MEASURING FORENSIC PSYCHIATRIC AND MENTAL HEALTH NURSING INTERACTIONS pdf

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Measuring Forensic Psychiatric and Mental Health Nursing Interactions (Developments in Nursing and Health Care, 11) First Edition Edition.

History[edit] Forensic nursing developed in response to concerns in the s regarding the treatment of patients suffering from crime-related injuries and the proper handling of evidence. Globally, the development of general clinical forensic medicine and the forensic nursing have progressed at different speeds, with one preceding the other on a country-by-country basis. Founded in , the International Association of Forensic Nurses is the primary professional association for forensic nursing, which as of included 2, members in 11 countries. Certain medical professionals were involved in court cases that involved crimes like rape. These medical professionals began to move these issues from a simply criminal justice view to a more recognized health concern. In addition to providing care, forensic nurses act as multidisciplinary team members with and consultants to other nursing and medical professionals and law enforcement. They receive advanced training in collecting and preserving evidence, treatment protocols, and legal proceedings and testimony. Crime victims face a higher risk of post-traumatic stress disorder , depression, suicide, and medical complications than other patients; forensic nurses improve both legal outcomes and quality of life for these patients relative to standard Emergency Department care. In addition to documenting obvious injuries, forensic nurses specialize in looking for subtle signs of assault, such as petechiae , voice changes, and loss of bowel or bladder function. They document every injury for potential use as evidence in a later court case, where they may be called as an expert witness to testify to the injuries. When these nurses encounter a possible situation involving child abuse they must make sure to protect the child from any more trauma. The forensic nurses look at things such as bruises, possible head injuries and sexual abuse. A forensic nurse will know that a bruise located on the ears, neck and other soft tissues of the body should raise a red flag. When working with children it is important that the nurse makes the child comfortable to ensure a trusting relationship. Forensic Nurses make sure to build this relationship to allow the child to share details they otherwise might keep to themselves. There may be abuse that is not visible to the eye and it is important to make sure the child shares those key details. If abuse is detected the nurse will take the next step of reporting the abuse. Although many policies are similar, each state in the U. The nurse must make sure to report their findings, and report them accurately because the nurse is held liable. Forensic nurses are trained to screen for sexual assault because many assaults go unreported. Patients may have some fear, embarrassment, or denial that could inhibit their willingness to report their assault. These nurses have the ability to know who to screen, and how. Questions are essential to these nurses because not all potential victims are going to be honest about what they may have or may have not experienced. The questions asked need to be worded properly to avoid discomfort and inaccurate information. It is important that the nurse is able to help a possible victim understand the question without forcing or leading an inaccurate answer. If a patient admits to being sexually assaulted then the next step is to ensure patient safety. There are protocols in place that help a forensic nurse in taking the next step, when a patient admits to being sexually assaulted. For example, the nurse may explain to the victim their legal rights in regard to reporting the assault, as well as the details of the physical exam for evidence. These nurses will collect and record the forensic evidence needed for a criminal case. Some of the evidence included should be a history of the incident, removal of clothing, head-to-toe assessment, urine collection, blood draw, oral swabs, genital exams, and a STD screening. The forensic nurse should be able to provide the victim with necessary resources. These resources may include crisis centers, therapy referrals, and support group information. Forensic nursing includes roles such as:

