Why you should read this article:

- To increase your awareness of the psychological benefits of massage therapy
- To read about barriers and facilitators to introducing seated chair massage in forensic mental health settings
- To consider the value of introducing seated chair massage in your own clinical setting

Exploring the impact of providing seated chair massage to patients and staff at a forensic mental health and learning disability service

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Citation
Webb WA, Lloyd SA (2023) Exploring the impact of providing seated chair massage to patients and staff at a forensic mental health and learning disability service. Mental Health Practice. doi: 10.7748/mhp.2023.e1647

Peer review
This article has been subject to external double-blind peer review and checked for plagiarism using automated software

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Conflict of interest
None declared

Accepted
17 January 2023

Published online
April 2023

Abstract

Massage therapy has recognised psychological benefits, yet it is rarely used in forensic mental health settings. In 2022, ten-minute sessions of seated chair massage – where recipients remain fully clothed – were offered to patients and staff at a secure forensic mental health and learning disability service in the UK. This article is a service evaluation of the impact of providing these sessions. Seated chair massage was found to have overwhelmingly positive effects in the short term and the authors concluded that it is a low-risk, boundaried and appropriate complementary therapy intervention for patients in forensic mental health settings. Their findings challenge the view that these settings are essentially 'no touch' environments. The article outlines barriers and facilitators to introducing seated chair massage in a forensic mental health service, which may be useful to other teams considering developing a similar service.

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Keywords

clinical, complementary therapies, medicines, mental health, mental health inpatients, mental health therapies, professional, relaxation therapies, secure settings, staff welfare, workforce

INTEREST IN complementary therapies such as massage, aromatherapy, reflexology and acupuncture has increased in recent years. Complementary therapies are becoming an important component of healthcare and are most likely to be used by people who have anxiety, depression, a chronic condition or a disability (Hunt et al 2010). Massage is a type of complementary therapy which involves professional touch and has many modalities (Kelemen et al 2020) – for example sports massage, deep tissue massage, acupressure massage and shiatsu massage.

Recipients of massage have been shown to experience significant psychological benefits including relaxation, a sense of emotional well-being and calmness, and reduced levels of anxiety and depression (Kelemen et al 2020). Massage has been shown to decrease anxiety in people with generalised anxiety disorder (McPherson and McGraw 2013, Rapaport et al 2021), as well as anxiety, irritability, tension and depression in people with post-traumatic stress disorder (Collinge et al 2012). Some mental health benefits of massage can be quantified using physiological biomarkers such as blood pressure, heart rate, respiratory rate, hormone levels and neurotransmitter levels (Rapaport et al 2010, 2021), and these data help explain why people with mental health issues are increasingly turning to massage. Some people experiencing anxiety appear to prefer a somatic treatment such as massage to a pharmacological or psychotherapeutic treatment (Rapaport et al 2021).

Massage therapy is gradually moving from the fringes of healthcare towards being an integral component of holistic, multidisciplinary, person-centred care (Cates 2021). Yet it appears to be more commonly provided in community and outpatient settings than in hospital inpatient settings, and there is a scarcity of literature relating to massage in forensic psychiatric hospitals. Given that anxiety and post-traumatic stress disorder are highly prevalent in the forensic mental health population (Bianchini et al 2022), there is value in exploring the potential benefits of massage in that setting.

In 2022, seated chair massage for patients and staff was introduced at a secure forensic mental health and learning disability service in the UK. Seated chair massage is a type of acupressure massage which does not require the use of massage oil and where the recipient sits, fully clothed, in a portable chair designed to place the body in a relaxed position. As such, it is deemed a suitable type of massage to offer in public spaces, offices and hospital wards (Engen et al 2012). The aim was to give patients and staff easy access to a complementary therapy that may help alleviate stress, improve mood, reduce anxiety and enhance well-being. Furthermore, the authors wanted to prompt a culture change in what is sometimes still called the 'no-touch forensic setting' (Ramsden et al 2006). This article is a service evaluation of the impact of providing seated chair massage to patients and staff.

