 27(1), 115–130.

Purpose Improving prison safety by reducing self-harm and suicidal behaviour remains a government priority (Ministry of Justice, 2021). This involves developing a better understanding of the relationship between prison environments, self-harm/suicidal behaviour and the prison conditions supporting a reduction in such behaviour. Through interpretive phenomenological analysis, the authors aim to explore prisoners' perceptions of one prison environment, considering if/how the environment has impacted prisoners need for support via the assessment, care in custody and teamwork (ACCT) process.

Design/methodology/approach Data was collected through semi-structured interviews with seven prisoners at an adult male establishment who had not been on an ACCT since arriving there but had at least two active ACCT documents in the 12 months prior to transfer. **Findings** Analysis identified four superordinate themes: facilities, population, mentality and interaction with staff. This research increases understanding of specific factors contributing to prisoner's lack of need for support via an ACCT document. **Research limitations/implications** A small sample within one prison for those convicted of sexual offences was used. Therefore, the findings are not fully generalisable to all establishments. The authors did not control for factors beyond the environment that could have contributed to prisoner's lack of need for support via an ACCT document. **Practical implications** By

conducting research, Forensic Psychologists are uniquely placed to increase research evidence to support the improvement of prison safety, whilst promoting its application in practice. Several recommendations about enhancing prison environments are made. Originality/value The findings provide insight into specific aspects of a prison environment that impacts prisoners' level of self-harm and suicidal behaviour.

O'Neill, A., et al. (2025) '[Social Care for Older Adults in the Criminal Justice System: A Brief Report from a Nominal Group.](#)' *The Journal of Forensic Psychiatry & Psychology* 36(1), 37–49.

In line with increasing numbers of older prisoners, demand for social care in prisons is also on the rise. However, social care provision for prisoners appears to be of variable quality and there is minimal research on how best to meet the social care needs of older people in this environment. This paper therefore aims to explore the views of experts involved in prison social care to identify challenges and improve understanding on how best to support prisoners with social care needs. A nominal group was conducted to explore the views of nine participants from private, public, and third sector organisations, including two heads of healthcare, three specialist nurses, an occupational therapist, a consultant forensic psychiatrist, a social care team leader, and a mental health coordinator. Seven key themes emerged: 1) unsuitable environment and regime; 2) varied models of social care; 3) peer support; 4) staff training, collaboration, and understanding; 5) alternative specialised facilities; 6) 'lower-level' needs; and 7) issues on release. Overall, these themes mirror findings in the wider literature. However, research is typically focused on male prisons, and is lacking on women. Research on peer support and lower-level social care needs is similarly limited. The findings of this paper can stimulate future research in these directions, as well as informing the national strategy for an ageing prison population, policy, and practice.

O'Neill, A., et al. (2025) '[Dementia in the Criminal Justice System: A Brief Report from a Nominal Group.](#)' *The Journal of Forensic Psychiatry & Psychology* 36(1), 76–88.

The number of older adults in prison is increasing. Both dementia and mild cognitive impairment are becoming more prominent issues within the prison system. This paper explores the opinions and accounts of staff working alongside older prisoners with dementia to highlight current care, complexities of care provision, and areas for necessary development. Eight professionals were recruited to a nominal group discussion. Five themes were identified: 1) staffing; 2) security versus care; 3) distorted pathway to

specialised services; 4) bespoke specialised facilities; and 5) compassionate release. The group highlighted the discrepancy between the needs of those with dementia and a lack of care and understanding within the prison system. Proposed areas for improvement included more thorough training, improved dementia care pathways, and the need to adapt the prison environment to be more appropriate for those with dementia. There is a lack of empirical evidence to understand how best to provide care for this vulnerable group. The gap between the standard of community and prison health and social care for this population should be addressed.

Sewell, H. (2025) '[Evaluation of the Effectiveness of a Diversity and Inclusion Committee on a Psychologically Informed Planned Environment in a UK Prison.](#)' *Journal of Forensic Practice* 27(1), 24–37.

Purpose Psychologically Informed Planned Environments (PIPEs) are designed to support individuals to develop positive relationships. This can be achieved through social activities and engagement with committees. Developing understanding of diversity and inclusion (D&I) continues to be an area of need in criminal justice. A custodial PIPE therefore developed a D&I committee, which included the planning and delivery of community events. This study aims to explore the effectiveness of the committee and events in increasing understanding of protected characteristics, enabling individuals to raise D&I-related issues, developing positive relationships and increasing feelings of safety.

Design/methodology/approach Eight participants residing on a PIPE engaged in semi-structured interviews to explore their experience of the D&I committee and events. Thematic analysis was used to explore the responses and to identify common themes within the data. **Findings** Four themes were identified: “you’re in a safe environment here”, connectedness, opportunities to learn and grow and “it could be better”. The research indicated that the D&I committee and events support several of the enabling environments standards and provide prisoners with an opportunity to build on their strengths and capabilities, in line with the Good Lives Model (Ward, 2002; Ward and Gannon, 2006), which underpins the ethos of PIPEs (NOMS and DoH, 2012; HMPPS and NHS, 2023). **Practical implications** There is scope for similar committees to be implemented in other psychologically informed environments, which could potentially be extended to other therapeutic environments and “standard wings” within prisons. However, future research should consider the influence of prisoners’ individual characteristics on their experience of such committees and events. **Originality/value** PIPEs provide a unique environment in which various committees can be implemented. A D&I committee has provided

the space and opportunity for staff and prisoners to develop their knowledge and understanding and to build positive relationships. This research has evaluated the effectiveness of this and aims to promote the use of such committees in other services.

Stoliker, B. E., et al. (2025) '[Lifetime and Jail-Specific Suicidal Ideation: Prevalence and Correlates in a Sample of People in Jail in the United States.](#)' *International Journal of Offender Therapy and Comparative Criminology* 69(2-3), 267–285.

Despite high suicide mortality in U.S. jails, there is limited research into precursors for suicide in this population, such as suicidal ideation. The current study examined the prevalence and correlates of lifetime and jail-specific suicidal ideation among a sample of 196 individuals (137 men) in custody in a U.S. jail. Nearly half the sample had reported lifetime suicidal ideation (45%), whereas 30% had reported jail-specific suicidal ideation. Adjusted correlates of lifetime suicidal ideation included a history of mental illness (OR = 2.79) and drug use (OR = 2.70). Adjusted correlates of jail-specific suicidal ideation included a history of mental illness (OR = 2.74), drug use (OR = 3.16), and a dehumanizing custodial environment (OR = 3.74). Some theoretically and empirically relevant factors were not significantly associated with suicidal ideation. Both expected and unexpected findings are discussed within the context of suicide theory and research, and practical implications are explored.

Summers, R., et al. (2025) '[Examining the Effectiveness of Interventions for Criminal Justice-Involved Women: A Meta-Analytic Review.](#)' *Criminal Justice and Behavior* 52(5), 690–715.

Academic understanding of women's gendered pathways into the criminal justice system has grown significantly over the last 20 years. Allied to this development has been an increasing number of gender-responsive practices and interventions designed to address the needs of criminal justice-involved women. This meta-analysis summarizes the trends in 71 interventions extracted from 64 papers involving justice-involved women. Subgroup analysis and meta-regression were used, which shows that gender-responsive interventions are up to 42% more effective compared with gender-neutral, even when controlling for several covariates. Other findings in our case demonstrate features of interventions, such as intervention, format, focus, and length, that appear to be effective in reducing recidivism for criminal justice-involved women. Our findings strengthen the case for investment in gender-responsive interventions and diversion programs.

Taja, M., et al. (2025) '[Associations between Pathological Personality Traits and Self-Injurious Behavior in Prisoners: Evaluating Cognitive Emotion Regulation.](#)' *The Journal of Forensic Psychiatry & Psychology* 36(4), 582–601.

Self-injurious behaviors are a pervasive problem among prisoners. The aim of the present study was to concurrently evaluate whether emotion regulation explain association between pathological personality traits and self-injurious behavior among Iranian prisoners. The statistical population comprised all prisoners at Qezalhasar Penitentiary in Karaj during the second half of 2023. Data were collected using the adult version of the DSM-5 Personality Questionnaire, the Cognitive Emotional Regulation Questionnaire, and Klonsky and Glenn's Inventory of Statements About Self-Injury. Based on the obtained results, there was a positive and significant relationship between self-injurious behavior and negative affectivity ($\beta = 0.13$, $T = 2.29$), detachment ($\beta = 0.11$, $T = 2.01$), antagonism ($\beta = 0.14$, $T = 2.44$), disinhibition ($\beta = 0.12$, $T = 2.15$), psychoticism ($\beta = 0.13$, $T = 2.36$), and negative cognitive emotion regulation ($\beta = 0.26$, $T = 4.19$). Additionally, a negative and significant relationship was observed with positive cognitive emotion regulation ($\beta = -0.21$, $T = -3.48$) ($p < 0.01$). It is recommended to create conditions in penal institutions to minimize the occurrence of these behaviors and the psychological disorders that contribute to them and provide psychological counseling for the prison population with a focus on emotion regulation.

Vinter, L. P., et al. (2025) '[A Multi-Perspective Qualitative Study about Working with Autistic Individuals in Prison-Based Interventions to Address Sexual Offending.](#)' *Sexual Abuse* 37(1), 30–57.

Research suggests that sexual offending is one of the more common forms of offending behaviour committed by autistic individuals. Despite this, very little research has investigated approaches to rehabilitation for autistic individuals who have sexually offended. The small body of literature that does exist suggests that interventions to address sexual offending may not be sufficiently adapted for this group. In this paper we present an exploratory qualitative study that (i) explores how prison-based interventions to address sexual offending are experienced by autistic individuals with sexual offense convictions and the staff who work with them, and (ii) identifies and explores the features of prison-based sexual offending interventions that may be challenging or beneficial for autistic individuals, from the perspective of those involved in treatment. Semi-structured interviews were conducted with 12 autistic men serving prison sentences for sexual convictions, and 13 members of prison staff. A multi-perspective phenomenologically-informed thematic (MPT) analysis identified three themes of 'Feeling

overwhelmed', 'Out of the comfort zone', and '(Dis)connected to others'. These themes highlight some of the key issues relating to the format and delivery of interventions, as well as the impact of the broader prison context on rehabilitation.