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All relevant data are within the paper and its Supporting Information files. Abstract Background Violence in acute psychiatric wards affects the safety of other patients and the effectiveness of treatment. However, there is a wide variation in reported rates of violence in acute psychiatric wards. Objectives To use meta-analysis to estimate the pooled rate of violence in published studies, and examine the characteristics of the participants, and aspects of the studies themselves that might explain the variation in the reported rates of violence moderators. Method Systematic meta-analysis of studies published between January and December , which reported rates of violence in acute psychiatric wards of general or psychiatric hospitals in high-income countries. Studies with higher proportions of male patients, involuntary patients, patients with schizophrenia and patients with alcohol use disorder reported higher rates of inpatient violence. Conclusion The findings of this study suggest that almost 1 in 5 patients admitted to acute psychiatric units may commit an act of violence. Factors associated with levels of violence in psychiatric units are similar to factors that are associated with violence among individual patients male gender, diagnosis of schizophrenia, substance use and lifetime history of violence. Introduction Physical violence in acute psychiatric wards can be a major problem [1 , 2], not only because of the potential for injury to patients and staff, but also because of the counter therapeutic effects of both violence and measures to prevent violence. The emotional effects of exposure to physical violence on other inpatients can include anger, shock, fear, depression, anxiety and sleep disturbance [3]. Physical violence against staff is thought to contribute to low morale, high rates of sick leave and high staff turnover, [6 , 7] which can trigger a vicious cycle, as low staffing levels and the presence of temporary staff can lead to more adverse incidents [8]. The consequent reliance on temporary staff increases service costs and has been linked to lower standards of care [9]. Moreover, the perceived threat of violence may result in greater use of coercive measures such as seclusion, restraint and enforced medication, which patients often describe as traumatic [10] and can, in turn, trigger aggressive responses from patients instead of engagement and cooperation with treatment [11 , 12]. There is a wide variation in the reported rates of violence in acute inpatient settings, which might be due to real differences in the rates of violence between wards, differences in the definition of violence, differences in the duration of measurement and methods of data collection, and variations in the level of under-reporting of aggressive incidents by mental health care workers [13]. Several recent reviews have examined the socio-demographic and clinical variables associated with inpatient aggression and violence in individual patients. Cornaggia and colleagues [14] performed a narrative review of factors associated with inpatient violence, and concluded that a history of previous aggressive incidents, longer hospitalization, involuntary admission, impulsiveness, hostility, and the aggressor and victim being of the same gender were the most important factors associated with acts of inpatient violence. More recently Dack and colleagues [15] performed a meta-analysis of studies of factors associated with either aggression or violence in a diverse range of inpatient settings including acute psychiatric wards, psychiatric intensive care units and forensic wards. They found aggression to be associated with young age, male sex, involuntary admission, not being married, a diagnosis of schizophrenia, a greater number of previous admissions, a history of violence, a history of self-destructive behaviour and a history of substance use. Hence the factors associated with inpatient violence appear to be similar to those associated with violence among outpatients and in the wider community. It would not be surprising to find that wards that admit patients who are more likely to be violent have higher rates of violent incidents. However, the factors associated with overall rates of violence in acute psychiatric wards are not known. A better understanding of the factors associated with violence in acute psychiatric wards would assist in the planning of services, the

development of preventative measures and in comparing the performance of services. Moreover, knowing the factors influencing the rates of violence at a ward level might assist in interpreting reported rates of violence in particular wards. The aims of this study were to use systematic meta-analysis in order to estimate the pooled rate of violence, in terms of period prevalence, in acute psychiatric wards, and to explore the aggregate level ward characteristics that might explain the variation in the reported rates of violence between wards. Queries were limited to articles published between January and December and reporting data on violence in adult psychiatric inpatients, using the following search terms: The reference lists of the articles identified by the electronic searchers were hand searched for further relevant studies. Only articles published in peer-reviewed journals were considered, in order to limit the searches to studies with an adequate level of methodological rigor. We chose as the starting point for the searches, in order to examine a 20 years period, and in recognition of the different way hospital care was provided, and differences in the way adverse events might have been recorded in previous decades. Inclusion and exclusion criteria We included studies that reported the proportion of adult patients admitted to acute psychiatric wards in high-income countries http: Violence was defined as any incident in which a patient harmed or attempted to physically harm another person, including fellow patients, hospital staff or a visitor to the ward. Studies that reported only rates of verbal hostility and self-harm behaviour were excluded; as well as studies that reported the proportion of violent patients for which it was not possible to discriminate among different types of aggressive behaviours. Studies conducted in forensic hospitals and the forensic wards of other psychiatric hospitals were excluded, as were studies performed in outpatient settings, on patients hospitalized in non-psychiatric emergency wards, in long stay wards that did not accept acute admissions and in any type of non-hospital residential facility. We included studies of violence committed by adult patients; studies conducted in wards admitting only adolescents up to 18 years of age or psycho-geriatric patients older than 65 were excluded. Finally, we included studies from 31 countries classified as high-income countries by the World Bank, but did not include studies from low and middle-income countries for two reasons: In addition a World Bank study [17] found out that violence rates in the general population and inequality are positively correlated within countries and also between countries; therefore it seemed inappropriate to compare violence in hospital settings between countries with very different rates of violence in the general population. Rate of violence was expressed in term of period prevalence, as we considered only patients who had committed at least one act of violence during hospitalization regardless of any previous aggressive behaviors. Study selection and data extraction The searches yielded a total of 16, titles and abstracts that were screened for potential relevance, from which 10, articles were selected for further consideration after the removal of duplicate publications. The abstracts of these 10, papers were reviewed, leaving potentially relevant studies that were examined in more detail. Of these, 35 met inclusion criteria. Table 1 Summary information of the studies included in meta-analysis.

