

**The National Forensic Nurses
Research and Development Group**

RESEARCH and DEVELOPMENT

NEWSLETTER

*Issue 3
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Editorial

Within this issue of the Research Newsletter you will find interesting articles from the Midlands (East and West), the North West, and a summary of research being undertaken collaboratively between practitioners from the North East and Scotland. It is perhaps noteworthy that this latter collaborative research was a successful bid for the Sir Kenneth Colman Bursary, clear evidence of Forensic based research making an impact upon the National scene. As a consequence of this research, links with Forensic services in Australia will be established. International links are clearly important in disseminating research undertaken in the United Kingdom, and David Robinson illustrates, in this issue, now European Collaborations are developing in Holland Belgium and Germany.

The National Forensic Nurses Research and Development group would like to encourage all readers of this newsletter to respond to the item on page 6. The database is a significant opportunity to disseminate your work, as is this newsletter. Any work you are involved in, are proposing, or have completed would be a welcome contribution to the next newsletter.

Abstracts of your work (preferably within a limit of 250 words) can be sent to either:

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Diagnosis of Patients who Assault Nurses in a Medium Secure Setting

Substantial evidence suggests that increasing numbers of Mental Health Nurses are assaulted by their patients. Those patients diagnosed with paranoid schizophrenia tend to be seen as the group most likely to assault. This study therefore aimed to complement existing research by investigating whether patients with this diagnosis were the most assaultive within a sample of patients admitted to a medium secure unit. Other demographic variables - age, gender, ethnic origin, index offence and legal status - were also examined. The results indicated that eight of the thirty-three patients admitted during a twelve month period were responsible for twelve assaultive incidents against nursing staff. Although 50% of assaults were perpetrated by patients diagnosed with paranoid schizophrenia, this was not found to be statistically significant. The most important finding was the statistically significant over-representation of patients of African-Caribbean origin within the assaultive group. No significant relationship was found between inpatient assault and any of the other variables. The types of assault perpetrated by these patients generally reflect those found in previous work, with the exception of attempted strangulations. Explanations for these findings are discussed and reference is made as to the relevance of these results to future practice. The limitations of this work, in particular its lack of generalisability, are considered, and recommendations for future research in the field of inpatient assault are presented.

Theresa Redford - CPA Co-Ordinator - South Birmingham Mental Health NHS Trust

An Examination of a Cycle of Abuse Theory

This work examines the differences in the frequency of self destructive behaviours within a forensic and generic psychiatric environment of individuals who had been abused in childhood and adolescence.

The study was undertaken in the form of retrospective case file analysis. The sample size consisted of all patients who were admitted to one ward of a generic psychiatric hospital and a forensic unit during a specified period of time (n=121). Operational definitions were used to determine and define abuse and self destructive behaviours. The rationale for the way in which the data was collected was based on the findings and results from previous studies, particularly in relation to variables associated with abuse experiences. Data was collected directly from the case files using a proforma document. The sample was divided into two groups, the abused and the non-abused with the same statistical analysis being applied to both.

The self destructive behaviours following abuse experiences was not statistically significant between the two clinical areas. The statistical analysis of the results showed that females were sexually abused at a greater frequency than males and that the type of abuse was statistically significant in relation to self destructive behaviours, and that there was a positive measure of dependence between the two variables. The self destructive behaviours between the two clinical areas had higher incidents than that observed in the forensic setting.

The previous literature suggested that adult survivors of abuse within a psychiatric population would be more likely to come to the attention of the forensic services because of either their self destructive behaviour or as a consequence of contact with the criminal justice system. This was not found to be clinically significant in relation to the incidents of self destructive behaviours in which females engaged in. There were no statistical differences between the abuse and the non-abused in relations to their current admission. Histories of drug and alcohol abuse, criminal histories and the abuse of others were not significant within the abused sample.

Jackie Powell - Community Psychiatric Nurse/Diversion Nurse - Worcester Community Health NHS Trust

SELF HARM IN A MEDIUM SECURE UNIT:

COMMUNICATION AND MORAL ISSUES

In interviews, nineteen patients in a medium secure unit ("Cedarview") frequently mentioned communication with nursing staff (2) The latter were often said to enable expression on feelings, alleviate problems and provide interest, support or understating.

".. Staff always make me feel positive about myself.."