Walters, G. D. (2025) '[A Rise in Reactive Criminal Thinking Over the Course of a 10-Week Prison-Based Programme Predicts Increased Criminal Propensity: Testing the Exportation Hypothesis.](#)' *Criminal Behaviour and Mental Health* 35(3), 161–169.

ABSTRACT Background The importation model holds that inmate behaviour is a function of behaviours and thought patterns offenders bring with them into prison from the community. It may also be that offenders export behaviours and thought patterns they develop or refine in prison when they return to the community. Aims The purpose of this study was to determine whether an increase in reactive criminal thinking in prisoners predicts recidivism following release. Methods A sample of 282 male prisoners housed in a medium security federal facility completed the Psychological Inventory of Criminal Thinking Styles (PICTS) at the beginning and end of a 10-week therapy group and were eventually released back to the community. Results The results of a Cox proportional hazards survival analysis revealed that prisoners who experienced a rise in reactive criminal thinking over the course of the 10-week group were significantly more likely to recidivate than prisoners who did not display an increase in reactive criminal thinking, controlling for several factors, including prior arrests. Conclusions These results indicate that growth in reactive criminal thinking during incarceration portends poor outcomes upon release from prison. This suggests that a lack of critical thinking, potentially attributable to a rise in reactive criminal thinking during incarceration, may interfere with a person's ability to reintegrate safely and effectively into society once they are released from prison.

Wang, R., et al. (2025) '[The Relationship between Sense of Security and Suicide Risk in Male Prison Inmates: A Chain Mediating Effect through Intolerance of Uncertainty and Motor Impulsiveness.](#)' *The Journal of Forensic Psychiatry & Psychology* 36(2), 131–150.

This study aims to broaden our understanding of the precursors and mechanisms of suicide risk in prisoners by examining correlations and testing chain mediating models including sense of security, intolerance of uncertainty (IU), motor impulsiveness and suicide behavior. A total of 466 incarcerated male offenders voluntarily participated in the survey, which was conducted in an exclusively male prison. In total, 417 valid questionnaires were obtained, resulting in a response rate of 89.5%. The

participants had an average age of 36.83 years (SD = 10.23 years). To measure the variables, the Suicidal Behaviors Questionnaire-Revised (SBQ-R), Security Questionnaire (SQ), IU Scale-12 (IUS-12), and motor impulsiveness subscale of the Barratt Impulsiveness Scale-11th Revision (BIS-11) were utilized. The results showed a serially mediating effect from sense of security to suicide risk, through the IU and motor impulsiveness. Moreover, we found different effects between the dimensions of sense of security on the suicide risk among prisoners. The present study is the first to identify the effects of IU and sense of security on suicide risk among prisoners. Our findings suggest that suicide prevention measures and interventions for prisoners should include modules aimed at treating IU and enhancing the sense of security.

Wesely, J. K., et al. (2025) ["The Dogs Saved My Life": The Role of Prison Dog Programs in the Turning Point Process among Formerly Incarcerated Men.](#) *The Prison Journal* 105(4), 516–539.

This article examines the mechanisms underlying ?turning point? processes among participants in Prison Dog Programs (PDPs). Despite the coercive and violent elements that characterize prisons, there may still be space for positive transitions. While most opportunities for personal growth in prison are limited, or truncated, PDPs are unique. They demand immersive investment through which strong bonds develop between human and dog. Based on in-depth interviews with formerly incarcerated men, this article examines how the meaningful relationships they built with the dogs while in a PDP facilitated inner change, playing a major role in their turning point processes.; This article examines the mechanisms underlying ?turning point? processes among participants in Prison Dog Programs (PDPs). Despite the coercive and violent elements that characterize prisons, there may still be space for positive transitions. While most opportunities for personal growth in prison are limited, or truncated, PDPs are unique. They demand immersive investment through which strong bonds develop between human and dog. Based on in-depth interviews with formerly incarcerated men, this article examines how the meaningful relationships they built with the dogs while in a PDP facilitated inner change, playing a major role in their turning point processes.

Psychopathy

Almas, I., and Lordos, A. (2025) '[A Narrative Review of Psychopathy Research: Current Advances and the Argument for a Qualitative Approach.](#)' *The Journal of Forensic Psychiatry & Psychology* 36(3), 356–406.

Psychopathy has interested researchers since its conceptualization by Cleckley in 1941. This interest has come almost exclusively in the form of quantitative inquiries. Quantitative studies have provided valuable insights into the etiology, heterogeneity, and treatment of the disorder. At the same time, rich phenomenological descriptions of psychopathy have a role to play in the field since they can inform the development of variant-specific assessment instruments, as well as the development or tailoring of psychological interventions. Qualitative methods offer distinct advantages, since their flexibility and explorative nature allow the capture of unanticipated, novel, or nuanced psychopathy aspects, which can be overlooked when using pre-set hypotheses and structured measures. In light of these considerations, the present narrative review aims to (a) provide an overview of the state-of-the-art in psychopathy research, by combining insights from both quantitative and qualitative studies and (b) draw attention to the need for a qualitative approach in the field. It dives into conceptualization, etiology, youth psychopathy and temporal stability of psychopathic traits, the distinction between variants (primary versus secondary), and treatment, before reviewing qualitative studies and formulating an argument in favor of exploring the lived experience of psychopathy. The most recent developments in the field are also examined, including the first contemporary theory on secondary psychopathy etiology and the first-ever treatment studies exploring differential outcomes between variants.

Papagathonikou, T., and Marono, A. (2025) '[The Relationship between Psychopathy and Sexual Sadism: A Mixed-Methods Study.](#)' *The Journal of Forensic Psychiatry & Psychology* 36(3), 407–429.

Psychopathy and sexual sadism are amongst the most controversial concepts of our times. The two forensically related constructs have often been associated at a theoretical and a clinical level. Very few studies, however, have sought to empirically assess the relationship between sexual sadism and psychopathy, and even fewer have explored the function of sadistic aggression within the construct of psychopathy. The current study followed a mixed-method design involving paper-based questionnaires, behavioural scales, and a semi-structured interview. Based on a sample of 59 forensic mental health patients and prisoners with a mean age of 41.01 years (SD = 10.30), the results indicate that psychopathy

is significantly associated with both sexual sadism and trait sadism. Sexual sadists achieved higher psychopathy scores when compared to non-sexual sadists. Thematic analysis revealed differences in the function of aggression between sadistic and non-sadistic psychopaths. Three themes were identified: (a) The function of aggression, (b) Predatory fantasies, and (c) Victim - perpetrator dynamics. The findings of the study appear to support the hypothesis of the existence of sadistic psychopathy as a distinct subtype of the psychopathic disorder.

Psychosis

Anderson, C., and Nathan, R. (2025) '[The Clinical Assessment of Violence in the Context of Psychosis: Taking a Phenomenological Stance.](#)' *BJPsych Advances* 31(1), 28–35.

Although most people experiencing psychosis are not violent, a diagnosis of a psychotic disorder is associated with an increased likelihood of violence. Some progress has been made in delineating the nature of this association, but it remains unclear whether specific types of psychotic experience make a specific contribution to the propensity for violence. Just as the phenomenological approach has produced a fuller understanding of psychotic experiences (that can inform improved aetiological and interventional frameworks), the authors assert that such an approach (with its closer attention to the full extent of the patient's subjectivity) has the potential to advance our understanding of the relationship between psychosis and violent behaviour in a way that has clinical applicability. This article examines this potential by overlaying approaches to the phenomenology of psychosis with a framework for the subjectivity of violence to demonstrate how a fuller explanatory formulation for violent behaviour can be derived.

Aynsworth, C., et al. (2024) '[Visual Hallucinations in Psychosis: What do People Actually See?](#)' *Psychology and Psychotherapy* 98(1), 58–73.

Background One in three people with psychosis experience visions. However, little is known about what people see, and current treatments have limited benefits. **Objectives** To improve the understanding and treatment of visions, this study explored the phenomenology of visions in people with psychosis. **Methods** Twelve people with psychosis participated in semi-structured interviews. Reflective thematic analysis was used. **Results** Three main themes were generated covering important aspects of

phenomenology: 'Content', 'Coherence' and 'Quality'. The first theme 'Content: People see people', demonstrated that the most distressing visions were of people. The second theme 'Coherence: Visions of people who behave like people', captured how visions were coherent with real human behaviour, often by being multimodal experiences that spoke to and touched the observer. The third theme, 'Quality: They look too real' highlighted the compelling sense of authenticity of the visions, making them indistinguishable from reality. Conclusion Visions represent what we expect to see in everyday life: people, who act and look real. This powerful combination provides insight into the absorbing and all-encompassing nature of visions and their impact on participant's lives. The framework of 'Content', 'Coherence' and 'Quality' provides guidance to support clinicians and researchers to better explore the phenomenology of visions in psychosis.

Brown, L., and Griffiths, S. L. (2025) '[Reimagining Psychosis Prevention: Responding to the Accessibility Issues of at-Risk Mental State \(ARMS\) Services through a Selective Public Health Approach.](#)' *BJPsych Bulletin* 49(3), 147–151.

At-Risk Mental State (ARMS) services aim to prevent the onset of first-episode psychosis (FEP) in those with specific clinical or genetic risk markers. In England, ARMS services are currently expanding, but the accessibility of this preventative approach remains questionable, especially for a subgroup of FEP patients and those from specific ethnic minority communities. This commentary outlines the key debates about why a complimentary approach to psychosis prevention is necessary, and gives details for an innovative public health strategy, drawing on existing research and health prevention theory.

