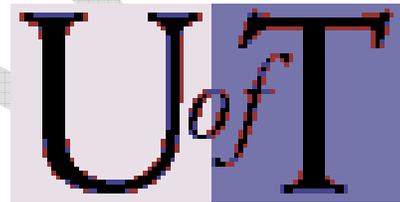




Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

***The Evidence-Based Practices in Forensic Mental
Health Programs and Services Project:
The Annotated Bibliography***



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Executive Summary

The *Evidence-Based Practices in Forensic Mental Health Programs and Services Project* has compiled a critical synthesis of the literature on Forensic Mental Health Programs and Services (FMHPS). This synthesis will be used to address the following key objectives: (1) to develop a conceptual framework to identify the criteria and factors that should be considered in the development of standards for evidence-based practice in all aspects of Forensic Mental Health Programs and Services in Ontario, including policy, planning, evaluation, funding, training, and clinical interventions; (2) to identify and assess the evidence base for the evaluation, rehabilitation and treatment of forensic mental health patients; (3) to develop appropriate standards and benchmarks (including staffing and funding levels) for FMHPS; and (4) to recommend performance indicators for FMHPS.

An experienced multi-disciplinary team of investigators participated in the project. The research design had four elements: (1) a comprehensive literature search including focused telephone interviews with acknowledged experts in Canada, Australia, the United States and the United Kingdom; (2) a critical review and analysis of the literature; (3) the development of a discussion paper with preliminary findings that was reviewed and discussed at a workshop by a specialized reference group including a number of Directors of Forensic Programs in Ontario; and (4) the completion of a final report incorporating input from the reference group. The project was undertaken with a clear understanding of the Ontario mental health and criminal justice systems to assist the MOHLTC (should not be acronym here) in its further development of policy as it relates to persons with serious mental illness who are in conflict with the law.

The present document contains an annotated bibliography of the relevant or international literature on forensic mental health completed as part of the project.

The Evidence-Based Practices in Forensic Mental Health Programs and Services Project

Introduction

In January 2001, the Ontario Minister of Health and Long Term Care established the Forensic Mental Health Services Expert Advisory Panel. The Minister requested that the panel consider province-wide operational issues in the context of existing provincial and Ministry policies, and to advise government on a provincial strategy for the implementation of a comprehensive forensic mental health system. The advice was to cover: the inter-ministerial coordination of forensic services; the consolidation and clarification of existing provincial and Ministry forensic policies; and processes to improve services for forensic clients. The final report of the Expert Advisory Panel (Ontario Ministry of Health and Long-Term Care, 2002) has been released by the Minister of Health and Long Term Care, and is available on the MOHLTC website. The final report of the Panel has made 40 recommendations for the Minister's consideration. Although the final report and the panel's discussion made reference to evidence-based (best) practices and the establishment of standards and benchmarks in Forensic Mental Health Programs and Services (FMHPS), the final report did not go so far as to suggest what these practices and standards should be. The current project was a logical extension of the panel's final report.

This project compiled a critical synthesis of the literature to address the following key objectives: (1) to develop a conceptual framework to identify the criteria and factors that should be considered in the development of standards for evidence-based practice in all aspects of Forensic Mental Health Programs and Services in Ontario, including policy, planning, evaluation, funding, training, and clinical interventions; (2) to identify and assess the evidence base for the evaluation, rehabilitation and treatment of forensic mental health patients; (3) to develop appropriate standards and benchmarks (including staffing and funding levels) for FMHPS; and (4) to recommend performance indicators for FMHPS.

The present document contains an annotated bibliography of the literature on forensic mental health and is a product of the *Evidence-based Practices in Forensic Mental Health Programs and Services Project* (Barbaree & Goering, 2006).