"..I think they've always listened.. They always encourage me to talk to get it out.."

However, nearly all respondents also referred to negative attitudes and remarks from certain staff. Several people commented that some nurses ignored them, were uninterested or made inappropriate comments about self harming behaviours. these were reminiscent of those described elsewhere by service users (5) and in some research studies (1,4).

MORAL ISSUES

Moral judgements are sometimes made about individuals; self harm (1,3). In our study, most respondents used words to describe Self Harm which indicated that such behaviours were the individual's responsibility, or were "bad", "attentions seeking" or "silly".

".. Self harm makes you an outcast, no one wants to know.. Staff say cutting up is like attaching someone else.."

"..Nurses said what a silly thing to do".. It made me start to think because I'd done wrong you see.."

Many examples of good practice were also described by patients. Our impression was that negative staff attitudes could, in part, be related to the frustration of working with individuals who self ham in busy and stressful ward environments. One of several recommendation from our study is that Cedarview staff receive increased support and education relevant to the care of people who self harm.

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Acknowledgements:

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EUROPEAN COLLABORATIONS THRIVE

The Behavioural Status Index programme at Rampton Hospital in collaboration with Phil Woods (Ashworth Hospital) and Professor Val Reed is coming towards the end of its first phase.

Developed as a clinical assessment of patient need in relation to Risk, Insight and Communication and Social Skills, the programme is being evaluated for its future development and impact on patient care and treatment. The programme including collaborative sites (Hackney MSU, London, Kingsway Hospital, Derby, and Mental Health Services of Salford, Prestwich) is working towards new standardised and common criteria for the purposes of risk/more general assessment and perhaps most importantly continuity of assessment care.

The study whilst being developed within high secure facilities has samples within medium, low secure, mainstream and community contexts. It is eventually hoped that the assessment scales will influence all aspects of forensic care and offer new insights to evidence based care.

The programmes main aims are to:

1. Establish a systematic baseline for risk behaviours in the patient group
2. Provide individual patient data for use in treatment planning
3. Allow precise treatment planning goals to be set
4. Facilitate systematic documentation of remeasures for purposes of monitoring health outcomes

Also within the programme is a patient self report, the Buss-Durkee Hostility Inventory (BDHI-D) which is showing some interesting results with respect to levels of hostility within different population samples. Translated from Dutch into English two years ago the scale is a useful contribution towards risk assessment insights and associated interventions.

Based upon the links with Professor Alfred Lange of the University of Amsterdam contacts with the forensic health care system were developed. This was through a risk symposium held at the University of Amsterdam hosted by Research and Development at Rampton Hospital to share initiatives.

One of the key outcomes of this meeting was the interest of piloting the BSI in the Forensic Psychiatric Unit at Eindhoven. Subsequent translation of the BSI into Dutch led to piloting and a symposium to discuss European interest. Several forensic units in Holland, Belgium, Germany and Scotland had expressed interest in collaborations.

The symposium held at the Clinic in Eindhoven on 20 November generated much debate, discussion and interest following presentation about the two scales. Professor Val Reed covered the Background and Development of the BSI; Phil Woods the Content and Statistical Analysis and David Robinson the implementation of the BSI and overview of the BDHI-D.

The outcome of the symposium was to move ahead with a programmed implementation of the BSI in the countries represented. It has also developed considerable interest in putting forward collaborations for Eurofunding support. A meeting was held on 22 and 23 April in Eindhoven between the English Research and Development team and European collaborators to develop the Eurofunding proposal. Working with other key and interested parties such as the High Security Psychiatric Services Commissioning Board and universities will develop a strong proposal and bid for new and exciting ventures. Countries expressing their interest so far are England, Scotland, Holland, Belgium, France, Norway and Australia.

David Robinson

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The International Forensic Psychiatry Database

This exciting new database is a collaborative initiative between the University of York, Rampton Hospital Authority and the National Forensic Research and Development Group.

The NHS Centre for Reviews and Dissemination (CRD) was established in January 1994 in order to help promote the use of research-based evidence within the NHS. It was set up as part of the NHS R & D Programme. The principal activities of the Centre involve contributing to knowledge based practice by carrying out and commissioning systematic reviews of research literature and disseminating the results of significant health services research within health care.