Fahy, L., et al. (2025) '[Barriers and Facilitators to Engagement in Psychological Therapy in First Episode Psychosis: A Meta-ethnography and Qualitative Comparative Analysis.](#)' *Psychology and Psychotherapy* 98(2), 232–255.

Objectives Disengagement from psychological therapies in first-episode psychosis (FEP) is a common occurrence, with personal costs associated with untreated problems. This study aimed to establish the barriers and facilitators of people experiencing FEP to engagement in psychological therapies by undertaking a meta-ethnography and Qualitative Comparative Analysis (QCA) of existing qualitative literature. **Methods** A systematic search was conducted in multiple databases including Psychinfo, Ovid Medline, Web of Science, EthOs, OPENgrey and Procrest in July 2021 (updated in July 2024). The search identified 6966 titles and 71 full texts that were reviewed for eligibility. Twenty-three studies were found

to meet eligibility and were critically appraised. Data was systematically extracted and synthesized in a meta-ethnography and QCA. Results Seven themes were identified as barriers to engagement in psychological therapy (Ambivalence to therapy, Emotional distress, Fluctuating symptoms, Negative expectations, Physical capacity, Service limitations and Therapy preference unmet) and six themes were identified as facilitators (Destigmatizing, Accessibility of digital therapy, Positive expectations of therapy are met, Service factors, Therapists interpersonal approach and skills and Therapy preferences met). The QCA identified a model with the Therapists interpersonal approach and skills, as sufficient (i.e. whenever that condition is present, the outcome is also guaranteed to be present) for engagement in psychological therapy, while Emotional distress was a sufficient barrier to engagement. Conclusions Engagement is a multifaceted construct with many factors unique to an individual's experience, impacted by emotional, social, practical and service-level factors. Strengths, limitations and recommendations of the findings are discussed.

Johnston-Webber, C., et al. (2025) 'A Service Evaluation Study of the Impact of Ageless Policy in a London Inner-City Early Intervention in Psychosis Service.' *BJPsych Bulletin* 49(2), 86–92.

Schizophreniform disorders tend to have an early onset. Early intervention in psychosis (EIP) services aim to provide early treatment, reduce long-term morbidity and improve social functioning. In 2016, changes to mental health policy in England mandated that the primarily youth-focused model should be extended to an ageless one, to prevent ageism; however, this was without strong research evidence. An inner-city London EIP service compared sociodemographic and clinical factors between the under-35 years and over-35 years caseload cohorts utilising the EIP package following the implementation of the ageless policy. Both groups received similar care, despite the younger group having significantly more clinical morbidity and needs. Our results may indicate that service provisions are being driven by policy rather than clinical needs, potentially diverting resources from younger patients. These findings have important implications for future provision of EIP services and would benefit from further exploration.

Lagerberg, T., et al. (2025) 'Systematic Review of Risk Factors for Violence in Psychosis: 10-Year Update.' *British Journal of Psychiatry* 226(2), 100–107.

Understanding risk factors for violence in people with psychosis can inform risk management and violence prevention. However, much of the evidence comes from cross-sectional studies, and previous reviews require updating. To synthesise evidence from longitudinal studies on risk factors for violence in

people with schizophrenia-spectrum disorders, bipolar disorder or other affective psychoses. We searched five bibliographic databases up to June 2022. We identified longitudinal studies reporting risk factors for violence in individuals diagnosed with schizophrenia or other psychoses using DSM or ICD criteria. If ≥ 3 independent samples reported a risk factor, we conducted random-effects meta-analyses to provide a pooled estimate. We also meta-analysed risk factors by major domains. We identified 47 longitudinal studies on risk factors for violence in psychosis, representing 41 independent samples - 21 from the original and 20 from the updated review - and 203 297 individuals. A total of 30 risk factors were present in ≥ 3 independent samples. Criminal history factors were associated with the greatest risk of violent outcomes (pooled odds ratio 3.50, 95% CI = 2.37, 5.16), followed by substance misuse factors (odds ratio 2.36, 95% CI = 1.99, 2.80). Many treatment-related factors were protective (odds ratio 0.54, 95% CI = 0.34, 0.85). Effect estimates were attenuated in inpatient settings. We also identified novel risk factors, including cannabis use, in a secondary analysis (odds ratio 3.34, 95% CI = 2.32, 4.82). Using longitudinal evidence, we have validated comorbid substance misuse and criminal history as major risk factors for violence in psychosis. Novel factors such as cannabis use need further replication. Several identified factors are possible intervention targets if associations are found to be causal.

Sivarajah, N., et al. (2025) '[Brief Imagery Based Metacognitive Intervention for Flashforwards in Psychosis: A Fixed Baseline Case Series.](#)' *Behavioural and Cognitive Psychotherapy* 53(1), 30–46.

Distressing mental images are common in people with psychosis. The central role of metacognitive difficulties in psychosis suggests that metacognitive interventions with imagery properties could play a central role in managing distressing mental imagery. A brief imagery-based metacognitive intervention was developed to target the control mechanism of distressing mental images in psychosis. A fixed baseline case series was designed to investigate whether the intervention was acceptable, feasible and effective. Eight participants who met criteria for a schizophrenia spectrum diagnosis and experienced distressing future-oriented mental images took part in the case series, which consisted of three phases; baseline, intervention, and follow-up. Symptoms of anxiety, depression, persecutory delusions and schemas were assessed pre- and post-intervention, and qualitative feedback was collected at follow-up. The metacognitive intervention was feasible, acceptable, and rated as highly satisfactory. One participant dropped out at the baseline phase. No adverse events were reported. Positive change scores with a decrease in symptoms were reported for anxiety, depression, persecutory delusions, and schemas. Tau-U analysis showed positive trends and high effect sizes on mental imagery characteristics

at follow-up. Our findings suggest that it is acceptable and feasible to engage people with psychosis in a brief imagery-based metacognitive intervention and that positive change can be achieved. Further studies are needed to replicate and clarify the findings of our study and develop the evidence base for this intervention.

Quality of life

Boons, L., et al. (2025) 'A Need for a Forensic Specific Policy regarding Experiencing Sexuality: A Study of Quality of Life in Medium Security Patients.' *Journal of Forensic Practice* 27(2), 214–225.

Purpose In Belgium, mentally ill offenders often spend extended periods in forensic psychiatric hospitals, where restrictive living conditions can affect their quality of life (QoL). QoL is a key factor in these settings, influencing both short- and long-term recidivism risks. Despite its significance, research on QoL in Belgian forensic psychiatry is scarce. Internationally, studies highlight that the sexuality domain tends to score lower than other QoL areas. This study aims to explore QoL in forensic psychiatry with a particular focus on the sexuality domain. **Design/methodology/approach** This cross-sectional, observational study involved 275 male forensic psychiatric patients, all found not guilty by reason of insanity and under court-ordered psychiatric treatment. Patients resided in either treatment units or long-term forensic care units. Data were analyzed using R Studio. **Findings** Patients in medium-security units in Flanders reported the lowest satisfaction in the sexuality domain compared to other QoL areas. Additionally, overall QoL declined with longer stays in forensic psychiatric care. **Practical implications** The study underscores the need for clear policies regarding sexuality in forensic psychiatric settings. Integrating sexuality and sexual health assessments into routine evaluations is recommended. Future research should explore long-term QoL changes while investigating the impact of sexuality policies and considering gender and cultural differences. Collaboration between forensic institutions is key to improving data collection, while staff training on addressing sexuality is essential. Including patients in policy development and promoting their sexual health rights will help create a more inclusive environment. **Originality/value** To the best of the authors' knowledge, this is the first study to pool data from three forensic medium-security units in Flanders, providing new insights into QoL in Belgian forensic psychiatry.

Risk

Cheng, J., et al. (2025) '[Convergent and Predictive Properties of Three Risk Assessment Instruments in a Canadian Forensic Mental Health Sample.](#)' *The Journal of Forensic Psychiatry & Psychology* 36(4), 526–549.

The use of risk assessment instruments is essential for the assessment, treatment, and management of violence risk; it is thus critical to examine their properties when implemented in novel settings with diverse forensic subpopulations. This study evaluated the convergent and predictive properties of three risk assessment instruments in a sample of 109 forensic patients found Not Criminally Responsible on Account of Mental Disorder (NCR). A retrospective longitudinal cohort design was employed to examine the Historical Clinical Risk Management-20 Version 3 (HCR-20 V3), Revised Violence Risk Appraisal Guide (VRAG-R), and Level of Service/Case Management Inventory (LS/CMI) rated from archived hospital records. LS/CMI risk scores and risk bands predicted general (area under the curve AUC] = .70-.73) and violent (AUC = .76-.91) recidivism with moderate to large effects and performed similarly to the VRAG-R and HCR-20 V3 . Calibration analyses demonstrated that LS/CMI scores overpredicted the risk of general recidivism in Moderate to Very High risk bands. Results supported the convergent validity and discrimination properties of study measures; however, mixed evidence was found for the calibration properties of the LS/CMI. The potential utility of risk instruments in the appraisal and management of offending behavior among forensic mental health patients is discussed.

Taunton, K. M., et al. (2025) '[An Evaluation of the Understanding Risk Group Programme in Inpatient Forensic Psychological Services.](#)' *Journal of Criminological Research, Policy and Practice (Online)* 11(1), 34–49.

Purpose Risk assessment and risk management planning are integral to reducing risk of future violence in forensic settings. Over the past decade, emphasis has been placed on involving service users in this process. Nonetheless, service user knowledge of violence risk assessments such as the Historical-Clinical-Risk Management-20, Version 3 (HCR-20v3) and collaborative risk assessment is often limited. This service evaluation aimed to assess the effectiveness of a pilot Understanding Risk programme, on increasing knowledge of the HCR-20v3 and insight into risk of violence. Design/methodology/approach.

The methodology used was a within-subjects design, collecting quantitative data before and after intervention. Participants' beliefs and attitudes supportive of violence, and perceptions of their recovery, were assessed using a semi-structured HCR-20v3 questionnaire, the Maudsley Violence Questionnaire and the Recovery Assessment Scale – Domains and Stages. An HCR-20v3 historical factor checklist was also completed. The final sample (n = 11) consisted of low and medium secure forensic inpatients.