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3: Malcolm Rae - Wikipedia

This is a study which describes the state of individualised care and other nursing interactions with patients. It should be of particular interest to forensic and psychiatric mental health nursing.

Meijel Available online at www. Improvement of the interaction between forensic mental health nurses and patients may lead to a reduction of inpatient violence. This method aims at the preven- tion of inpatient violence in forensic psychiatry. Subjects were forensic mental heath nurses working on 16 wards of a large Dutch forensic hospital. First, the baseline scores were compared to scores reported in an earlier study conducted in general psychiatry. Second, pretestposttest comparisons were carried out for all nurses, and for subgroups of nurses with regard to gender, educational level, years of working experience, and patient population. Third, pretestposttest comparisons were made on the PCQ item level. The baseline scores of male nurses indicated significantly higher levels of concern than those of female nurses. In addition, more experienced nurses scored significantly higher with regard to concern than less experi- enced nurses. Patients also suffer from the conse- Utrecht, The Netherlands. However, Archives of Psychiatric Nursing, Vol. However, the sores of female nurses showed a tendency toward more concern after implementation of ERM. Levels of detached concern did not change significantly after application of ERM. However, the application of the PCQ could contribute to a better understand- ing of the interaction between nurses and their patients. In Daffern, ; Meehan et al. In the research literature, increasing attention may prevent burnout. Improvement of the interac- neutralize the emotional appeal of patients by an tion between staff and patients, for example, by attitude of objectivity and at the same time show collaborating on relapse prevention plans, may lead emotional involvement in which cynical and distant to a reduction of rates of inpatient violence Duxbury reactions are avoided. In this respect, Mason et al. The need for safe and supportive working ference. In applying ERM, nurses teach patients the study. The study was conducted between how to explore and describe their personal early January and June When warning signs All nurses working on one of the 16 wards occur, nurses encourage patients to carry out were eligible for participation in this study. In Although in most countries nursing staff members ERM trainings, nurses learn to prolong a balanced, in forensic psychiatric hospitals are registered nonjudgmental attitude toward patients. The policy of this psychologists, former prison guards. However, hospital was to improve interaction between staff despite the differences in professional background, and patients by applying ERM. It was anticipated daily care to patients is structured and carried out that by using ERM, staff would be better able to according to a nursing care planning framework. It was The activities of these staff members in daily care assumed that this would result in a less-restrictive for patients are comparable to those of registered approach and more concern for patients. A study of nurses on forensic wards in general psychiatry. A previous and the degree of detached concern of staff toward audit of the staff of this hospital revealed that the their patients were expected to be interrelated. For approach to patients was rather unbalanced: In the current emphasized security and detachment to patients. We addressed the asked to fill out the PCQ. A demographic questionnaire was attached to the PCQ at T1. Design With this questionnaire, additional staff character- The PCQ was applied in pretestâ€”posttest within a istics were obtained, such as years of work delayed implementation design in which ERM was experience with forensic patients, occupational initiated over 6-month intervals in three ward background, and highest education level. Some of the translated ment of the forensic psychiatric hospital involved in PCQ items are shown in Figure 1. Example of PCQ items. The extremes of the ERM at the item level. The T1 scores TAU were compared with the According to Betgem , the middle range of results of a former study in general psychiatry the PCQ represents detached concern, whereas the Betgem, using an independent t test. Figure 2 illustrates this. Mannâ€”Whitney tests Field, Subgroup differences in the The analyses of the scores on the PCQ were pretestâ€”posttest measurements were analyzed performed in two steps. First, the results of this using the Mannâ€”Whitney test. Finally, to study study were compared with a former study conducted the PCQ data in