Forensic Mental Health Programs and Services in Ontario

In Ontario, according to the Forensic Mental Health Services Expert Advisory Panel (Ontario Ministry of Health and Long-Term Care, 2002), a forensic patient is a person with a serious mental disorder who is involved in the criminal justice system under the Mental Disorder Provisions (Part XX.1) of the Criminal Code of Canada (CCC; Watt & Fuerst, 2008). These individuals are either facing charges before a court and the question of mental disorder has been raised (an assessment or treatment order has been made), or they have been before a court and have been found (1) Not Criminally Responsible on Account of their Mental Disorder (NCR), or (2) Unfit to Stand Trial.

Canada adheres to the legal principle that persons cannot be held accountable or punished for a crime when their serious mental disorder rendered them incapable of appreciating the nature and quality of their actions or of knowing that it was wrong (Section 16(1); CCC), or if they are incapable of mounting a legal defence at trial (Section 672.31; CCC). The definition distinguishes forensic patients from

- (1) accused persons facing criminal charges who are diverted to appropriate mental health care in the community,
- (2) persons with a mental disorder who receive a criminal sentence at trial and who serve a term of probation or incarceration,
- (3) persons with a mental disorder who are brought to hospital by the police after a disturbance or altercation and who are subsequently detained in hospital under the (civil) Mental Health Act, and
- (4) persons involved with the law who suffer from a personality disorder and/or substance abuse disorder but who do not have a serious mental disorder.

Forensic Mental Health Programs and Services (FMHPS) are defined as those dedicated mental health programs and services that are provided to forensic patients. This definition of FMHPS is consistent with the way such services are defined in Ontario, funded by the MOHLTC, and provided by designated facilities and regional forensic programs in Ontario.

Project Scope and Context: Areas Excluded

The project was intended to evaluate the evidence-base concerning the treatment, rehabilitation and management of the forensic mental health patient while they are in hospital or living in the community. We strove to focus the work of the project by excluding a number of areas of related interest.

Forensic Assessments. The current project did not focus on Assessments of Fitness to Stand Trial or Criminal Responsibility. These assessments contribute to the legal process whereby mentally disordered accused become designated as forensic mental health patients. Instead, the project focussed on evidence-based practices, standards, and benchmarks for the mental health services that are provided to forensic mental health patients after they have been designated by law as requiring such services.

Criminally Sentenced Mentally Disordered Offenders. The project was not intended to identify evidence-based practice, standards or benchmarks in the treatment of criminally sentenced offenders. These individuals are not part of the forensic mental health system and do not receive FMHPS in Ontario.

Prevention of the Criminalization of the Mentally Ill. While we strongly support the prevention of criminal justice involvement by the mentally ill, and while many interventions reviewed as part of the project would no doubt be effective in preventing further criminal involvement by the mentally ill, coverage of this issue was beyond the scope of the present project.

Best Practices in Non-Forensic Mental Health. The current project did not attempt to replicate a consideration of best practices in mental health. Rather, it considers best practices for those aspects of mental health services that are particular to the forensic mental health system. By restricting the focus of the project in this way, we are not suggesting that general mental health treatment and rehabilitation are not important in treating the forensic patient. Psychiatric treatment of the serious mental disorder and general mental health care are central to the treatment of the forensic patient.

Governance of Forensic Mental Health Services. The project focussed on the delivery of FMHPS. It did not discuss the merits of various forms of governance of FMHPS. However, where governance was seen to influence the delivery of FMHPS, relevant and appropriate comments concerning governance have been made. For example, a central problem in the governance issue has to do with whether or not FMHPS should be integrated into the more general (non-forensic) mental health system, or indeed, into the health care system considered more broadly, or whether FMHPS should be a stand alone system with little flow of patients from one set of services to another. Integration and co-ordination of health care services may be seen to have significant influence over the quality of care provided and received in FMHPS.