Findings The results of this study indicated that after intervention, participants had significantly greater knowledge of the HCR-20v3 and more positive perceptions of their functional and personal recovery. Significant changes were not observed on the Maudsley Violence Questionnaire total score; however, further analysis indicated significantly lower scores on the “acceptance of violence” subscale after intervention.

Practical implications The Understanding Risk programme was associated with positive changes across treatment domains in a small sample of forensic inpatients. Specifically, improvements were observed for increased knowledge of the HCR-20v3, attitudes towards recovery and non-acceptance of violence. It would be of clinical benefit to replicate this study across different levels of security to increase the generalisability of findings. This study shows promise for the efficacy of the Understanding Risk programme among forensic inpatients.

Originality/value This service evaluation provides preliminary support for the benefits of educating and involving service users in violence risk assessment.

Viljoen, J. L., et al. (2025) '[Are Risk Assessment Tools More Accurate than Unstructured Judgments in Predicting Violent, any, and Sexual Offending? A Meta-analysis of Direct Comparison Studies.](#)' *Behavioral Sciences & the Law* 43(1), 75–113.

We conducted a pre-registered meta-analysis of studies that directly compared the predictive validity of risk assessment tools to unstructured judgments of risk for violent, any, or sexual offending. A total of 31 studies, containing 169 effect sizes from 45,673 risk judgments, met inclusion criteria. Based on the results of three-level mixed-effects meta-regression models, the predictive validity of total scores on risk assessment tools was significantly higher than that of unstructured judgments for predictions of violent, any, and sexual offending. Tools continued to outperform unstructured judgments after accounting for risk of bias. This finding was also robust to variations in population, assessment context, and outcome measurement. Although this meta-analysis provides support for the use of risk assessment tools, it also highlights limitations and gaps that future research should address.

Vogt, K. S., et al. (2025) '[I Think the First Priority is Physically Safe First, before You can Actually Get Psychologically Safe](#)': Staff Perspectives on Psychological Safety in Inpatient Mental Health Settings.' *Journal of Psychiatric and Mental Health Nursing* 32(2), 276–287.

ABSTRACT Introduction While the concept of psychological safety has been gaining momentum, research concerning psychological safety in inpatient mental health wards is lacking. Aim To investigate how psychological safety is conceptualised by healthcare staff in inpatient mental health units, and what barriers and facilitators exist. Method Reflexive Thematic Analysis was used to analyse 12 interviews. Results Participants conceptualised psychological safety as feeling safe from physical harm, being able to develop meaningful relationships and feeling valued at work. Participants often did not feel physically safe at work, which led them to feel psychologically unsafe. Barriers to psychological safety were reliance on agency workers, punitive management approaches and the inherent risk in working with mental health inpatients. Facilitators included appropriate staffing ratios and skill mix, being able to form meaningful relationships and having access to support. Discussion The emphasis on the physical safety element within psychological safety means that existing definitions of psychological safety require extension for the mental healthcare context. However, large-scale research is needed to further understand experiences of psychological safety in this group. Implications for Practice A better understanding of the dimensions of psychological safety in inpatient mental health settings could support the development of tools to investigate psychological safety interventions. Organisations could support psychological safety through regular staff supervision and improved staffing ratios and skill mix.

Ward, T., and Phillips, A. (2025) '[Incorporating Dynamic Risk Factors into Forensic Case Formulations](#).' *Criminal Behaviour and Mental Health* 35(3), 139–141.

Schizophrenia

Abu Khait, A., et al. (2025) '[The Relationship between Insomnia and Depressive Symptoms in a Sample of Patients with Schizophrenia: Do Psychotic Symptoms Play a Mediating Role?](#)' *Journal of Psychiatric and Mental Health Nursing* 32(4), 953–963.

ABSTRACT Introduction Depressive symptoms, bidirectionally associated with insomnia, are common comorbidity among patients with schizophrenia. The current literature lacks conclusive evidence about

the mediating role of either positive or negative symptoms in the relationship between insomnia and depressive symptoms. **Aim/Question** This study aimed to examine the mediating role of psychotic symptoms on the relationship between insomnia and depression in a sample of patients with schizophrenia. **Methods** A cross-sectional, mediational design was used in this cross-sectional study, using a convenience sampling method to recruit 279 patients with schizophrenia. **Results** Insomnia total score ($\beta = 0.351$, $p < 0.001$), work status ($\beta = 3.053$, $p < 0.001$), living arrangement ($\beta = -2.071$, $p = 0.019$), number of previous suicide attempts ($\beta = 1.087$, $p < 0.001$) and medication adherence ($\beta = -1.456$, $p = 0.031$) explained 41.9% of the variability in depression total score ($F = 41.14$, $p < 0.001$). Negative psychotic symptoms positively (partially) mediated the relationship between insomnia and depression ($p < 0.001$). **Discussion** The indirect effect for the negative psychotic symptom total score was significant and positive. This finding implies that, on average, higher insomnia total scores increase negative psychotic symptom total scores, which then increase depression scores. **Implications for Practice** The study highlights the significance of early detection and management of insomnia by integrating sleep assessments into standard mental health care to mitigate the negative impact of insomnia on both psychotic and depressive symptoms. Furthermore, this proactive approach may help mental health nurses improve patients' long-term outcomes by addressing these comorbidities before they escalate.

Can, S. Y., and Budak, F. K. (2025) 'The Effect of Cognitive Behavioural Therapy–Based Psychoeducation on Medication Adherence and Aggression in Individuals Diagnosed with Schizophrenia: An Experimental Study.' *Journal of Psychiatric and Mental Health Nursing* 32(2), 445–456.

ABSTRACT **Introduction** It is known that treatment compliance is low and aggression is higher in individuals diagnosed with schizophrenia compared to the normal population. Cognitive behavioural therapy (CBT) is known to reduce relapse and hospitalisation and increase well-being in individuals diagnosed with schizophrenia. However, there are almost no studies on increasing treatment compliance and decreasing aggression. **Aims** This study was conducted to determine how CBT–based psychoeducation affects medication adherence and aggression in individuals diagnosed with schizophrenia. **Methods** The study was conducted as a quasi-experimental model with the pre-test–post-test control group with 73 schizophrenic patients (33 experimental, 40 control) between June 2022 and July 2023. Data were collected using the Descriptive Characteristics Form, Morisky Medication Adherence Scale (MMAS) and Buss–Perry Aggression Questionnaire (BPSQ). The schizophrenic patients

in the experimental group were given eight sessions of CBT-based psychoeducation, while the schizophrenic patients in the control group were not given any training. The data were analysed using mean, standard deviation, chi-squared test, dependent samples t-test and independent samples t-test. Results It was determined that the aggression level of the experimental group before the training was 80.51 ± 19.38 , and after the CBT-based psychoeducation, it was 73.12 ± 15.28 . It was determined that the aggression level of the control group before the training was 84.22 ± 12.13 , and after the post-test, it was 85.60 ± 11.72 . It was determined that the medication adherence level of the experimental group before the training was 2.75 ± 1.25 , and after the CBT-based psychoeducation, it was 3.57 ± 0.67 . It was determined that the medication adherence level of the control group before the training was 2.05 ± 1.33 , and after the post-test, it was 2.17 ± 1.36 . The psychoeducation based on CBT caused a statistically significant difference ($p = 0.001$) in medication adherence and aggression levels in the experimental group. Discussion It was determined that CBT applied to individuals diagnosed with schizophrenia was effective on increasing their medication adherence and reducing their aggression. It is recommended for psychiatric nurses to include CBT-based psychoeducation in their nursing practices in order to increase medication adherence and reduce aggression in individuals with schizophrenia. Implications for Practice The findings emphasise that CBT-based psychoeducation increases treatment adherence and significantly decreases the level of aggression in individuals diagnosed with schizophrenia. Psychiatric nurses should include CBT-based psychoeducation in their treatments.

Chai, S., and Kim, G. (2025) '[Factors that Influence Hospitalization Stress in Patients with Chronic Schizophrenia: A Cross-sectional Study in Psychiatric Hospitals.](#)' *Journal of Psychiatric and Mental Health Nursing* 32(1), 102–111.

Accessible Summary What Is Known on the Subject? Patients with chronic schizophrenia become vulnerable to stress when admitted to psychiatric wards, lacking the abilities to independently cope with stress. Therefore, it is crucial to focus on the stress associated with hospitalization. Stress increases when interpersonal functioning is impaired due to schizophrenia symptoms. Social support acts as a protective factor against stress, boosting coping skills and problem-solving abilities. What the Paper Adds to Existing Knowledge Interpersonal relationships, marital status, having cohabited before hospitalization and hospitalization type were associated with hospitalization stress in patients with chronic schizophrenia. Patients with chronic schizophrenia continue aging (mean 55.73 ± 11.14) within

closed psychiatric hospitals due to their long-term hospitalizations (mean 14.24 ± 11.37). What Are the Implications for Practice? Mental health nurses need to use a standardized nursing assessment including interpersonal relationships, family support system and hospitalization type that may affect hospitalization stress in patients with chronic schizophrenia. Mental health nurses should develop tailored interventions to reduce hospitalization stress for long-stay patients with chronic schizophrenia that consider aging, illness duration, and length of hospital stay, as well as psychiatric symptoms. Mental health nurses need to make efforts to help the families of patients with schizophrenia solidify an important support system by participating in treatment plans and intervention programs, checking on the patients' condition, and spending time with them. Introduction Patients with chronic schizophrenia in psychiatric hospitals often experience increased stress due to living in closed spaces and frequently lack the coping skills necessary for independent stress management. Aim To explore interpersonal relationships, social support and hospitalization stress, and identify the factors associated with hospitalization stress in patients with chronic schizophrenia in psychiatric hospitals. Method This cross-sectional study included 135 patients who had been diagnosed with schizophrenia for over 2 years, recruited from two psychiatric hospitals in City B, South Korea through convenience sampling. We conducted descriptive statistics and quantile regression. Results Interpersonal relationships, marital status, cohabiting before hospitalization, and voluntary admission were significant factors influencing the hospitalization stress at the 90th percentile. Discussion Standardized nursing assessment, active family support, and tailored stress management programs including interpersonal relationships are needed to reduce hospitalization stress in patients with chronic schizophrenia. Implications for Practice To identify the 90th percentile group for hospitalization stress among patients with chronic schizophrenia, it is essential to consider interpersonal relationships, marital status, pre-hospitalization cohabitation, type of hospitalization, as well as aging and prolonged hospitalization. Mental health nurses should develop and implement family therapy-based interpersonal relationship programs to reduce hospitalization stress in patients with chronic schizophrenia and actively involve families in the process.

