

Self-esteem – an individual’s confidence in their own worth and abilities – has previously been reported to be low amongst forensic service users (Hogue, 2007). Low self-esteem has been linked to slow progress through secure care and discharge whilst many patients may show conceptually linked emotions including anger and a lack of motivation (Walker et al, 2009). An early outcome of service user involvement and leadership within Sussex Partnership Forensic Healthcare Service has been to highlight self-esteem as a priority issue. Service users reported that building self-esteem was the first step towards recovery as it gave them a sense of purpose and direction. Our aim was initially to assess whether deficits in self-esteem were a significant issue across the Forensic Healthcare Service and, if so, to target this area by introducing interventions that could enhance self-esteem. We also wanted to identify whether self-esteem is related to the following factors: gender, security level, primary diagnosis and length of stay for inpatients.

Breakdown of demographics and results

Characteristics	Range	(N)	Self esteem average score (/40)
Gender	Female	12	25.4
	Male	57	31.5
Security Level	Low Security	30	29.1
	Medium Security	20	31.1
	Community	19	31.2
Primary Diagnosis	Schizophrenia	40	32.1
	Schizoaffective Disorder	11	30.8
	Mood Disorder	10	30.8
	Delusional Disorder	5	28.2
	Personality Disorder	2	13.3
	Dissociative Disorder	1	13.0
Length of Stay (Inpatient)	Short (0-12months)	26	29.8
	Medium (13-25 months)	15	31.9
	Long (26+ months)	9	27.4



Method

The Rosenberg Self-Esteem scale (see Figure 1), a long established self report questionnaire which has been validated across many disparate populations, was distributed across the Forensic Healthcare Service including inpatients and community patients in order to collect a baseline sample. Service users completed the questionnaire supported by a member of staff. Items were scored from 1 to 4 (1= strongly agree, 2=agree, 3=disagree, 4=strongly disagree). During analysis 5 items were reversed (1, 2, 4, 6, 7) so that a higher score related to higher self-esteem on all items. Scores higher than 25 indicated high self-esteem, scores between 15-25 showed moderate self-esteem, and those below 15 represented low self-esteem (Mannarini, 2010).

Discussion

The primary finding, looking at the average self-esteem score across the Forensic Healthcare Service, was higher than predicted; suggesting that there is not an overall deficit in self-esteem. However, the average female self-esteem score was lower than males, suggesting that across the Forensic Healthcare Service females have lower confidence in their own worth and abilities. Previous research by Ireland (2002) supports this finding as results showed that male inpatients reported significantly higher levels of self-esteem than women. This highlights the importance of targeting interventions at females across the service. Furthermore, results showed that security level did not have a significant effect on the self-esteem. However, community patients had higher self-esteem scores than patients in the low secure wards. This suggests the post discharge process increases self-esteem and proposes the idea that prolonged ward stay can negatively impact self-esteem. Bennett (1974) examined self-esteem before and after discharge and found that self-esteem significantly increased when in the community. Our results did not indicate that length of stay itself had a significant negative effect on self-esteem. However the (non-significant) trend was of falling self-esteem scores as patients progressed through the hospital system – followed by an upturn after discharge. Research by Oser (2006) found that long serving patients were more likely to have lower self-esteem. This suggests that inpatients may have higher self-esteem towards the beginning of their stay as they feel confident they will be released quickly. Finally, results showed that the primary diagnosis did have a significant effect on self-esteem. Shamsunnisah et al. (2008) used the Rosenberg Self-Esteem Scale with patients who had schizophrenia and found that the majority of patients had high levels of self-esteem. High self-esteem was associated with the belief of being free from psychotic and depressive symptoms. Baumeister (2000) stated that patients with schizophrenia often had a narcissistic personality which often made for an inflated self-esteem. Furthermore, Philipsen (2006) found that patients with emotionally unstable personality disorder had low self-esteem. These findings – reflected in our own results – suggest that schizophrenic patients with high self-esteem may also benefit from specific interventions, as well as those who have personality disorders and low self-esteem. When addressing the sample of the study, it is difficult to generalise the results of this service to the entire population. Furthermore, the study lacks power due to the low response rate of 50/104 inpatients with only 12/26 responses being from female inpatients and 57/78 being from male inpatients. This makes it unknown to us what diagnoses the other inpatients have and this could therefore jeopardise conclusions from this study. A second limitation of the study surrounds the ‘Rosenberg Self-Esteem’ self report measuring scale. The scale is not specific to the forensic psychiatric population – although has been validated in many settings – and this could limit the reliability of the results. Additionally, self report data could distort validity due to social desirability bias or lack of understanding. However, the study provides some interesting initial findings when analysing self-esteem with different variables. Further work focusing on this topic would be helpful in elucidating the nature and scale of self-esteem problems in this population.

Results

Results showed that the average self-esteem score across the Forensic Healthcare Service was 30.1/40. This suggests that there is no general deficit of self-esteem in this population. However, when self-esteem was analysed against other factors, results showed the following:

Gender

There was a significant difference between females’ self-esteem score and males’ self-esteem score, $T(67)=2.64, p=.01$ (see Figure 2)

Security Level

The results showed that security level did not have a significant effect on the self esteem score, $F(2,66)=.93, p=.4$

Length of Stay

The results showed that the length of stay did not have a significant effect on the self esteem score, $F(2,47)=1.1, p=.34$

Primary Diagnosis

The results showed that the primary diagnosis did have a significant effect on the self esteem score. $F(6,62)=7.86, p<.001$

Conclusion

While the average self-esteem score was high across the Forensic Healthcare Service, there still appear to be clinically relevant issues for many service users; related to both low and elevated self-esteem. Specific measures to assess and enhance self-esteem within a forensic context have been limited to date, suggesting the utility of developing these in the future. Interventions such as specific courses exploring what self-esteem is, where it comes from, as well as how it can be boosted could be run in our service. By enhancing service users’ self-esteem, these courses could guide them to achieve greater and faster progress on their road to recovery. Future research could look more directly at inpatient wards within our service to identify whether ward culture, staff, relationships and other factors could influence the self-esteem levels of inpatients.

Figure 1

ROSENBERG SELF-ESTEEM SCALE				
The next questions ask about your current feelings about yourself. For each of the following, please circle the number that corresponds with the answer that best describes how strongly you agree or disagree with the statement about yourself now.				
	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
1. I feel that I am a person of worth, or at least on an equal plane with others.	1	2	3	4
2. I feel that I have a number of good qualities.	1	2	3	4
3. All in all, I'm inclined to feel that I am a failure.	1	2	3	4
4. I am able to do things as well as most other people.	1	2	3	4
5. I feel I do not have much to be proud of.	1	2	3	4
6. I take a positive attitude toward myself.	1	2	3	4
7. On the whole, I am satisfied with myself.	1	2	3	4
8. I certainly feel useless at times.	1	2	3	4
9. I wish I could have more respect for myself.	1	2	3	4
10. At times, I think I am no good at all.	1	2	3	4

Figure 1: Rosenberg Self-Esteem Scale (Rosenberg, 1965)

Figure 2

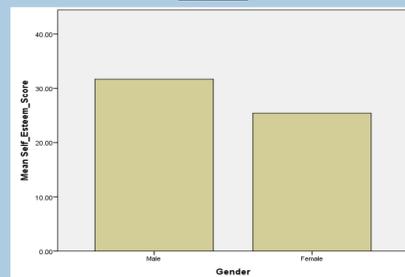


Figure 2: Influence of Gender on Self Esteem