Regional profiling of developments by CRD had revealed less than 20 forensic related projects. One of the main aims of the National R & D group was to develop systems to disseminate key research and development information as it stimulated and identified relevant programmes throughout the UK. Since CRD had already developed a suitable database this seemed appropriate to extend into specialised areas such as forensic care.

During August and September 1997, profiling of practice and service developments in forensic mental health care were undertaken by the National Group. The launch of the new multiprofessional database for forensic psychiatry was launched at Rampton Hospital Authority Conference Centre in November 1997 and disseminated throughout the NHS by CRD in January 1998. The database contains over 150 entries and is a valuable resource to share innovation, demonstrate developments and bring together professionals working within similar projects.

Within the 150 entries there are contributions from the UK, Netherlands, Australia, Norway, USA and Canada. More than 60% of developments include multi professional collaboration with inputs from all branches of forensic psychiatry.

Feedback to date shows considerable use of the database both within libraries and forensic units. We are now planning the collection of data for version 2 which we expect to disseminate in early 1999. I would be grateful if you would promote the initiative and encourage professionals to complete the questionnaire and return for entry into the database. Proformas will be mailed to all forensic and related units during June. Please circulate the proforma (you may copy the proforma if you require more) to all nurses and allied health care professionals, e.g., occupational therapists, psychologists and social workers, in your service who are developing, or are involved in developing, practice and service in your area. Alternatively if you have access to the Internet you can fill in the proforma on screen and Email direct on the web site address <http://wkweb4.cableinet.co.uk/pwoodsl/index.html>. Don't miss out on this unique opportunity to disseminate your work, inform others and help develop further networking and contacts.

CELEBRATING GOOD PRACTICE IN FORENSIC PSYCHIATRIC CARE

Sharing and development of good practice is a major issue facing all multi professional health care practitioners today. There are many innovative programmes but few remain unpublished or presented and disseminated.

Forensic psychiatric care covers more than 50 units ranging from the four Special Hospitals offering high secure services to a series of medium and low secure and community units. Whilst there is a large nationwide conference agenda of research and related activity, few national conferences are particularly aimed at involving practitioners in celebrating their good practice. This successful conference builds on a number of years of successful and growing demand to involve practitioners working with mentally disordered offenders. This conference held on 18 February draws on a wide variety of speakers, experiences and topics attracting again more than 140 delegates, 11 papers and 15 posters. It emphasises the importance of sharing and dissemination of information to assist not only delegates but people throughout forensic services in developing their own knowledge base and skills. The conference brings together multi-professional health care workers working within the field of forensic and mental health services to:

- (a) Disseminate current good practice and research
- (b) Provide networking opportunities for health care professionals
- (c) Share innovative ideas for the care and treatment of patients
- (d) Debate current initiatives and new ideas

Professor Veronica Bishop highlighted work recently carried out within high secure services with consensus on good practice. Here Professor Bishop focused on some of the innovations currently practised in forensic services and considered how these innovations had actually achieved success. Whilst mapping exercises revealed and identified many areas of work where good practice and innovation was demonstrated, participants had noted that there was a need to develop a more open culture with integrated working across mental health services. In addition the more sharing of good practices and a framework acceptable to all disciplines to establish evidence based practice and evaluation.

Richard Bradshaw, Professional Officer of Mental Health and Learning Disability, LJKCC gave the keynote address describing the role and function of the Council in the development of good practice. Some of the ethical and professional challenges facing practitioners working in secure environments were explored particularly in relation to issues to do with the therapy versus security debate and the nurse-patient relationship. The relative roles in relation to personal and professional and practice development were explored along with future work in relation to the development of practice in secure environments.

Mike Musker and Matthew Byrne from Ashworth Hospital Authority went on to talk about caring for people with severe challenging behaviours and a new behavioural approach that they

have been adopting for clinical practice. Managing severe challenging behaviours can often be more of a challenge to the service than for the individual. Behaviours such as assault, weapon making and severe property damage are all too frequent within forensic settings and providing effective interventions for such behaviours requires good multidisciplinary team work that is consistent and well thought out. New innovative assessments for both staff and service users enables the main focus of care to be spent on proactive multidisciplinary interventions rather than reactive strategies.