Fischer-Vieler, T., et al. (2025) '[A Phenomenological Approach to Violence in Schizophrenia Spectrum Disorders: Examination of Anomalous Self-Experience.](#)' *The Journal of Forensic Psychiatry & Psychology* 36(2), 233–246.

Persons with schizophrenia spectrum disorders (SSDs) are at higher risk of becoming violent compared

to the general population. Hence, obtaining a detailed account of characteristics of individuals with SSDs at high risk for committing violent acts is of high interest. A closer look on the phenomenological perspective by exploring basic self-disorders (BSDs) may help to better understand the complex interplay between schizophrenia and violence. To explore if persons with SSDs and a history of severe violence show distinct BSDs, clinical symptoms, sociodemographic data and BSDs were obtained in a sample of 33 male patients with SSDs, including 17 with a history of severe violence. Degree of BSDs were examined with the Examination of Anomalous Self-Experience (EASE). EASE-scores were compared between the two groups. The EASE composite score (degree of BSDs) was lower in SSD patients with a history of severe violence compared to non-violent SSD patients. When controlling for confounders, insight turned out to be the key factor in the relationship. The results are inconclusive regarding an association between proneness to violent behaviour and level of basic self-disorders but suggest that such associations may exist and call for further investigations.

Helyel, E. S., and El-Sayed, M. M. (2025) '[Beyond the Symptoms: Exploring Attachment Styles and Reality-testing among Schizophrenia Clients from a Nursing Perspective.](#)' *Journal of Psychiatric and Mental Health Nursing* 32(1), 1–12.

Accessible Summary What is known on the subject? The insecure attachment styles are associated with mental health problems and can influence reality perception, particularly in individuals with schizophrenia. What the paper adds to existing knowledge? The paper provides empirical evidence for the correlation between insecure attachment styles and reality-testing impairment in clients with schizophrenia. Higher reality testing impairment scores were observed in specific demographics: males who were unmarried and aged between 40 and 50 years old, as well as those with a duration of illness of less than 5 years. What are the implications for practice? The findings underscore the importance for nurses to understand insecure attachment styles, particularly anxious and avoidant styles, in clients with schizophrenia. Healthcare providers and nurses should understand the psychological dynamics of clients with insecure attachment styles to establish effective therapeutic relationships. A secure, structured and consistent environment is vital to modifying insecure attachment styles and promoting reality orientation. Secure Attachment Style Psycho-Educational Program, Mentalization, Cognitive Interpersonal Therapy, and Cognitive Analytic Therapy can help reduce reality-testing impairment. Imply early intervention through educating mothers on fostering secure bonds can potentially prevent future occurrences of schizophrenia. What are the implications for future research? Conducting empirical

studies to explore the associations between insecure attachment style, social functioning, and poor service engagement is essential. Research is needed to investigate specific techniques for managing insecure attachment styles, particularly the avoidant ones, and reality testing impairments within the therapeutic setting.

Introduction Insecure attachment styles are associated with mental health problems and may influence reality perception.

Aim This study investigated the link between attachment styles and reality-testing impairment in individuals with schizophrenia.

Methods A cross-sectional survey with 200 participants diagnosed with schizophrenia assessed their attachment styles (Psychosis Attachment Measure) and reality-testing abilities (Bell Reality Testing Inventory).

Results A significant positive correlation emerged between insecure attachment and poorer reality testing ($r = .394, p < .001$). Avoidant attachment was most prevalent (mean scores: 17.01, SD = 3.71), followed by anxious attachment (16.53, SD = 4.20). Reality-testing impairment manifested across all three domains: uncertainty of perception (7.16, SD = 2.45), reality distortion (3.52, SD = 1.21), and hallucinations/delusions (26.63, SD = 5.83). Interestingly, specific demographics (male, unmarried, 40–50 years old) and those with a duration of illness of less than 5 years had higher mean scores (27.35, SD = 5.61).

Discussion Insecure attachment styles, notably anxious and avoidant, are dominant among clients with schizophrenia, who also struggle with reality distortion, perceptual uncertainty, and hallucinations/delusions in all three domains.

Implication for Practice Healthcare providers and nurses should understand the psychological dynamics of clients with insecure attachment styles to establish effective therapeutic relationships. A secure, structured, and consistent environment is vital to modifying insecure attachment styles and promoting reality orientation.

Secure Attachment Style Oriented Psycho-Educational Program, Mentalization, Cognitive Interpersonal Therapy, and Cognitive Analytic Therapy can help reduce reality-testing impairment.

Fostering Maternal and Child Health (MCH) centers on empathizing secure bonds between mothers (and mothers-to-be) and their children to promote healthy attachment styles as a preventive measure.

Saglam, T. (2025) 'Neurological Soft Signs and Sociodemographic and Clinical Characteristics among Patients with Schizophrenia with and without a History of Violence.' *Psychiatry Psychology and Law* 32(2), 200–212.

<https://www.tandfonline.com/doi/full/10.1080/13218719.2023.2296474>

Taha, S. M., et al. (2025) '[Breaking the Cycle: Exploring the Relationship of Metacognition Beliefs, Obsessive-compulsive Symptoms, and Psychosocial Performance among Individuals Diagnosed with Schizophrenia.](#)' *Journal of Psychiatric and Mental Health Nursing* 32(1), 71–85.

Accessible Summary The Relevance to Mental Health Nursing This research paper explores the intricate relationship between metacognitive dysfunctional beliefs, obsessive-compulsive symptoms, and psychosocial performance in patients diagnosed with schizophrenia. Understanding these dynamics can help mental health nurses identify and address each patient's needs more effectively. It can guide them in devising personalized care plans that not only manage the symptoms but also improve the underlying mechanism that exacerbates the psychotic symptoms and social functioning and the overall quality of life. Moreover, the findings of this research can contribute to developing training programs for mental health nurses, equipping them with the necessary skills and knowledge to provide optimal care. What the paper adds to existing knowledge? •This study provides empirical evidence of the significant positive correlation between OCS and metacognitive dimensions in individuals with schizophrenia. •It highlights the role of certain demographic factors, such as younger age and single marital status, in increasing the likelihood of elevated OCS. •It underscores the inverse relationship between higher metacognitive dysfunctional beliefs and lower levels of psychosocial functioning. •It identifies age and metacognitive scores as crucial predictors of psychosocial functioning across various domains. What are the implications for practice? •The findings suggest that therapeutic nursing interventions for individuals diagnosed with schizophrenia should address metacognitive dysfunctional beliefs to improve overall functioning and well-being. •Clinicians, including psychiatrists and psychiatric nurses, should consider the patient's age, marital status, and metacognitive scores when assessing the risk of elevated OCS and devising treatment plans. •The study emphasizes the need for comprehensive psychiatric nursing assessment, including metacognitive dysfunction and OCS evaluation. What are the implications for future research? •Future research could explore the causal relationships between metacognitive dysfunctional beliefs, OCS, and psychosocial functioning in schizophrenia. •Longitudinal studies could provide insights into the progression of these relationships over time and the impact of therapeutic interventions. •Further research could also investigate the effectiveness of specific therapeutic strategies such as Metacognitive Therapy (MCT), Schema Therapy (ST), Cognitive Enhancement Therapy (CET), and Cognitive Behaviour Therapy (CBT) to address this population's metacognitive dysfunctional beliefs. **Background** Schizophrenia is a chronic mental health disorder that significantly impacts an

individual's cognitive, emotional and social functioning. Recent research has highlighted the role of metacognitive beliefs and obsessive-compulsive symptoms (OCS) in the psychosocial performance of individuals diagnosed with schizophrenia. Understanding these relationships could provide valuable insights for developing more effective nursing interventions. This study aimed to investigate the relationship between metacognitive beliefs, OCS and psychosocial performance among individuals diagnosed with schizophrenia. Design A cross-sectional survey was conducted involving 174 purposively selected participants diagnosed with schizophrenia. Tools The Meta-Cognitions Questionnaire-30, Young Adult Self-Report Scale for OCS and Specific Level of Functioning Scale were used to gather the necessary data. Results The study found a significant positive correlation between OCS and metacognitive dimensions. Age was a significant predictor with an Odds Ratio of 2.471. The metacognitive dysfunction was a highly significant predictor in univariate and multivariate analyses, with Odds Ratios of 1.087 and 1.106, respectively. The study also discovered that higher levels of metacognitive dysfunctional beliefs were associated with lower levels of psychosocial functioning. Age and the metacognitive dysfunction score were significant predictors of psychosocial functioning scores, accounting for 26.8% of the variance in these scores. Conclusion The study reveals a compelling inverse relationship between higher metacognitive dysfunctional beliefs and lower levels of psychosocial functioning in individuals diagnosed with schizophrenia. It also identifies certain demographic factors, such as younger age, as significant contributors to elevated OCS. Importantly, metacognitive dysfunction emerged as a critical predictor of psychosocial functioning across various domains. These findings underscore the potential of incorporating metacognitive-focused interventions in the treatment plans for schizophrenia patients. By addressing these cognitive patterns, healthcare professionals can enhance overall functioning and well-being in individuals diagnosed with schizophrenia.