Project Scope and Context: Areas Highlighted

Risk Management. Forensic programs differ from general mental health programs and services in the following aspect. Part XX.1 of the Criminal Code of Canada and subsequent case law point to forensic mental health patients as posing a threat to the safety of the public. In this regard, forensic mental health patients are distinguished from non-forensic mental health patients. While public safety concerns are present in general mental health services, they are not a central focus. In contrast, the assessment and management of the risk to public safety posed by forensic patients are defining features of FMHPS. Recidivism, whether it is of a general kind (e.g., theft) or of a more serious nature (e.g., sexual assault, murder), is of marked concern for those working in the forensic mental health system. There are implicit as well as explicit expectations that FMHPS will implement safeguards to prevent mentally disordered offenders from continuing to engage in criminal, especially violent, behaviour. According to Webster et al. (2000), “risk management is the task of constructing social and physical environments that, in

combination with knowledge of the individual's assets and liabilities, will likely lead to substantial reduction in violence potential." (p. 127-128). Risk assessment and risk management principles will be integral in developing an appropriate accountability framework for FMHPS.

Treatment and Rehabilitation. While risk management is central and critically important, FMHPS are also expected to provide a program of rehabilitation to the offender and to support their re-integration into the community. Such expectations are codified in the governing legislation. Section 672.54 of the CCC states that the court or board shall make the disposition that is the "least onerous and least restrictive to the accused" taking into account the four principles enumerated in the section: (1) the need to protect the public from dangerous persons; (2) the mental condition of the accused; (3) the reintegration of the accused into society; and, (4) the other needs of the accused. In turn, the court or the Ontario Review Board (ORB) passes these expectations and directions on to the designated hospitals responsible for providing FMHPS. As part of ORB dispositions, the designated hospital is ordered to create a program for the detention in custody and rehabilitation of the accused person, taking into account the need to protect the public from dangerous persons, and the need to reintegrate the accused person into society.

Therefore, to be considered effective, FMHPS must balance the need to protect the public from the criminal acts of forensic patients on the one hand against the needs of the forensic patient for rehabilitation, community reintegration, and liberty on the other. FMHPS would be considered to be successful if they effectively rehabilitated the mentally disordered offender allowing for the person to be re-integrated into the community without recidivism or harm to the public. This suggests that performance indicators of FMHPS will include indicators of failure (criminal recidivism; violent re-offence) and indicators of success (patient release from in-patient custody to community living; discharges from the forensic mental health system).

The Annotated Bibliography

Background

The field of forensic mental health is closely connected with both the fields of general mental health and corrections. Each of these fields by themselves involve a vast scientific and professional literature. In order to produce a manageable and useful bibliography, several limitations were set on the scope and type of literature that would be included. The authors acknowledge that a great amount of literature relevant to the field of forensic mental health was excluded from this document. The strict limitations placed on the formation of this document can be found under the Inclusion and Exclusion Criteria section.

Purpose

The purpose of our creating this annotated bibliography was to produce a document that would summarize the literature and provide a description of how each article fits within the evidence-base relevant to clinical practices in forensic mental health. As you will see, we have tried to simplify the organization of the bibliography through the use of “Content Matrices”. The matrices were developed to give the reader a quick visual representation of the major themes represented in the current literature and the nature of the literature found in those areas.

Method

Search of the published literature

The research team employed a systematic approach to identifying and appraising the international published literature. A computer-assisted search of the various databases used in the formal academic literature in the mental health and criminal justice fields was conducted to identify evidence-based knowledge and policy reports related to FMHPS from 1990 to the present. The forensic mental health literature tends to be spread over a number of different disciplines and databases. The literature search was performed using the following databases: Medline, PsycInfo, and CINHALL. The search words were mainly comprised of words or combinations of words related to the major themes in the literature and the composition of the final report. These included such terms as: forensic, risk assessment, risk management, rehabilitation, actuarial, static, dynamic, and treatment. The searches were also filtered for articles written only in the English language, and those that were published between January 1991 and June 2007.

This search was supplemented by a manual search of Reference Lists in the identified articles/reports.

The annotated bibliography contains only articles or chapters published in the scientific and professional literature.