more detail, we explored the PCQ in general nonforensic psychiatry Betgem, This was done to correct for an Fig 2. Range of the PCQ Betgem, After remov- ing two outliers, the data were normally distributed, A vs. At T2, after ERM was applied by the nurses; 93 nurses For 60 nurses, a paired analysis could be carried out Table 1. Apart from that, nurses with more than 5 years differences in PCQ scores were found before and of experience with forensic patients scored signif- after the implementation of ERM. In TAU and in ERM, nurses scores between groups with different educational with 0â€”1 year experience scored further toward levels, neither was the patient category for whom concern compared with those who had a working staff members were caring i. Finally, we explored in the ciated with the detached concern scores. Trends were Table 3. It may be For Item 15, the respondents showed a that these differences reflect the following process: However, when nurses start to experience inpatient DISCUSSION manipulation or aggression in their first year at the Our findings suggest that staff members working hospital, they may cope with this phenomenon by with forensic patients as a group scored signifi- becoming more cautious and taking a more cantly further toward distance on the detached detached attitude Lauvrud et al. Probably, it takes some years members working in general nonforensic mental of experience to allow oneself, more deliberately, to health. On the subgroup level within TAU, the have more concern for patients. Alternatively, it scores of nurses with more than 5 years experience may be that staff that care for their patients and compared with nurses with 2â€”5 years experience, work are the ones that continue to work in forensic and the scores of male nurses compared with psychiatric for longer periods and are therefore female nurses, showed significant differences overrepresented in the group of staff members with toward concern. In the hospital under study, only male patients Further, we hypothesized that the participating were admitted, of which This result, however, was not Hutschemaekers, ; Mason et al. Many of these carried out. To work tert et al. In this respect, in particular, the viors as expressions of behavioral deficits. Nurses have to bear detached concern of nurses working with forensic and manage these kinds of behaviors: This might patients and with patients admitted to general explain the trend toward a decreased feeling of psychiatric hospitals. Results of such measures respect for patients. In addition, by Betgem, P. Probably, it is the combination of acquiring stress and burnout in psychiatric nurses; A study of the influences of personal factors and organizational more knowledge about the causes of aggression characteristics. Acta Psychiatrica Scandina- becoming more dedicated to their patients. Risk management in transition between This study has several limitations. The number of forensic institutions and the community: A literature nurses in the subgroups of paired samples was review and introduction to a milieu treatment approach. Because of the lack of standardized norms 67â€” Preliminary outcomes to reduce conflicts and containment on acute psychiatric wards: He applied this instrument to nurses in Camerino, D. A longitudinal cohort study. International Journal was less related to burnout than he originally Nursing Studies, 45, 35â€” Therefore, detached concern as an Decaire, M. Likewise, the results of this study have to be with patient and staff characteristics. Canadian Journal Nursing Research, 38 3 , 68â€” Stress and burnout in PCQ scores indicate how nurses scored on average forensic mental health nursing: British Journal Nursing, 17 2 , 82â€” We do not know whether this position is related to Duxbury, J. Causes and management more or less successfully applying ERM and to the of patient aggression and aggression: Staff and patient perspectives. Journal of Advanced Nursing, 50 5 , occurrence of severe aggressive incidents Fluttert â€” Apart from that, this study was Field, A. Discovering statistics using SPSS. Effect of the Early Recog- nition Method on the number of aggressive incidents may have caused contamination between TAU and and episodes of seclusions in forensic care. Archives of Psychiatric Nursing, 22 4 , â€” Understanding the connection between Mason, T. Forensic psychiatric mental illness and violence. International Journal of Law nursing: Sources of psychiatric â€” Theory, analysis of forensic psychiatric nursing in the UK: High, Research and Practice, 79, â€” International Journal Jansen, G. Staff attitudes towards aggression in health care: Aggressive review of the literature. Journal of Psychiatric and behaviour in the high-secure forensic setting:

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