Self-harm

Clements, C., et al. (2025) '[Self-Harm in Women in Midlife: Rates, Precipitating Problems and Outcomes Following Hospital Presentations in the Multicentre Study of Self-Harm in England.](#)' *British Journal of Psychiatry* 227(1), 456–462.

Suicide in women in the UK is highest among those in midlife. Given the unique changes in biological,

social and economic risk factors experienced by women in midlife, more information is needed to inform care. To investigate rates, characteristics and outcomes of self-harm in women in midlife compared to younger women and identify differences within the midlife age-group. Data on women aged 40-59 years from the Multicentre Study of Self-harm in England from 2003 to 2016 were used, including mortality follow-up to 2019, collected via specialist assessments and/or emergency department records. Trends were assessed using negative binomial regression models. Comparative analysis used chi-square tests of association. Self-harm repetition and suicide mortality analyses used Cox proportional hazards models. The self-harm rate in midlife women was 435 per 100 000 population and relatively stable over time (incident rate ratio (IRR) 0.99, < 0.01). Midlife women reported more problems with finances, alcohol and physical and mental health. Suicide was more common in the oldest midlife women (hazard ratio 2.20, < 0.01), while psychosocial assessment and psychiatric inpatient admission also increased with age. Addressing issues relating to finances, mental health and alcohol misuse, alongside known social and biological transitions, may help reduce self-harm in women in midlife. Alcohol use was important across midlife while physical health problems and bereavement increased with age. Despite receiving more intensive follow-up care, suicide risk in the oldest women was elevated. Awareness of these vulnerabilities may help inform clinicians' risk formulation and safety planning.

Gay, M. (2025) 'Enhancing Person-Centred Care in Suicide Prevention: A Nursing Perspective.' *Journal of Psychiatric and Mental Health Nursing* 32(4), 891–896.

ABSTRACT Background Suicide prevention within nursing has historically been dominated by biomedical models that emphasize risk assessment and symptom management. While these frameworks offer structure and liability reduction, they often fail to capture the deeply personal and existential dimensions of suicidality. The reliance on predictive tools with modest accuracy, such as the Columbia-Suicide Severity Rating Scale (C-SSRS), has led to a gap between assessment and meaningful intervention. Critics argue that this model fosters a procedural approach that discourages patient disclosure and limits therapeutic engagement. In contrast, person-centered care (PCC) emphasizes relational trust, individualized understanding, and the integration of patient narratives into clinical decision-making. This paper examines the need to shift from standardized, symptom-focused approaches toward a dynamic, patient-centered framework. **Methods** This paper critically evaluates the limitations of biomedical suicide prevention strategies by synthesizing theoretical contributions from key suicidologists, including

Edwin Shneidman, Antoon Leenaars, Konrad Michel, Igor Galynker, and David Jobes. Evidence-based, person-centered models such as the Collaborative Assessment and Management of Suicide (CAMS) and the Narrative Crisis Model (NCM) are explored in contrast to traditional suicide risk assessments. Additionally, barriers to implementing PCC in nursing—such as time constraints, administrative demands, and gaps in professional training—are examined. Results While biomedical models provide standardized risk management strategies, their over-reliance on quantifiable indicators fails to address suicidality's multidimensional nature. The predictive limitations of suicide screening tools often lead to overestimation or underestimation of risk, increasing the likelihood of missed intervention opportunities. Furthermore, systemic factors such as high-acuity environments and compassion fatigue contribute to nurses' challenges in engaging with person-centered interventions. Models like CAMS and NCM have demonstrated greater efficacy in fostering trust, enhancing clinical engagement, and addressing the subjective experiences of suicidal individuals, ultimately improving outcomes. Conclusions The limitations of traditional biomedical approaches underscore the necessity of integrating person-centered care into nursing practice. Suicide prevention should not be dictated solely by standardized risk assessments but should instead prioritize therapeutic alliance, empathy, and the co-construction of meaning. Nurses, given their frontline role in patient care, are uniquely positioned to transform suicide prevention through narrative-based interventions and compassionate engagement. However, achieving this paradigm shift requires institutional support, expanded nursing education, and systemic recognition of the importance of relational care. This paper advocates for a holistic approach that moves beyond risk prediction toward meaningful, person-centered interventions that address the lived experiences and psychological distress of individuals at risk for suicide.

Gibbons, R. (2025) ['The Psychodynamics of Self-Harm.'](#) *BJPsych Advances* 31(3), 164–172.

This article examines the complex phenomenon of self-harm, exploring its motivations, theoretical underpinnings and the intricate transference and countertransference reactions that arise in clinical settings. It aims to integrate psychiatric understanding with contemporary theories of the impact of trauma on both the body and the mind, to deepen the knowledge of self-harm and increase the effectiveness of treatment approaches. The article argues for a nuanced view of self-harm and emphasises the need for compassionate, well-informed care. By addressing the psychodynamics of self-harm, the article seeks to improve therapeutic outcomes and foster an empathetic and effective clinical

response. Fictitious case studies are used to illustrate these concepts, demonstrating the critical role of early attachment experiences and the challenges faced by healthcare providers in management.

Johal, H. K., et al. (2025) '[Walking a Tightrope: Ethical Tensions in Managing Severe Self-Harm in a Forensic Mental Health Unit for Young People.](#)' *The Journal of Forensic Psychiatry & Psychology* 36(2), 247–263.

While there is extensive research on how general mental health professionals respond to self-harm (SH) by adults, there is comparatively little research on the management of severe SH in forensic mental health settings for young people. This study aimed to explore how different professionals make decisions on managing SH in this population. A qualitative methodology was employed to investigate participants' experiences. Focus groups were conducted with 14 professionals working in a UK medium-secure forensic mental health unit for young people, where severe SH is recurrent. Following the method of thematic analysis, two themes were identified. The first ('walking a tightrope') illustrates how professionals saw their role as allowing young people to make decisions within restrictive boundaries; how they negotiated ethical tensions between facilitating decision-making and intervening to prevent harm; and how this was perceived externally. The second theme ('strategies employed') describes professionals' approaches to managing severe SH. Our findings add insight into how staff in forensic settings make complex ethical decisions, which are often concealed under the catch-all label of 'clinical judgement'.

Maynard, H., et al. (2025) '[The Role of Suicidal Mental Imagery and Experiential Avoidance in Suicidality: An Exploratory Study.](#)' *Behavioural and Cognitive Psychotherapy* 53(2), 184–196.

Although research has highlighted that suicidal imagery (SuiMI) and experiential avoidance (EA) are important in understanding suicidality, there is a need to understand how they potentially interact. Previous research has highlighted that EA potentially leads to increased cognitive intrusions, but it not known whether EA leads to increased SuiMI. The purpose of this study was to explore the influence of SuiMI and EA on suicidality (i.e. encompassing thoughts, behaviour and suicide attempts). It was hypothesised that greater frequency of SuiMI would be associated with greater EA. It was also hypothesised that greater SuiMI would be associated with greater suicidality, and that EA would moderate this relationship. Hypotheses were tested by surveying 197 general university students who completed self-report measures that assessed suicide-related mental imagery (i.e. Suicidal Imagery

Questionnaire, SIQ), experiential avoidance (i.e. Multi-dimensional Experiential Avoidance Questionnaire, MEAQ) and suicidality (i.e. Suicidal Behaviours Questionnaire-Revised, SBQ-R). Frequency of SuiMI was positively correlated with the tendency to engage in EA. SuiMI was a significant predictor of both suicidality and EA. Exploratory analysis found that voluntary SuiMI explained greater variance in suicidality than intrusive, involuntary SuiMI, and that SuiMI only predicted EA in low-risk participants and not for those at high risk of suicide. EA did not predict suicidality and it also did not show any moderating effect on the relationship between SuiMI and suicidality. There is evidence to suggest that suicide-related mental imagery may play an important role in suicide risk and more specifically imagery that is voluntarily engaged with. Future research is needed to explore the different types of imagery in relation to suicidal ideation in populations at higher risk of suicide.

Visser, R., et al. (2025) '[Experiences of Self-Injury among Staff and Patients in a Forensic Psychiatric Hospital.](#)' *Journal of Forensic Practice* 27(2), 197–213.

Purpose Self-injury is common in forensic psychiatric settings. Recent research offers some insights into the functions and management of self-injurious behaviour but generally focusses on either the experiences of staff or patients. This study aims to explore the experiences of both staff and patients with non-suicidal self-injury in a Dutch forensic psychiatric hospital. Design/methodology/approach In total, 6 patients and 11 staff members were interviewed about the functions they ascribe to self-injurious behaviour, the emotional experience provoked by this behaviour and the management of self-injurious behaviour. The interviews were transcribed and analysed using a thematic analysis. Findings Four main themes resulted from the analysis: functions; emotional distancing; patient needs; and management. Overall, findings illustrate that staff reports limited knowledge of the different functions of self-injury. To circumvent potential automatic stereotypical judgement, staff should proactively engage in conversation about this topic with their patients. In managing self-injurious behaviour, clarity and uniformity among staff members should be promoted, and collaboration between the staff and patients is desirable. Staff recognised the potential benefit of a management guideline. Staff may find detached coping strategies to be effective but should be vigilant to not let this evolve into excessive detachment. Practical implications Increased knowledge and awareness of self-injury functions among staff can allow for better understanding and evaluation of self-injury incidents. Circumvention of automatic, stereotypical judgement of self-injurious behaviour is warranted, and more accessible explanations of the variety of functions of self-injury should be used. More proactive engagement in conversations about functions of

self-injury by staff, can facilitate this. Detached coping can help staff to remain resilient in their job, but requires vigilance to prevent this from turning into excessive detachment. Clarity and uniformity among staff when managing self-injury incidents is considered beneficial by both patients and staff. A guideline may facilitate this. When imposing restrictions on patients, staff should strive to establish collaboration with the patient in determining the course of action and ensure the restriction is temporary.