Inclusion and Exclusion Criteria I would write this in sentence format, would be more consistent and polished

Articles in the annotated bibliography included only those that:

- Were published in the English language.
- Were published between January 1991 and June 2007.
- Were published in books or journals. (However, the final project report will include information gleaned from grey literature.)
- Dealt with forensic populations as defined above. This removed a large portion of the literature that dealt only with individuals in the correctional population or in the general mental health system. However, we do acknowledge that these populations may be similar in many ways. Articles not dealing specifically with a forensic population were used for the report, but were not included in the annotated bibliography.
- Were not focused on special populations in the forensic mental health system. For the purposes of this annotated bibliography, 'special populations' was used to refer to articles with a focus on specific groups of forensic patients. This includes articles that were narrowly focused on such groups as sex offenders, juvenile offenders, certain demographic groups, etc.
- Dealt with the forensic population during the post-assessment phase.

We understand that many articles, dissertations, books, and unpublished reports exist that are highly relevant to the field of forensic mental health and were not included in this report. The vast amount of information was necessarily subjected to the limitations described in order to create a document that would be manageable and useful. Forensic mental health is in many ways a transdisciplinary field, and should engender the evidence-based practices of several other disciplines including general mental health and corrections; however, the purpose of this document was to highlight the literature that exists specific to post-assessment forensic mental health programs and services. By showing where such research has been exists, perhaps we can also highlight or suggest where future research is needed with forensic mental health populations. While we do acknowledge that there are common clients between the corrections, general and forensic mental health systems, there is value in research devoted to these individuals in each instance.

Preparation of an annotated bibliography

Articles found to be relevant to the project were reviewed and annotated. The Annotated Bibliography contains both the full citation for each article or chapter and the annotation. To our knowledge, there is no similar bibliography currently available.

Organization of the Annotated Bibliography

Three main themes emerged from the literature: (1) Risk Assessment; (2) Risk Management; and (3) Treatment. These themes were used to structure the annotated bibliography. The articles included in the annotated bibliography were further subdivided into two additional categories: Empirical and Non-Empirical. For the context of this annotated bibliography, 'empirical' included all articles with a predominately quantitative focus, and 'non-empirical' included all articles with a qualitative focus (literature reviews, theoretical pieces, interviews, comments, etc.).

Matrices

	Empirical	Non-Empirical	Total
Risk Assessment	80	113	193
Static	18 (A)	41 (B)	59
Mixed	19 (C)	35 (D)	54

.....

Refers to corresponding section in the Annotated Bibliography

A Matrix indicating how many articles fit into each category and sub-category precedes each section of the annotated bibliography. There are some key points to remember when reading the Matrices:

- Each cell of the Matrix is labeled with a capitalized and bracketed letter [e.g. (A)] that corresponds to a section of the annotated bibliography. To find the references and annotations for any given cell, simply locate the bracketed letter in the body of the bibliography
- Matrix headings and subheadings were created to align with the report. Although these particular subdivisions were associated with topics that were observed in the literature, it is possible that other headings could have been created as well
- Due to the fact that many articles deal with more than one of the identified major themes in the literature, several articles appear in more than one Matrix. For example, the following article appears in both the Risk Management and Treatment Matrix:

Luetgen, J., Chrapko, W.E., & Reddon, J.R. (1998). Preventing violent re-offending in not criminally responsible patients. *International Journal of Law and Psychiatry*, 21, 89-98.

- Several articles appear more than once in the same Matrix, under different headings. For example, the following article appears in the Risk Assessment Matrix under the Mixed heading because it examines the HCR-20, and under the Static heading because it also examines the VRAG:

Grann, M., Belfrage, H., & Tengström, A. (2000). Actuarial assessment of risk for violence: Predictive validity of the VRAG and the historical part of the HCR-20. *Criminal Justice and Behavior*, 27, 97-114.

Definitions of each heading and subheading: not consistent heading

Risk Assessment: contains articles pertaining to theories, concepts or tools relating to the assessment of risk for violent recidivism in forensic populations

Risk Management: contains articles pertaining to strategies, tools, or concepts that relate to managing risk for violent reoffence in forensic populations

Treatment: contains articles pertaining to programs, strategies, or theories relating to treatment of mental health or criminogenic needs specific to forensic populations

Authors Note

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