Andy Frankel from Stockton Hall Psychiatric Hospital discussed how researchers have commented on the difficulty in creating a therapeutic milieu whilst still maintaining a secure environment. Discussing nurse-led therapy and the implications upon patient care, changes were identified in relation to the improvement of care and service to clients as the unit built up to Nursing Development Unit status. Such nurse-led therapies have offered opportunities for clients to constructively utilise their time on the ward and spend more time in interaction with nursing staff.

Risk assessment within sex offender treatment programmes has long being a problematic issue with these offender patients. An overview and evaluation of sex offender treatment programmes within the forensic setting specifically with learning disabilities raise professional dilemmas in relation to Does anything work? which was presented by Deborah Hunt and Andrew Crouch from Kneesworth House Psychiatric Hospital. The role and input of the multidisciplinary team approach was highlighted along with the impact and dilemmas faced by practitioners working with sex offenders. A relapse prevention model within a cognitive behavioural framework was presented.

There continued to be considerable debate over the appropriateness of treatment for personality disordered patients with an increasing number of these patients being referred for admission within high secure services. Todd Hogue and Richard Idle of Rampton Hospital Authority outlined the progress of a new ward assessing the personality disordered patient. Following initial pilot work on a ward for personality disordered patients, the use of psychological treatment techniques have had positive affects for this patient group. The single ward is now being expanded into a more comprehensive three ward personality disordered service pioneering new care and treatment models.

Annette Duff from West London Healthcare NHS Trust presented a qualitative study set in a Regional Secure Unit exploring the relationship between the living environment and the use of pornography by male mentally disordered offenders, their attitudes towards women and the self reported effect of pornography on their speech and behaviour. Results indicate that negative attitudes towards women, role cultures within institutions appear to be strongly influenced by staff. The research concluded that there are serious concerns for the availability of pornography with a need for more clearer policies and guidelines.

The assessment of risk is becoming more and more of a key issue particularly with the mentally disordered offender population. Dr Clive Hollin, of Leicester University and Angela Holmes of Rampton Hospital Authority discussed the need and clarity in relation to what types of risk are

being assessed. In doing this they described a current research study which is a replication of a Canadian project looking at the prediction of violent recidivism in mentally disordered offenders. The study hopes to provide new assessment schedules and will assist with the prediction of violence within a hospital setting.

In discussing an integrated approach to community forensic nursing, Mary Yates of the Denis Hill Unit and Mark Scally of the Maudsley Hospital discussed an integrated model of community forensic nursing that has been established in South London. Key features of this service was to provide a comprehensive assessment and treatment service to patients who are perceived to present a risk to others. Here community teams retain responsibility for patients and can access forensic specialist knowledge through a co-working system. This allows the patient to enjoy the benefits of community care whilst being supported by a team of specialists.

Evidence based care and clinical effectiveness are also becoming key issues facing health care practitioners today. Integrating research into practice and using research to influence care delivery has been notoriously slow. Mark Kilby of Rampton Hospital Authority discussed the reality of introducing an evidence based approach to care within a forensic setting. Change strategies to support the application and adoption of evidence based care for people with enduring mental illness covered key issues in bringing about local and organisational change. Bringing about a psychosocial approach, multidisciplinary roles, power relationships and shared training initiatives were discussed. The integration of therapy led programmes of care have shown that using an evidence based approach help support innovations in care practices.

Whilst creating much discussion and debate, the conference highlighted the growing innovations in forensic psychiatric care. In a speciality that attracts often much negative media attention such events only serve to highlight the creative work carried out by multi professionals who work with a difficult and challenging group of patients. Clearly there is no doubt that such innovations are assisting in improved health outcomes for patients and considerably improved quality of care. There now needs to be a concentrated effort by those involved to ensure that a wider audience is influenced through appropriate publication to further enhance others and the profession.

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DEVELOPING PRACTICE ON THE INTERNET

The internet is an international resource which is capable of bringing together clinicians from all over the world who have similar research and development interests, that otherwise may not be able to contact each other. However, it is probably the most under utilised resource that is available.

The Forensic Nursing Resource Homepage was developed by Phil Woods and can be found at <http://wkweb4.cableinet.co.uk/pwoods1/index.html> . It aims to be a forum and resource for nurses to obtain links to other Internet sites and to share ideas or research reports.