Originality/value The impact of self-injurious behaviour on all those involved can be enormous. More research is needed into experiences of both patients and staff members regarding the impact, motivations, precipitants and functions of self-injurious behaviour, and effective treatment of it.

Sexual offenders

Ducro, C., and Pham, T. H. (2025) '[Predictive Validity of Tools for Assessing Recidivism Risk in Men Convicted of Sex Offending: Static-99R, Static-2002R and BARR-2002R.](#)' *Sexual Abuse* 37(5), 553–570.

Recidivism risk assessment is crucial for effective case management of men convicted of sex offending. The use of empirical actuarial risk tools has become routine in the field. However, the development of actuarial risk scales for assessing general, violent and/or sexual recidivism in these men is ongoing: The Static-99 led to the Static-99R and the Static-2002R, and the BARR-2002R emerged to assess violent recidivism risk. A study was undertaken to evaluate and compare the inter-rater and predictive validity of the Static-99R, the Static-2002R, and the BARR-2002R in a sample of 328 men convicted of sex offending released from prison in French Belgium. When the instruments were considered integrally, the two versions of the Static—the Static-99R and the Static-2002R—proved better at predicting sexual recidivism and the BARR-2002R was better at predicting violent recidivism. And, the predictive and incremental predictive validity of the factor structure identified by Brouillette-Alarie et al. (2016) was examined. Results proved consistent in that the Youthful stranger aggression and General criminality factors were better at predicting general recidivism and violent non-sexual recidivism while the Persistence/paraphilia factor was better at predicting sexual recidivism.

Erickson, S. K., et al. (2025) '[The Promise and Pitfalls of the Psychopathy Checklist-Revised in Sexual Offense Evaluations.](#)' *Journal of Forensic Psychology Research and Practice* 25(3), 706–733.

Lindegren, S. (2025a) '[Looping Disruption: A Relational Mechanism Enhancing Treatment Readiness among Individuals Convicted of Sexual Offending?](#)' *Sexual Abuse* 37(3), 282–308.

Many convicted individuals do not enter or complete treatment programs in prisons, which limits effective rehabilitation and prevention of recidivism. Treatment readiness is suggested to be an important construct when addressing this problem. Nevertheless, the underlying processes (e.g., how readiness factors interact) are not well studied, and even less is known regarding readiness in the sub-population of individuals convicted of sexual offenses. This paper aims to open up the “black box” and explore psychosocial and context-specific processes behind treatment readiness from the vantage point of the individuals’ lived experiences. In-depth interviews were conducted with 19 adult men convicted of sexual offenses in Swedish prisons, treatment participants (N = 13) as well as non-participants (N = 6). The thematic analysis illustrates readiness obstacles in terms of unintended antagonistic forces in the correctional system operating in the opposite direction of rehabilitative objectives. Nonetheless, a hypothesized relational mechanism, looping disruption, initiated by a non-punitive and supportive response (from prison staff, therapists, close ones, or inmates) to the convicted individual’s negative behaviors or emotions, appeared to reverse such negative, punitive loops, contributing to the mobilization of treatment readiness. Implications for theory, policy, and practice are discussed.

Lindegren, S. (2025b) '[Participants’ Experiences of Sex Offender Treatment: Searching for Desisting Narrative Identities.](#)' *International Journal of Offender Therapy and Comparative Criminology* 69(10-11), 1426–1445.

Life-course criminology has demonstrated the importance of social relationships and life transitions to understand desistance. Yet, individuals convicted of sexual offenses seem to differ in terms of turning points, where treatment is suggested as salient to their desistance processes. Drawing on 13 teller-focused interviews with adult male incarcerated participants in a new Swedish sex offender program, this paper examines the treatment experience and the under-explored aspect of early desistance, as well as the role of society and social relations in the treatment process, through a practice-oriented lens. The thematic analysis suggests participants started developing desisting narrative identities where micro turning points in treatment contributed to offenses being explained and re-integrated into a sense of the self as an acceptable person. The process, which also enabled active responsibility, seemed to be facilitated by a holistic, person-centered treatment environment. Nonetheless, continued desistance requires adequate attention to social support and stigma management post-release.

Schippers, E. E., et al. (2025) '[Theories on the Etiology of Deviant Sexual Interests: A Systematic Review.](#)' *Sexual Abuse* 37(1), 3–29.

Not much is known about the etiology, or development, of deviant sexual interests. The aim of this systematic review was to provide a broad overview of current theories on the etiology of sexual deviance. We conducted a systematic search of the databases PubMed and APA PsycInfo (EBSCO). Studies were included when they discussed a theory regarding the etiology or development of sexual deviance. Included studies were assessed on quality criteria for good theories. Common etiological themes were extracted using thematic analysis. We included 47 theories explaining sexual deviance in general as well as various specific deviant sexual interests, such as pedophilia and sadism/masochism. Few theories ($k = 7$) were of acceptable quality as suggested by our systematic assessment of quality criteria for good theories (QUACGOT). These theories indicated that deviant sexual interests may develop as the result of an interplay of various factors: excitation transfer between emotions and sexual arousal, conditioning, problems with “normative” sexuality, and social learning. Neurobiological findings could not be included as no acceptable quality neurobiological theories could be retrieved. The important roles of excitation transfer and conditioning designate that dynamic, changeable processes take part in the etiology of sexual deviance. These same processes could potentially be deployed to diminish unwanted deviant sexual interests.

Tiberi, L. A., et al. (2025) '[Signal Detection Analysis of Affective Prosody Recognition in Forensic Inpatients Who have Committed Sexual Offenses.](#)' *The Journal of Forensic Psychiatry & Psychology* 36(2), 184–212.

Socio-affective functioning, or the way we interact and relate to others, is one of the four dynamic sexual recidivism risk domains. Accurately recognizing emotions enables the inference of mental and affective states supporting social adaptation. As little attention has been paid to affective prosody recognition in forensic inpatients who have committed sexual offenses (FICSOs), this study assessed the accuracy and sensitivity scores of 111 male participants assigned into three groups: FICSOs ($n = 35$), forensic inpatients who have committed non-sexual offenses (FICNSOs, $n = 26$) and community members (CoM, $n = 50$). Collected data also include response bias, emotion labeling reflection time, task easiness and task easiness reflection time. Using non-parametric group comparisons (Kruskal-Wallis H and Mann-Whitney U), results highlight, overall, a pervasive impairment of affective prosody recognition in FICSOs and FICNSOs compared to CoM. However, there was no difference in disgust sensitivity scores between

FICSOs and CoM. FICSOs and FICNSOs took significantly longer than CoM to select an emotional label, especially for happiness. In addition, a metacognitive impairment was found in FICSOs and FICNSOs as they found the task significantly easier than CoM while being less sensitive.

Substance misuse

Krishnan, N., and Ireland, J. L. (2025) '[Dual Diagnosis in a Forensic Patient Sample: A Preliminary Tripartite Investigation to Inform Group Treatment Delivery for Substance Use.](#)' *Journal of Forensic Psychology Research and Practice* 25(1), 110–145.

Violence

Arenas, V., et al. (2025) '[Prevention of Violence in an Acute Psychiatric Unit: Spanish Validation of the Brøset Violence Checklist and Assessment of its Predictive Capacity for Physical Restraint.](#)' *Journal of Psychiatric and Mental Health Nursing* 32(4), 975–985.

ABSTRACT Background The management of violence and restrictive practices in acute mental health units poses a challenge for the design of clinical nursing protocols that combine the safety of professionals and the dignified care of patients. Many of the strategies aimed at reducing seclusion and restraint practices include the use of standardised risk assessment instruments, preferably conducted by the nursing staff. Among them, the Brøset Violence Checklist (BVC) is one of the most widely supported tools. Aim To conduct the Spanish validation of the BVC and to explore its predictive validity for violence and for the use of restraint. Methods Prospective data from 115 patients consecutively admitted to an acute unit of a general university hospital were gathered to validate the instrument. The role of risk factors for violence such as gender, age, substance use or the involuntariness of the admission was analysed, both in relation to the BVC score and to the need for physical restraint in the short and middle term (72 h and 1 week). Results The Spanish version of the BVC maintains its predictive validity for imminent violence and guarantees excellent inter-rater reliability among mental health nurses. The score in the first shift after admission is significantly associated with increased odds of

restraint at 72 h (OR = 7.272), and age with decreased odds (OR = 0.903), with no significant effect of the rest of the variables. Discussion The BVC is a reliable tool that seems to capture the risk for violence intrinsic to other factors, such as the involuntariness of admission. Its role in the design of non-restraint policies is discussed. Implications for Practice BVC is a useful and freely available instrument. Its Spanish version opens up its use in the fourth most widely spoken language.

Batt, S., and Bleanch, V. (2025) '[Exploring the Impact of Animal Therapy on Prisoner Wellbeing.](#)' *Journal of Forensic Psychology Research and Practice* 25(3), 581–604.

Bjørgen, T. G., et al. (2025) '[Assessments of Neurodevelopmental Functional Impairments in Norwegian Forensic Reports on Severe Violent Defendants.](#)' *The Journal of Forensic Psychiatry & Psychology* 36(3), 326–339.

Carter, R., et al. (2025) '[Analysis and Evaluation of Peer Group Support for Doctors in Postgraduate Training Following Workplace Violence and Aggression.](#)' *BJPsych Bulletin* 49(2), 78–85.

Workplace violence and aggression toward healthcare staff has a significant impact on the individual, causing self-blame, isolation and burnout. Timely and appropriate support can mitigate harm, but there is little research into how this should be delivered. We conducted multi-speciality peer groups for London doctors in postgraduate training (DPT), held over a 6-week period. Pre- and post-group burnout questionnaires and semi-structured interviews were used to evaluate peer support. Thematic analysis and descriptive statistical methods were used to describe the data. We found four themes: (a) the experience and impact of workplace violence and aggression on DPT, (b) the experience of support following incidents of workplace violence and aggression, (c) the impact and experience of the peer groups and (d) future improvements to support. DPTs showed a reduction in burnout scores. Peer groups are effective support for DPT following workplace violence and aggression. Embedding support within postgraduate training programmes would improve access and availability.