Literature review

A search of three databases – the Allied and Complementary Medicine Database, the Cumulative Index to Nursing and Allied Health Literature and MEDLINE – using search terms including 'forensic', 'prison', 'massage' and 'touch' revealed a dearth of publications relating to massage therapy in forensic mental health settings. Only three relevant articles were found. All were more than ten years old and none were research studies or service evaluations.

The first article (Hilliard 1995), published almost 30 years ago by an experienced mental health nurse with formal training in seated chair massage – then known as 'executive massage' – is a short opinion paper outlining the benefits of this type of massage for people with severe mental health conditions. Hilliard asserted that 'some seriously mentally ill clients have unfulfilled needs for safe touch' (Hilliard 1995).

The second article (Brimsted et al 1998), published three years later by the clinical team at Rampton Hospital – a high-security forensic psychiatric hospital in Nottinghamshire – is a narrative review that explored the use of 'therapeutic touch', meaning a type of complementary therapy based on 'energy field balancing'. As noted by Brimsted et al (1998), the term is misleading since the technique requires no physical contact – and therefore bears little resemblance to massage.

The third article (Brownsword and Baker 2008) is a brief report on the benefits of massage and aromatherapy for inpatients in a forensic psychiatric hospital in Devon, which called for further studies to widen the evidence base. The present article is a direct response to that call.

Aim

To explore the impact of providing seated chair massage to patients and staff at a secure forensic mental health and learning disability service in the UK.

Method

Setting

Secure forensic mental health and learning disability services provide care and treatment for adults with conditions such as 'mental illness, personality disorder and neurodevelopmental disorders including learning disabilities and autism' (NHS England 2018). The risk of harm to others and the risk of patients escaping cannot be managed safely in other settings and patients are ordinarily detained under the Mental Health Act 2007 – or the Mental Health (Care and Treatment) (Scotland) Act 2003.

Patients in these services often have a history of adverse childhood experiences, complex trauma and exposure to violence (Price and Maguire 2016), alongside chronic health conditions often linked to a history of criminal behaviour and offences. Forensic mental health settings typically have high rates of psychosis, anxiety and depression among patients and high rates of stress and burnout among staff (Dickinson and Wright 2008).

People living in secure forensic settings experience high levels of isolation and may be particularly 'starved' of touch. They are separated from family, friends and pets and, since the coronavirus disease 2019 pandemic, live in an environment where staff still wear face masks. A person-centred, recovery-oriented and trauma-informed approach to care is beneficial for patients in these settings (Price and Maguire 2016, Marshall and Adams 2018).

Key points

- Psychological benefits of massage include a sense of well-being and reduced levels of anxiety and depression
- Massage in forensic mental health settings can act as a 'leveller' of the power imbalance between staff and patients
- The taboo of touch is a major barrier to introducing massage in forensic mental health settings, which are still sometimes seen as 'no touch' environments
- Touch must be used sensitively, particularly in mental health settings, and it is crucial to explain a proposed massage to the intended recipient
- Seated chair massage has been offered to patients and staff at a secure forensic mental health and learning disability service in the UK, with an overwhelmingly positive impact and no adverse reactions

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Implementation

The service's nurse consultant (physical health) – who is the first author of this article – obtained support from the head of forensics and criminal justice services – who is the second author of this article – for the introduction of seated chair massage therapy and for funding to be trained and accredited in seated chair massage. Support was then secured from the wider multidisciplinary team. Seated chair massage was discussed with patients in the service user involvement group and advertised through posters in all seven forensic wards.

Ten-minute seated chair massage sessions were made available on each ward. Any patient or staff member was eligible to sign up for a seated chair massage on their ward. The massages were available to all staff – not only clinical staff such as nurses and doctors but also non-clinical staff such as administrative staff and housekeepers.

