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Visiting Nurses' Attitudes for the Prevention of Repeated Offences among Patients Receiving Regional Treatment Based on the Medical Treatment and Supervision Act

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Abstract

To clarify nurses' attitudes for the prevention of repeat offenses among patients receiving regional treatment based on the Medical Treatment and Supervision Act, interviews were conducted with 6 nurses engaged in the provision of home-visit nursing services, and the obtained data were qualitatively and descriptively analyzed. The nurses' focuses of support for such patients aimed at preventing repeat offenses were summarized as <assessing conditions specific to these patients>, <assessing reality-testing abilities>, <avoiding using vague phrases when supervising reflection>, <helping patients improve their life skills>, and <utilizing resources for support through interprofessional collaboration>.

Keywords : Medical Treatment and Supervision Act, home-visit nursing services, prevention of repeat offenses, nurses' attitudes

Introduction

The prevention of serious repeat offenses among patients receiving treatment after committing a criminal offense is a purpose of the Medical Treatment and Supervision Act (MTSA). Serious repeat offenses are the repetition of murder, injury, arson, robbery, forced obscenity, etc. Nurses engaged in the provision of home-visit nursing services for patients receiving regional treatment play an important role in such prevention¹⁾. Nurses specializing in community-based forensic psychiatry and providing home-visit nursing services for patients with a history of offenses are in charge of assessing the risk of repeat offenses and planning risk management²⁾.

A history of violence, personality traits, and aggressiveness have been reported to be significantly correlated with violence committed by offenders with mental illness in communities³⁾. To assess the risk of such violence, the Historical, Clinical, Risk Management 20 (HCR-20) is thought to be useful⁴⁾. There have been a large number of studies on risk management related to violence committed by offenders with mental illness in communities to date, but only a few have focused on nurses' attitudes for the prevention of repeat offenses among these individuals. This study examined nurses' focuses of support for patients receiving regional treatment aimed at preventing repeat offenses in home-visit nursing services.

Methods

1. Participants

The prevention of repeat offenses is one of the purposes of MTSA. Nurses, who provide home-visit nursing services, and play an important role in such prevention, are expected to have advanced competencies. Considering this, the present study examined nurses meeting the following criteria: 1) nurses engaged in the provision of home-visit nursing services for patients receiving MTSA-based regional treatment, 2) nurses with expertise in psychiatric nursing, and 3) certified nurse specialists, certified nurses, or those involved in facility management, who supervise and manage facility staff. To recruit these nurses, the study objective was explained to the managers of facilities providing home-visit nursing services for patients receiving MTSA-based regional treatment as part of hospital services or independently in communities.

2. Data collection

Data were collected from November 2015 to March 2016. Semi-structured interviews were conducted with the recruited nurses to clarify their attitudes for the prevention of repeat offenses among patients receiving regional treatment when supporting them. During interviews, the interviewer attentively listened to the nurses along with their narratives. The questions are shown in Table 1.

Table 1. Question items

| | |
|---|--|
| 1 | What are your thoughts on preventing repeat offenses? |
| 2 | What are you observing and assessing to prevent repeat offenses? |
| 3 | What kind of support do you provide to prevent repeat offenses? |
| 4 | What are you using to prevent repeat offenses? |

3. Data analysis

The interview data were organized as narrative records to extract the nurses' narratives representing their focuses of support aimed at preventing repeat offenses, and create codes. The created codes were classified into sub-categories and categories with similar semantic contents.

4. Ethical considerations

The nurses were provided with oral and written explanations of the study objective, confidentiality policy, voluntariness of participation, participants' right to refuse or withdraw at any point, and no disadvantageous treatment for those refusing to give or withdrawing their consent. The study was approved by the Research Ethics Committee of Nara Medical University.

Results

1. Outline of participants

There were 3 males and 3 females. Their ages were 38 to 60, and their length of experience

in home-visit psychiatric nursing services was 3 to 9 years. The total number of patients receiving MTSA-based regional treatment supported by one nurse ranged from 1 to 4. There were 1 certified nurse specialist for psychiatric nursing, 1 certified nurse, and 4 nurses involved in facility management. The participants' characteristics are shown in Table 2.

