総　　説

Review of Issues in Community Mental Health for Forensic Patients and Support for Nurses

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Abstract

This study aimed to clarify the issues present in forensic community mental health, the difficulties faced by nurses, and the state of support for nurses using the relevant literature. To that end, we discussed the research topics that will be needed in the future.

There is a personnel shortage in forensic community mental health, and the nurses face various difficulties, such as preventing recidivism and supporting social reintegration. Regarding support for nurses, many studies have been conducted on assessing the risk of violence by forensic patients. In Japan, the nursing practice items necessary for community support based on the Medical Treatment and Supervision Act, which covers the treatment of forensic patients, have been clarified. However, few studies have been conducted on support for forensic community mental health nurses in Japan, so research that seeks evidence to facilitate effective nursing practice is needed. Additionally, nurse education related to forensic community mental health is not well developed, so research is needed to develop an educational system.

Key words: forensic patient, forensic community mental health nurse, forensic community mental health, support for nurses

Introduction

The Medical Treatment and Supervision Act (MTSA) was enacted in 2005 in Japan. In Japan's forensic psychiatric care, patients who are subject to the MTSA are subject to care and treatment as determined by the law. The purpose of the MTSA is to facilitate the social reintegration of patients with serious offending behaviors. Conventional institutionalization under the Act on Mental Health and Welfare for the Mentally Disabled did not ensure continued medical care after discharge from the institution, but the MTSA is unique in that it does not end with institutionalization, and patients receive regional treatment in the regional community after institution discharge. Regional treatment involves personnel from related professions, including nurses, working together to provide patients with support, with the aim of preventing re-offending behavior and reintegrating the patient into society.

Regional treatment is received by patients who are determined in a judgment by the district court to require regional treatment or outpatient care after the completion of inpatient treatment. The period of regional treatment is generally three years, and patients receive medical

care at a designated outpatient facility and are monitored by a rehabilitation coordinator at the probation office. The probation office holds care meetings periodically or as needed for the related professions involved in the regional treatment to formulate and review the patient care plans. The care plan that is decided at the care meeting is used as a basis for personnel from related professions, such as nurses, public health nurses, clinical psychologists, and occupational therapists, to collaborate to provide support for patients.

In Japan, home-visit nursing is the most used mental health and welfare service, and examples of it include day care, health center visits, and employment support services[1]. However, it has been reported that nurses who care for patients in the community face various difficulties and need support[2]. Therefore, we have clarified the issues in community support for forensic patients and nursing practice from the literature and determined the support required by nurses. We have also discussed future research topics that will be needed in order to support nurses.

Trends in the community mental health of forensic patients in Japan

According to a report by the Ministry of Justice, when the MTSA was enacted in 2005, there were 19 patients for whom regional treatment was decided[3]. In 2021, the number of decisions to provide regional treatment for mental health supervision was 211; of these, 187 were decisions that allowed discharge from forensic psychiatric institutions, and the number of patients receiving regional treatment is trending upwards[4]. Furthermore, the total number of mental health supervision cases at the end of 2021 was 556, a marked increase from the 19 cases in 2005 [3)4)].

It was reported in a 2009 survey that 75.2% of 246 regional treatment patients used home-visit nursing[5], and a survey covering 2005–2013 reported that 72.1% of 402 patients received home-visit nursing, which is the most frequently used mental health welfare service, and examples of it include day care, health center visits, and work centers[1].

A study that followed patients who were discharged from a forensic psychiatric institution between 2007 and 2015 showed that the crime rate three years after discharge was 7.5%; of this, the rate of serious offending behavior, such as causing injury, three years after discharge was 2.0% and the rate of admission to a psychiatric hospital six months after discharge and one year after discharge was 21.8% and 37.6%, respectively[6]. These results indicate that forensic mental health support in the community is important for preventing recidivism and re-institutionalization[6]. Regarding readmission rates, it has been indicated that local support services have not been sufficiently established[6].

Differences between other countries and Japan in the legal treatment of forensic patients and issues in it

In the United Kingdom, when a person with a mental disorder commits a crime, regardless of whether the individual has the capacity for criminal liability, if the need for treatment is recognized, the case is transferred from criminal justice to psychiatric care. If the psychiatric symptoms disappear upon treatment of the individual and it is determined that treatment is no longer required, then the person is returned to criminal justice[7]. Japan's MTSA has set up a system with the aim of medical treatment, but a major difference in comparison with the system in the United Kingdom is that in the latter, criminal penalties are imposed once treatment is no longer

required. In Japan, the system aims to reintegrate forensic patients into society.