It contains links to other Internet sites of forensic and nursing interest; information on the Behavioural Status Index (BSI) and results of empirical studies surrounding this (Reed, Robinson, Woods & Henderson, 1996); research reports related to forensic care; details of strategies for dealing with aggression in Norway; details of forensic discussion lists and training courses available world-wide; details of the National Forensic Nurses Research and Development Group, its newsletters and online form to submit a research and development project to their national database; and bibliographies risk assessment/patient dangerousness and patient insight. The site is linked to Internet training programmes available over the Internet.

Further development potential is unlimited to this currently unsponsored project. There is the facility to announce conferences; upload on line PowerPoint presentations for clinicians and researchers unable to attend practice development conferences; further uploading of reports and papers. It is generally a place where nurse can share their ideas and interests and make contacts with others from an e-mail link attached to their paper or report.

Internet research can achieve collaborative partnerships. The author has recently been working in collaboration with a nurse researcher from Norway. The Internet has been the forum for the ongoing research and has recently resulted in a publication (Almvik & Woods, 1998). Had it not been for the news groups discussed below we would not have met and would not be seeking to develop practice collaboratively. Furthermore, this collaboration has developed into further international work for the BSI research (Reed, Robinson, Woods & Henderson, 1996); with a Norwegian translation being produced for further collaborative research.

There are currently a number of forums currently accessible for researchers and clinicians to utilise on the Internet. Obviously e-mail is the most accessible but an extension to this are mailing lists. These are available to anyone with Internet access to subscribe to. The presenter currently subscribes to a number of these.

Psychiatric nursing is a forum for research and development in psychiatric nursing. News and ideas can be swapped here, new initiatives are discussed and conferences announced.

Health-services research is a newly designed list for use by health services researchers for research based discussion. Both these and many more mailing lists can be accessed through <http://www.mailbase.ac.uk>

A new forensic forum is now available at <http://www.nurse.co/cgi-local/forensic.pl>

Forensic List which is open internationally to all disciplines interested in any forensic area at the Mount Royal College, Calgary, Alberta. To join the list send mail to majordomo@ns.mtroyal.ab.ca with the command `subscribe mrcforensiclist` your e-mail address

The FORENSIC-PSYCH list (Forensic Psychology/Psychiatry) currently has 527 subscribers. To subscribe send mail to LISTSERV@MAELSTROM.STJOHNS.EDU with the command `SUBSCRIBE FORENSIC-PSYCH`

Other lists that may be of interest are:

CLFORNSG Clinical Forensic Nursing currently has 146 subscribers. To subscribe send mail to LISTSERV@ULKYUM.LOUISVILLE.EDU with the command `SUBSCRIBE CLFORNSG`

Forensic List with 273 subscribers. To subscribe send mail to LISTSERV@UABDPO.DPO.UAB.EDU with the message `SUBSCRIBE FORENSIC`

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'The Development of a Conceptual Model of Therapeutic Custody' (Provisional Title)

Summary of Proposed Research:

This proposed study will inform the development of a multi-centred investigation into the concept of 'therapeutic custody', designed to deconstruct the current forensic mental health nurse's institutionally developed concepts of therapy and custody and to re-re-formulate the concept of therapeutic forensic care, taking into account the many settings in which this now takes place.

Forensic mental health nursing developed within the context of large institutions, at first penal and then high security environments with all the trappings of the total institutions. As nurses in medium secure units and now in the community, develop their practice the issue of the relationship between custodial care or treatment oriented aspects of practice becomes more difficult to conceptualise. Mental health nurses who have never previously worked with mentally

disordered offender's are increasingly involved in service provision. In view of the focus on evidence based practice, there is a pressing need to define the purpose of the mental health nurse in forensic psychiatry, is the role primarily therapeutic, custodial, a unique blend of both or little different from the work of other mental health nurses.

This definition will affect the evaluation of nursing practice, in particular, the formulation of indicators for this purpose. A comparative study, by open ended interview will be conducted, of nurses working in the UK in high, medium and community forensic settings. The data from this will be compared with a matched group of nurses from the forensic service of Western Sydney Area Mental Health Service based system. Such a comparison with a country with close historical ties and similar institutions should provide important illuminating data.

These samples will allow a formulation of the role of the mental health nurse in forensic services to be developed which will be used as the basis of a multi-centre study to generate structure, process and outcome standards for the future of forensic mental health nursing.

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