Durmuş, M., et al. (2025) '[The Development of Violence Research in Psychiatric Nursing: A Bibliometric Perspective.](#)' *Journal of Psychiatric and Mental Health Nursing* 32(4), 1021–1030.

ABSTRACT Background There is a growing emphasis on violence-related research in psychiatric nursing, with an annual increase rate of 2.12% in publications and the highest number of publications occurring in 2024. This trend underscores the escalating importance of addressing violence in mental health

settings. **Aim** This study aims to demonstrate the quantitative and qualitative features of violence publications in the field of psychiatric nursing from a bibliometric perspective. Web of Science was used during the research. **Methods** This study employed bibliometric analysis, a methodological approach for delineating the scope of information and assessing productivity within a specific domain. The data were searched with the keyword combination 'violence and psychiatric nursing', including studies published until December 2024, the study date, without a time limit. **Results** In this study, 464 violence research/reviews in the field of nursing were identified between 2001 and 2025, and the research was completed with 438 violence studies in line with the exclusion criteria. 1493 authors wrote 390 research and 48 review/systematic review articles, with an average of 22.14 citations for each publication. Most were published in 2024. **Discussion** There is an apparent increase in the involvement of psychiatric nurses in studies pertaining to violence. It is proposed that nursing professionals should undertake further research to investigate violence processes and develop ethically sound approaches to patients and healthy individuals, taking into account biopsychosocial factors. **Implications for Practice** These findings collectively suggest that while progress is being made in understanding and addressing violence in psychiatric nursing, there remains a critical need for ongoing research, policy development and practical interventions to ensure the safety and well-being of both nurses and patients in mental health settings.

Eisner, M., et al. (2025) '[Childhood Risk Factors for Violent Ideations in Late Adolescence and Early Adulthood.](#)' *Criminal Behaviour and Mental Health* 35(2), 95–105.

ABSTRACT Background Violent ideations (VIs) refer to thoughts, daydreams or fantasies of killing, inflicting serious physical harm or humiliating another person. Violent ideations are of particular interest at the intersection between mental health and violent behaviour. However, little is currently known about developmental trajectories of violent ideations in adolescence and early adulthood, and the extent to which childhood risk factors predict the likelihood of violent ideations. **Aims** This study aims to address three key questions: (1) what are the developmental trends in violent thinking from ages 13 to 24, and how do they differ by sex? (2) To what extent can childhood risk factors predict VIs in late adolescence and early adulthood? (3) Are these associations sex-specific? **Methods** Data were collected from the z-proso cohort study that is an on-going population-based longitudinal cohort study of 1555 participants. We use participant, teacher and parent reports to examine the extent to which childhood trait aggressiveness, poor impulse control, social rejection, an adverse family environment and violent media

consumption predict the likelihood of violent ideations. Results Descriptive analyses show that VIs strongly decline from late adolescence to early adulthood. We also find substantial between-individual stability in VIs between ages 17, 20 and 24. Indicators of childhood aggressiveness, poor impulse control, social rejection, an adverse family environment and adult media consumption were found to consistently predict increased violent ideations among males. Among females, self-reported aggressive behaviour, aversive parenting and a poor teacher–child bond had relatively strong associations with VIs. Overall, childhood risk factors were more predictive of VIs among male study participants than among females. Conclusions The propensity to experience VIs declines between ages 15 and 24. The experience of VIs during late adolescence to early adulthood had long-term associations with childhood risk factors indicative of general aggressiveness, low impulse control, social rejection, an adverse family context and violent media consumption. Most prospective associations were stronger for males than for females. This is consistent with the notion that a relatively stable violent potential is shaped in childhood for a larger proportion of males than females.

Haines-Delmont, A., et al. (2025) '[Dynamic Relationship between Protective Factors and Violent Outcomes Assessed using the Structured Assessment of Protective Factors \(SAPROF\) in Secure Forensic Services.](#)' *Journal of Forensic Psychology Research and Practice* 25(1), 323–343.

Ireland, J. L., et al. (2025) '[The Effectiveness of Violence Reduction Therapy in Detained Adult Male Populations: Insights from a Systematic Review and Treatment Evaluation Capturing Individual Level Changes.](#)' *Journal of Forensic Psychology Research and Practice* 25(1), 81–109.

Simmons, M., et al. (2025) '[Exploring Individual's Dynamic of Appraisal of Situational Aggression Average Score, Nursing Intervention and the Impact on Aggression.](#)' *Journal of Psychiatric and Mental Health Nursing* 32(2), 310–320.

ABSTRACT Introduction The Dynamic Appraisal of Situational Aggression (DASA) is used to appraise risk of imminent aggression in inpatient mental health settings. Aim We investigated whether individual patients' mean DASA scores over multiple consecutive time periods (a rolling DASA mean) improved predictive validity, beyond the ultimate DASA rating, and whether DASA ratings were associated with nursing intervention. Method Archival data were analysed using cox regression analyses. We investigated the predictive validity of rolling DASA mean models and calculated how many daily DASA ratings generated a mean score with the best model fit. Chi-Squares with Odds Ratios were used to examine the

effect of various aggression prevention intervention(s) on aggression means. Results Daily DASA ratings had strong predictive validity. Incorporating the ultimate score with the rolling 10-day DASA mean slightly improved prediction. Limit setting was associated with an increased likelihood of aggression for low-risk patients whereas reassurance was associated with increased aggressiveness for those at increased risk of aggression. Discussion Daily DASA ratings have strong predictive validity. Considering a 10-day rolling DASA mean in addition to the current day DASA rating may improve prediction. Implications for Practice DASA ratings can forecast imminent aggression. Additionally, there may be value in considering ratings from the previous 10 days.

Sondhu, M. K., et al. (2025) '[Staff Perspectives of a Violence Intervention Program in a Forensic Mental Health Hospital: Identification of Environmental Enablers and Barriers to Program Implementation.](#)' *International Journal of Forensic Mental Health* 24(2), 94–105.

Inpatient forensic mental health recovery often involves participation in offending behavior and mental health recovery-oriented psychological treatment programs. Various factors can impact a program's implementation into service, including environmental features of the hospital environment, such as its physical structure, routines, and the behavior of staff. Little research has explored staff perceptions of environmental features that enable or interfere with a program's implementation and therefore people's ability to participate in programs. Such research is necessary to ensure enablers are promoted and barriers are addressed to maximize treatment outcomes. The aim of this study was to explore staff perceptions of an intensive violence reduction program, the Life Minus Violence-Enhanced program, in a forensic mental health hospital, and elucidate environmental features that staff think may impact the program's delivery. Eight individual interviews with staff and senior clinical leaders were conducted over a 2-year period. Data were analyzed using reflexive thematic analysis. Nine major themes were identified. Results highlighted several environmental barriers that may impact the delivery of intervention programs and the ability of people in the hospital to participate. Importantly, findings suggest the need for programs to be valued by all staff, greater resourcing to be provided to ensure programs run effectively, and wider staff support to ensure new learning and skill development are supported outside of formal treatment sessions. Additionally, staff highlighted the need for a culture within the hospital that is supportive of intervention programs more broadly and integration of the program with other key rehabilitation and recovery activities.

Tulloch, L., et al. (2025) '[The Illusion of Inclusion': The Paradoxical Experiences of Patients, Carers and Staff Exposed to Violence and Aggression in Scotland and Northern Ireland's Forensic Mental Health in-Patient Services.](#)' *International Journal of Forensic Mental Health* 24(3), 243–254.

There is a growing body of literature that describes patients, carer and staff experiences of restrictive practices used to manage incidents of violence and aggression in general mental health, however, there is little empirical work exploring the issues in adult forensic mental health in-patient care. This is despite forensic mental health settings reporting higher use of restrictive practices than other mental health settings. This study aimed to explore the experiences of patients, carers and staff exposed to incidents of violence and aggression where restrictive practices were used, and to identify opportunities to enhance the prevention and management of violence and aggression. A purposive sample was recruited from five adult forensic mental health in-patient clinical settings. Semi-structured interviews were conducted with 46 participants; eight patients, three carer co-ordinators and 35 staff. Thematic analysis was used to analyse data, identifying three themes: Tension Between Three Standpoints; The Will To Get It Right; and Outside Looking In. The study identified a chasm exists between policies and practice that espouse collaboration, inclusion and experiences of patients, carers and staff. Opportunities were identified to bridge this chasm such as implementing policy and practice standards that enhance communication and collaboration between patients, carers and staff.

Woods, P., and Dadgardoust, L. (2025) '[A Scoping Review of Patient Involvement in Violence Risk Assessment.](#)' *Journal of Forensic Nursing* 21(2), E26–E40.

ABSTRACT Objective This scoping review aimed to summarize the published literature on patient involvement in violence risk assessment. Two research questions reviewed the extent of patient involvement and what evidence exists. Inclusion Criteria English-language peer-reviewed published articles of any methodology related to violence risk assessment toward others were included. Articles were related to forensic and mental health practice and involve patients directly in the process. Methods Five electronic databases were comprehensively searched, as well as the reference lists of included articles. Both authors reviewed articles for inclusion and extracted data from included articles. Results Fifteen articles met the inclusion criteria. Articles reported on three approaches to patient engagement in structured violence risk assessment: how patients were involved or experienced the process, using rating scales, and using questions related to patient self-perceived risk. In relation to what evidence existed, four main themes emerged: patient views about risk and their involvement in risk assessment,

comparing the predictive accuracy of patient self-rated tools with clinician-rated tools, predictive accuracy of a patient self-rated tool, and comparing risk ratings between patients and clinicians.

Conclusions There is a dearth of research published about involving patients in their own risk assessment. Patients report both positive and negative experiences of the process. From cohort-type studies, results have shown that patient self-risk assessment can have a similar predictive ability to the clinician ratings related to adverse violence outcomes. Findings from studies can pave the way for future clinical research around the tools that have been developed thus far.

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