In the United States, if a person with a mental disorder commits a serious crime, the individual will be imprisoned in a detention center or prison and punished[8]. Therefore, there are situations in which an individual completes their sentence without receiving psychiatric treatment or a response to treatment is not seen even if general psychiatric treatment is received; there are also situations in which the individual is unable to reintegrate into society even after transitioning to community life without receiving support services in the community[8]. However, there is a shift from treatment in penal institutions to community psychiatric care, and support systems are being established in the community[9]. Additionally, assertive community treatment (ACT) is being implemented in a compulsory manner based on the legal system[9].

Regarding forensic psychiatric care in other Western countries, in Germany and France, persons with a mental disorder who have committed illegal acts while in a state of incapacity or limited capacity for liability are sent to psychiatric hospitals if they are deemed to be a danger to the public[10]. Under the MTSA in Japan, persons with a mental disorder who are in a state of insanity or mental deterioration and have no or limited capacity for liability receive treatment under judgment. In Germany, persons with personality disorders who commit crimes are recognized as having limited responsibility ("limited capacity for liability" in Japan), but in Japan, persons with personality disorders are recognized as having full capacity for liability and are excluded from the MTSA[10]. In other words, the system in Germany, where medical suitability is determined based on the presence of danger to citizens, differs from that in Japan, and there are issues regarding citizen safety that are not included in the reasoning of the MTSA.

Differences between foreign countries and Japan in support systems for forensic community mental health and issues in it

In the United Kingdom, the community support system comprises the community mental health teams (CMHTs), which are composed of 10 people, including doctors, nurses, social workers, and occupational therapists, and are based in community offices[11]. CMHTs provide support based on the care program approach, in which the medical team and the user create a care plan together and the medical team continuously monitors the user[11]. Each CMHT also has an assertive outreach team that responds to emergencies and provides support 24 hours a day, 365 days a year[12].

In the United States, under ACT, teams of psychiatrists, nurses, social workers, and personnel from other occupations are formed to provide support to offenders with mental disorders[9].

Under the MTSA system as well, multidisciplinary teams are formed to provide support to eligible people, but the status is such that most home-visit support is provided by a nurse alone rather than a multidisciplinary team like the CMHT in the United Kingdom and the ACT team in the United States[1]. Therefore, the burden on nurses involved in MTSA home-visit nursing care in Japan is considered large. One reason home-visit support is being provided by nurses alone is that designated outpatient facilities lack the budget and personnel required when compared to forensic psychiatric institutions[13]. A disparity has been reported between community collaborative support and institutionalization in Japan[14]. The level of involvement with patients and their families is extremely low owing to the shortage of personnel for regional treatment,

and this leads to difficulties in building relationships[14].

Difficulties faced by forensic community mental health nurses in terms of nursing practice

Various difficulties and issues in providing support have been identified for forensic community mental health nurses. Nurses consider it difficult to balance respecting the rights and self-determination of forensic patients in forced treatment and changing the values of forensic patients[15]. They are also fearful of forensic patients who resent the surveillance by nurses imposed by the legal system[16]. It has been clarified that nurses are in a quandary because forensic patients who do not understand that they are forced by the legal system to receive medical care are uncooperative with the nurses who provide support, and nurses are unable to agree to the forensic patients' requests because the legal system requires that they be monitored for long periods of time even if the treatment goals are achieved[16]. It has been reported that when patients have their community life monitored by support staff, including nurses, it becomes difficult for them to try new life activities[17]. It has also been reported that support staff, including nurses, feel that learning the details of a patient's criminal behavior increases their fear of the patient, making it difficult to develop a therapeutic relationship[18].

Other studies have also investigated the stress experienced by forensic community mental health nurses[19]. The stress experienced by 80 forensic community psychiatric nurses was investigated using the Maslach Burnout Inventory (MBI), General Health Questionnaire-28-item version (GHQ-28), and Community Psychiatric Nurse Stress Questionnaire-revised (CPNSQ-r). The MBI found that 44.3% of forensic community psychiatric nurses had a high level of emotional exhaustion, 26.58% had a high level of depersonalization, and 26.58% were in a high burnout state with a high sense of personal accomplishment19). In other words, about half of the community nurses who work with offenders who have a mental disorder suffer from emotional fatigue. The GHQ-28 revealed that 31.2% of nurses showed a high level of symptoms. The following contents of the CPNSQ-r ranked highly: "the community lacks the ability to help clients adapt," "the client I am in charge of is not cooperative," "I feel the hospital does not provide enough support," "efficient management of workload," "appropriate cooperation cannot be obtained from multidisciplinary supporters," and "I work with clients who have a history of suicide attempts"[19].

