

# **Bilaga till rapport**

Behandling och bedömning i rätts-  
psykiatrisk vård, en kartläggning  
av systematiska översikter nr 264  
(2017)

**Appendix 4 Included systematic reviews/  
Bilaga 4 Ingående systematiska översikter**

<b>Title</b> <b>First author</b> <b>Year</b> <b>Reference</b> <b>Country</b>	<b>Objectives</b>	<b>Interventions/outcomes</b>	<b>Number of included studies (participants)</b> <b>Study design of included studies</b>	<b>Main results and the estimated level of evidence according to the systematic review</b>
<p><i>Interventions for adult offenders with serious mental illness -comparative effectiveness review</i>  <i>Number 121</i>            Fontanarosa            2013            [1]            USA</p>	<p>To comprehensively review the evidence for treatments for offenders with serious mental illness (i.e., schizophrenia, schizoaffective disorder, bipolar disorder, or major depression)</p>	<p>Interventions: Pharmacologic therapy with clozapine, risperidone, or chlorpromazine, psychological therapies, comprehensive interventions for individuals with a dual diagnosis, high-fidelity integrated dual disorder treatment (IDDT), The Mentally Ill Offender Community Transition Program, Discharge planning interventions that included assistance applying for mental health benefits, interventions coordinated and/or administered by specially trained forensic providers, Interpersonal therapy (IPT). Outcomes: suicide and suicide attempts, quality of life, independent functioning, psychiatric symptoms, new mental health diagnosis, substance or alcohol use, hospitalization for SMI, time to re-hospitalization, time to relapse, dangerousness to others, and recidivism and other criminal justice outcomes</p>	<p>Studies = 16 in 19 publications, (N≈858)</p> <p>Randomised controlled trials and nonrandomized (prospective or retrospective) comparative trials</p> <p>Studies must have either randomly assigned patients or facilities to treatments or used an analytic method to address selection bias, such as baseline matching on multiple characteristics, propensity scoring, or other analytic approach</p>	<p>Because of the nature of the available evidence, we chose to perform a qualitative synthesis: In summary, in an incarceration setting, treatment with antipsychotics other than clozapine appears to improve psychiatric symptoms more than treatment with clozapine. However, this conclusion is based on two trials that poorly described both the treatment and its comparator</p> <p>Likewise, discharge planning with benefit-application assistance appears to increase mental health service use for incarcerated individuals with SMI preparing to re-enter the community. Again, this conclusion is based on only two trials, and whether increased service use will lead to improved patient outcomes remains unclear</p> <p>IDDT also appears to be a promising intervention for reducing psychiatric hospitalization in offenders returning to the community</p>

<p><i>Psychological interventions for women with intellectual disabilities and forensic care needs: a systematic review of the literature</i> Hellenbach 2015 [2] UK</p>	<p>To examine evidence on psycho-social therapies for the female intellectually disabled population within healthcare forensic facilities</p>	<p>Interventions: Cognitive Behaviour Therapy (CBT) Outcomes: the existing body of research in relation to evidence-based treatment for women with a diagnosis of ID and mental illness that have forensic care needs</p>	<p>Studies = 4, (N≈41)  Intellectually disabled women. Non-randomised, non-comparative studies</p>	<p>In total, 4 studies were identified that met the inclusion criteria. A range of Cognitive Behaviour Therapy (CBT)-orientated group interventions for people with learning disabilities were evaluated and in most studies improvements, were reported in relation to reducing problem behaviour. Evidence that has been generated by the studies is, however, limited in its explanatory value because of study design and related methodological issues</p>
<p><i>Non-pharmacological interventions for reducing aggression and violence in serious mental illness: A systematic review and narrative synthesis</i> Rampling 2016 [3] UK and Italy</p>	<p>To aggregate the evidence base for non-pharmacological interventions in reducing violence amongst adults with SMI and PD (Personality Disorder), and to assess the efficacy of these interventions</p>	<p>Interventions: any form of specific non-pharmacological intervention. Outcomes: violence (physical violence, verbal aggression or violent attitudes)</p>	<p>Studies = 23, (N≈1 839).  Experimental and quasi-experimental study designs that included 7 randomised controlled trials (RCTs). The majority were studies of Mentally Disordered Offenders</p>	<p>The evidence for non-pharmacological interventions for reducing violence in this population is not conclusive. Long term outcomes are lacking and good quality RCTs are required to develop a stronger evidence base</p>

<p><i>A Critical Analysis of Clinical Evidence from High Secure Forensic Inpatient Services</i> Tapp 2013 [4] UK</p>	<p>Establish whether services are effective in restoring mental health and reducing risk</p>	<p>Interventions: Studies of the effectiveness of any intervention except studies focused only on intervening with iatrogenic factors. The interventions were: High-Secure Hospital Treatment, milieu interventions, environmental, behavioural, psychotherapy, psychoeducation, pharmacological, dietary. Outcomes: Re-offending, re-admission, mental health, sex offending, social function, aggression, self-harm, institutional behaviour/management, iatrogenic effects, quality of life, perceptions of service support and mental health awareness</p>	<p>Studies = 22, (N≈2 267). Studies of adult (&gt;18 years) detainees in high-secure forensic inpatient services</p> <p>Non-randomised trials. Studies were commonly assessed as being at a potentially high risk of bias from validity threats</p>	<p>There was evidence to indicate that intervention effects differed substantially between studies on the basis of clinical and methodological variability, across participants, comparators, methods, outcomes and quality rating. Therefore, to avoid pooled effects bias and the risk of drawing incorrect conclusions no comparisons were conducted</p>
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## References

1. Fontanarosa J, Uhl S, Oyesanmi O, Schoelles KM. Interventions for Adult Offenders With Serious Mental Illness. Rockville (MD): Agency for Healthcare Research and Quality (US); 2013 Aug. Report No.: 13-EHC107-EF. AHRQ Comparative Effectiveness Reviews.
2. Hellenbach M, Brown M, Karatzias T, Robinson R. Psychological interventions for women with intellectual disabilities and forensic care needs: a systematic review of the literature. *J Intellect Disabil Res* 2015;59:319-31.
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