Table 2. Participant characteristics

| | |
|---|-------|
| Sex | |
| Men | 3 |
| Women | 3 |
| Age | |
| Range | 38-60 |
| Length of experience in home- visit psychiatric nursing services | |
| Range(years) | 3-9 |
| The total number of patients receiving MTSA-based regional treatment supported by one nurse | |
| Range | 1-4 |
| Qualification / Position | |
| Certified nurse specialist for psychiatric nursing | 1 |
| Certified nurse | 1 |
| Facility management | 4 |

2. Nurses' focuses of support aimed at preventing repeat offenses

Aiming at preventing repeat offenses, the nurses supported patients with the following focuses: <assessing conditions specific to these patients>, <assessing reality-testing abilities>, <avoiding using vague phrases when supervising reflection>, <helping patients improve their life skills>, and <utilizing resources for support through interprofessional collaboration> (Table 3).

Assessing conditions specific to these patients

The nurses considered the way these patients look at things and symptoms specific to them. They assessed the risk of repeat offenses among the patients by comparing their symptoms when they had committed an offense in the past and their current condition.

I previously collected information about factors associated with past offenses, including pathological characteristics. With such information as knowledge, I compare their past symptoms and current condition.

Assessing reality-testing abilities

The nurses examined whether or not the patients managed all their affairs for their own convenience. They were also concerned about patients who set unrealistic goals, as they might face difficulty maintaining their daily lives due to unreasonable behaviors, and such a difficulty increases the risk of repeat offenses.

When asked to set goals, some patients only list their desires. Unrealistic goals make it difficult for many patients to maintain their daily lives. So, I assess them, focusing on whether their behaviors are realistic. The difficulty of maintaining daily life may worsen symptoms, and increase the risk of repeat offenses.

Avoiding using vague phrases when supervising reflection

The nurses considered reflection for patients to review their past offenses as essential for the prevention of repeat offenses. During reflection, they clearly explained their own feelings and thoughts to the patients.

I tell them clearly, "You committed an offense before. You must quit adopting similar behaviors". The point is clearly and specifically explaining, "You committed XXX (the previous offense) due to XXX (the cause). Promise me you won't do the same again", rather than using vague phrases.

Helping patients improve their life skills

The nurses also consider community life-related stress in the patients, which might worsen their symptoms.

In the case of patients who usually keep their things organized, I suspect a worsening of symptoms when I find their rooms getting disorganized or unclean, or there are many unwashed dishes left.

Thus, the nurses were concerned over a worsening of symptoms due to a decline in life skills. Conversely, they observed that a stable life contributes to the prevention of repeat offenses. Therefore, they encouraged the patients to have various experiences to learn strategies to cope with difficulties, and provided opportunities for them to learn methods to appropriately communicate with others with a view to life skill improvement through support.

In patients who have been hospitalized, discharged, and are leading their daily lives without any problem, a worsening of symptoms is also rare. That's why I think that they need to have various experiences, including failures.

When their pathological conditions are stable, I encourage them to make new attempts in their daily lives.

Utilizing resources for support through interprofessional collaboration

The nurses aimed to comprehensively assess the risk of repeat offenses among the patients, integrating the results of nursing assessment and those by other professionals. When the results indicated an increased risk of repeat offenses, they conveyed this to other professionals, adopting sophisticated methods to promote accurate recognition of such a risk as a basis for interprofessional collaboration.

Other professionals establish much closer relationships with patients when supporting them. So, they know each patient's characteristics well. We may be overlooking some changes in patients. Therefore, we need to assess patients, integrating information from other professionals.