Additionally, 28% of the nurses categorized under the high-stress group based on the CPNSQ-r reported that they did not receive support from their superiors and were unable to discuss work-related problems with them[20]. The group that answered "yes" for the CPNSQ-r item "Are you able to discuss work-related problems" had a significantly higher CPNSQ-r evaluation, while the groups who were "unable to feel that they were receiving sufficient support from a direct superior" showed significantly higher emotional exhaustion in the MBI and had significantly higher evaluations in the GHQ-28[20]. These results indicate that nurses who work with forensic patients in the community experience high levels of stress because they are unable to discuss work-related problems with their superiors or do not receive support from their superiors.

Meanwhile, in Japan, it has been reported that the status of support for patients in regional treatment by professionals, including nurses, is such that there is a personnel shortage when compared to forensic psychiatric institutions, there is low profitability in home-visit nursing, and

there is difficulty in evaluating outcomes[2]. Additionally, studies targeting public health nurses and mental health welfare workers have stated that the subjects felt they lacked the skills needed to support the prevention of recidivism and they felt uneasy about the support system based on multidisciplinary collaboration[21]. However, these studies did not target only nurses.

In studies that targeted only nurses, qualitative research found that nurses agreed with the following items: "difficulty in accurately performing assessments and observation as required under the Medical Treatment and Supervision Act," "difficulty in being involved in support, given their awareness of the patients' repeated past acts of violence toward others," "difficulty in providing support for patients' societal rehabilitation during life in the community, which is a deciding factor for the completion of forensic treatment," "difficulty in providing support in accordance with the regulations of the forensic treatment system," and "difficulty in collaborating with other professionals for cooperative multidisciplinary support"[22]. It has also been clarified that home-visit nursing station managers could relate to the following item: "managing stress related to the limitations of forensic treatment and risks related to acceptance by treated patients"[22].

Status and issues of education and training in forensic community psychiatric nursing

Research is being conducted on the education required by nurses working in the field of forensic psychiatric nursing. It has been shown that education on "management of attacks by persons with personality disorders," "multidisciplinary cooperation in dealing with violence," and "methods for consistently responding to manipulation by patients" was deemed by forensic psychiatric nurses and other related professionals in the United Kingdom as a necessary skill for managing problems in forensic psychiatric nursing[23]. Research in Sweden showed that nurses sought the following as part of their education in forensic psychiatric nursing: "nursing care," "building relationships," "[protecting] fundamental human rights," "theoretical models and treatment techniques," "psychopathology and pharmacotherapy," "basic care training and further training," "training for ward-specific issues," "documentation and evaluation of nursing care plans," and "knowledge of care specialization"[24]. However, these studies investigated the educational needs for nursing in wards where forensic patients are institutionalized, not the educational needs of nurses who work with forensic patients in the community. Furthermore, no studies were found that investigated these educational needs in Japan.

A need for forensic psychiatric nursing education has been reported since the 1990s[25]. However, in the United States, undergraduate and graduate schools are still lacking for forensic nursing education[26]. Even in Finland, specialized educational standards related to forensic nursing have not been established[27]. Increasing the training time for forensic nursing is expected to result in a more complete and sophisticated version of care for victims of violence and perpetrators of violence[26].

Meanwhile, regarding the status of forensic psychiatric nursing education in Japan, although opportunities for such education include nursing faculties, nursing vocational schools, specialized nurse education courses, certified psychiatric nurse training curricula, and other training, basic nursing education does not provide sufficient educational content for understanding patients[28]. Therefore, it is thought that Japanese nurses are unable to receive sufficient education to ac-

quire specialized knowledge in forensic psychiatric nursing.

Designated outpatient facility worker training[29], which is held as a Ministry of Health, Labor, and Welfare-commissioned project, is an opportunity for nurses engaged in the home-visit nursing of patients recommended for regional treatment by the MTSA to learn about the MTSA system structure, multidisciplinary collaboration, medical care provided, and the role of nurses. However, this training is conducted with the aim of contributing to the development of MTSA-related occupations and the smooth operation of the law, and to that end, students learn the basics of providing support in accordance with the treatment; these basics include an overview of the law, flow of treatment, assessment of common evaluation items, and formulation of treatment plans[29]. Consequently, the education is not based on the various difficulties experienced in patient interaction during home-visit nursing or in discussions with other professions. Therefore, this training cannot be considered sufficient to eliminate the difficulties that nurses experience in various practical situations. Research on education support for nurses is needed to clarify the details of the support required by nurses and to construct an educational system.

Support for forensic community psychiatric care nurses and issues faced by them

Many studies that provide practical implications for nurses involved in forensic community psychiatric care address risk assessment for violence and crime. In the United Kingdom, where persons with mental disorders who have committed a crime are forced to be controlled by law, forensic community mental health nurses (FCMHNs) who work in home-visit nursing are assigned the role of conducting risk assessments and implementing risk management plans for recidivist crimes[16]. Studies that predicted violence in the community life of forensic patients found that the ranking on the Historical, Clinical and Risk Management – 20 (HCR-20) tool along with personality trends and clinical findings (aggression) significantly correlated with the occurrence of violence, so its effectiveness as a risk assessment tool has been reported[30]. Furthermore, it was stated that using the violence history assessment tool HCR-20 to manage the risk of violence increased the likelihood of success in violence prevention[30]. Additionally, although the HCR-20 was effective as a risk assessment tool for violence, it was stated that training was needed to ensure its use[31]. Other studies have examined behaviors that increase the risk of violence against forensic patients in the community[32] and have reported the effectiveness of using risk profiles as indicators of violence risk[33]. In addition to analyzing violence and crime risk, studies have shown that support for reintegration into society is needed for patients to "gain a sense of belonging to society," "give back to the community," and "change their self-perception"[34].

Nursing practice standards have been developed to support nurses engaged in forensic psychiatric care[35][36]. These practice standards correspond to the skills and core competencies required of nurses involved in forensic psychiatric care, as reported in the literature[23][37]–[41]. The practice standard contents include the following: "Structure the treatment environment to integrate security with therapeutic goals," "Apply knowledge of the legal framework to service delivery and individual care," "Conduct forensic mental health nursing practice ethically," "Practice within an interdisciplinary team that may include criminal justice staff," "Establish, maintain, and terminate therapeutic relationships with forensic patients using the nursing process," "Integrate assessment and management of offense issues into nursing care processes," "Assess for

the impact of trauma and engage in strategies to minimize its effects," "Assess and manage the risk potential of forensic patients," "Manage the containment and transition process of forensic patients," "Promote optimal physical health of forensic patients," "Minimize potential harm from substance use by forensic patients," "Practice respectfully with the families/carers of forensic patients," "Advocate the mental health needs of forensic patients in a prison or police custodial setting," "Support and encourage the optimal functioning of forensic patients in long-term care," "Demonstrate professional integrity in response to challenging behaviors," and "Engage in strategies that minimize the experience of stigma and discrimination for forensic patients." These practice standards are related to forensic psychiatric nursing in general, and they indicate the role of nurses and the knowledge and skills needed of nurses. However, these standards are not specialized for the forensic community psychiatric nursing that supports daily life in the community. Research to develop nursing practice standards that are specific to forensic community mental health seems to be needed.

There is little research on support for nurses who provide assistance in the community, and this is an issue in nursing practice in forensic mental health. It has been reported that when professionals, including nurses, form a therapeutic relationship with a patient who has committed murder, no support system is established for the patient's advocates[18]. It has also been reported that the status is such that nurses engaged in forensic community mental health are managing difficulties alone without support, and support plans for nurses who are facing difficulties need to be developed[18]. Given this current state, it is believed that forensic community mental health nurses are currently practicing while facing various difficulties and uncertainties.

In response to the difficulties faced by nurses who provide home-visit care for patients recommended for regional treatment under the MTSA[22], ideas for nursing practice have been offered to resolve these difficulties[42]. It has been reported that nurses can overcome various difficulties in nursing practice by being able to build relationships with patients[42]. It has also been reported that in multidisciplinary collaborative support, it is possible to resolve difficulties in nursing practice by understanding the specialties of other professions and collaborating with other professions[42]. Furthermore, to enable the utilization of the ideas in nursing practice[42] as a guideline, Okuda and Endo verified them using the Delphi method and developed 42 nursing practice items[43]. These nursing practice items[43] can be used by nurses to provide nursing care to regional treatment patients. However, they do not include support measures for resolving the difficulties faced by the managers of home-visit nursing stations that accept patients for regional treatment under the MTSA[22], and the issues remain. In Japan, the current status is such that there is very little research aimed at providing support for nurses despite the various difficulties faced by forensic community mental health nurses.

Conclusion

It has been clarified that nurses engaged in patient support in MTSA regional treatment face various difficulties owing to the characteristics of Japan's treatment system and regional support system[22], but the studies clarifying this analyzed qualitative data. This limits the ability to show trends in the difficulties faced by all nurses. It is believed that quantitative research is needed in the future to examine trends in the difficulties faced by nurses.

Studies have proposed nursing practice items for supporting nurses[43], and it is thought that progress has been made in research for supporting nurses. However, obtaining evidence for the developed nursing practice items[43] requires verifying them through an experimental design that utilizes these items. Furthermore, no research has been conducted on support measures for resolving the difficulties and issues faced by managers of visiting nursing stations that accept patients admitted under the MTSA. It is thought that research for supporting managers will also be necessary in the future.

Previous research has also revealed that an educational system related to forensic community mental health has not been established yet. It is thought that studies will need to be conducted in the future to systematize effective educational content and methods.

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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