Discussion

The results clarified the nurses' focuses when assessing the risk of repeat offenses. During assessment, they placed importance on symptoms specific to the patients and reality testing. They examined the patients' ability to realistically manage their affairs in daily life as a

focus of assessment. This may be a novel finding, as there have been no studies examining the relationship between reality testing and the risk of repeat offenses. The reality testing assessment conducted by nurses in the present study was to examine whether or not patients managed all their affairs for their own convenience. Thus, the nurses may have assessed the patients' abilities to consider others' thoughts and behaviors. <Lack of insight> is a domain of HCR-20 as a scale to assess the risk of violence. It measures the level of reasonable understanding of or insight into others' behaviors⁵⁾. The reality-testing abilities assessed by the nurses may correspond to the HCR-20 subscale <lack of insight>. Offenses committed by individuals with mental illness have been reported to be characterized by the justification of these acts by offenders themselves and their impulsivity⁶⁾. Horiuchi et al.⁷⁾ reported that support for patients with schizophrenia to increase their reality-testing abilities reduced their impulsive acts. Based on this, support for reality testing improvement should also be provided with a view to preventing repeat offenses.

Subsequently, when the patients reflected on their past offenses as a measure to prevent repeat offenses, the nurses had discussions with them, avoiding using vague phrases. With regard to reflection, some researchers noted the importance of using this technique while sufficiently considering possible damage to patients' health caused by it and avoiding stressful methods for patients⁹⁾. This also indicates that nurses should give sufficient consideration when they clearly express their thoughts during reflection. Helping patients improve their life skills and lead a stable life was another focus of nursing support. The nurses observed that a worsening of symptoms leads to a decline in life skills, consequently increasing the risk of repeat offenses. It has been reported that individuals with mental illness realize a desirable condition when they effectively routinize their everyday life, and become able to lead a stable life⁸⁾. In this respect, improved life skills and a stable life may help patients maintain a desirable condition, and consequently prevent a worsening of symptoms as a trigger for repeat offenses.

Lastly, the nurses also focused on support through interprofessional collaboration as a measure to prevent repeat offenses. MTSA has been reported to promote support for patients through interprofessional collaboration based on treatment plans as an effective function¹⁰⁾. The nurses also aimed to utilize the characteristics of this act for support.

The present study clarified the attitudes of nurses with advanced competencies engaged in the provision of home-visit nursing services. The results may be useful for nurses who provide such services for patients receiving regional treatment, to prevent repeat offenses among these patients.

Conclusion

Aiming at preventing repeat offenses, the nurses supported patients, with the following focuses: <assessing conditions specific to these patients>, <assessing reality-testing abilities>, <avoiding using vague phrases when supervising reflection>, <helping patients improve their life skills>, and <utilizing resources for support through interprofessional collaboration>.

When assessing the risk of repeat offenses, they placed importance on reality-testing abilities, indicating the necessity of increasing such abilities through support to prevent repeat offenses

among patients with mental illness. The nurses also considered the association between the patients' life skills and mental symptoms. As a stable life helps patients keep a desirable condition, support for life skill improvement should also be provided with a view to preventing repeat offenses.

Table 3. Nurses' Attitudes for the Prevention of Repeat Offenses

| Category | Subcategory |
|---|--|
| Assessing conditions specific to these patients | Assessing the risk of repeat offenses among patients by comparing their symptoms when they committed an offense in the past and current conditions |
| Assessing reality-testing abilities | Examining whether or not patients manage all their affairs for their own convenience |
| | Examining whether or not patients adopt unreasonable behaviors to achieve unrealistic goals |
| Avoiding using vague phrases when supervising reflection | Giving clear explanations during reflection on past offenses, even when topics are hard to talk about |
| Helping patients improve their life skills | Suspecting a worsening of symptoms when there is a decline in life skills |
| | Encouraging patients to have various experiences to learn strategies to cope with daily life-related difficulties |
| | Encouraging patients to communicate with others, including those they dislike, in order to learn methods to appropriately communicate with others |
| | Observing that leading a stable life contributes to the prevention of repeat offenses |
| Utilizing resources for support through interprofessional collaboration | Comprehensively assessing the risk of repeat offenses, integrating the results of nursing assessment and those by other professionals |
| | Conveying an increased risk of repeat offenses to other professionals, adopting sophisticated methods to promote the accurate recognition of such a risk |
| | Holding reflection sessions with other supporters who are easy for patients to talk to |

Conflict of interest

The authors report no conflicts of interest. The authors alone are responsible for the content in and writing of the paper.

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