On the day of their planned massage, patients underwent a dynamic risk assessment carried out by the nurse in charge of the ward. The aim was to ensure that patients were in a settled mental health state, that there were no risk factors present that could trigger an adverse emotional reaction, and that patients would therefore be able to safely partake in the massage. Before their massage, patients also received a careful explanation of what it would entail and were given an opportunity to ask questions and consider whether they thought the massage would be beneficial for them.

The nurse consultant delivered the massages in April and May 2022. Each massage lasted ten minutes, used a standard routine and was provided in a private room with a second member of staff present. In total, 62 massages were provided across the seven forensic wards.

Data collection

Data were collected using a survey designed by the nurse consultant. Surveys enable the capturing of quantifiable data that can be easily assimilated and presented in a variety of formats (Polit and Beck 2021). Furthermore, a short and simple survey is expected to generate a greater response rate than more time-consuming data collection methods such as interviews.

Anyone who had received a massage was given a paper questionnaire by ward staff, rather than by the nurse consultant, to reduce bias and ensure participants felt able to provide honest feedback. Ward staff would have been aware of any literacy issues patients may have and, when needed, offered support to complete the questionnaire.

The questionnaire contained ten questions (Box 1). Six were closed questions answered by 'yes' or 'no' (questions 1, 2, 4, 5, 6 and 7). Question 3 offered a list of six body areas that participants could choose from to indicate where they had felt the most benefit from the massage. Question 8 offered a list of 14 descriptors that participants could choose from to articulate how they felt immediately after the massage. In questions 3 and 8, participants could circle as many responses as they wanted. Two open-ended questions (questions 9 and 10) were included to generate qualitative data in the form of free-text responses.

Ethical considerations

This was a service evaluation so ethical approval was not necessary. The clinical audit coordinator from the quality assurance and effectiveness team, contacted before data collection, explained that there were no formal protocols for gathering feedback of that nature. The responsible clinicians – that is, the mental health professionals in charge of patients' care and treatment while they are detained – gave approval for patients to be offered a seated chair massage on the proviso that the dynamic risk assessment carried out by the nurse in charge of the ward would reveal no concerns regarding patients' mental health state on the day. Questionnaires were anonymous to protect people's privacy and confidentiality and encourage honest responses.

Findings

Of the 62 people who received a massage, 40 completed the questionnaire, giving a 65% response rate. Of those 40 participants,

Box 1. Questionnaire

1. Are you a member of staff? Yes/No
2. Did you find the massage session helpful for you? Yes/No
3. Which 'area' was most beneficial for you?
   - Back/Neck/Head/Shoulders/Arms/Hands
4. Did it help you feel better physically? Yes/No
5. Did it help to improve your mood? Yes/No
6. Did it reduce stress? Yes/No
7. Did it make you feel calm and relaxed? Yes/No
8. Please circle *any words* that describe how you felt AFTER your massage:
   - Peaceful/Sleepy/Soothed/Alert/Energised/Happy
   - More human/More positive/Hopeful/Valued/Respected
   - Worried/Sad/Anxious
9. Do you have any other feedback or comments?
10. How could we improve the sessions?

30 were patients and ten were staff, which matches the approximate 3:1 patient-staff ratio of massages provided on the wards.

Figure 1 shows the 40 participants' responses to questions 2-8.

All 40 participants felt that the massage had been helpful, had reduced stress and had made them feel calm and relaxed. Nearly all felt better physically and felt that the massage had improved their mood (*n*=39, 98% in each case). The body areas where participants had felt the most benefit were the back and the neck (*n*=20, 50% in each case).

The descriptors most circled by participants to indicate how they felt after the massage were 'peaceful' (*n*=33, 83%), 'soothed' (*n*=30, 75%) and 'happy' (*n*=24, 60%). Two participants (5%) circled the word 'anxious' – but, like all other participants, they had said that the massage had been helpful, had reduced stress and had made them feel calm and relaxed. One participant (3%) circled the word 'sad', explaining in the free-text section that they felt sad for patients on other wards who were not offered a seated chair massage. No one circled the word 'worried'.

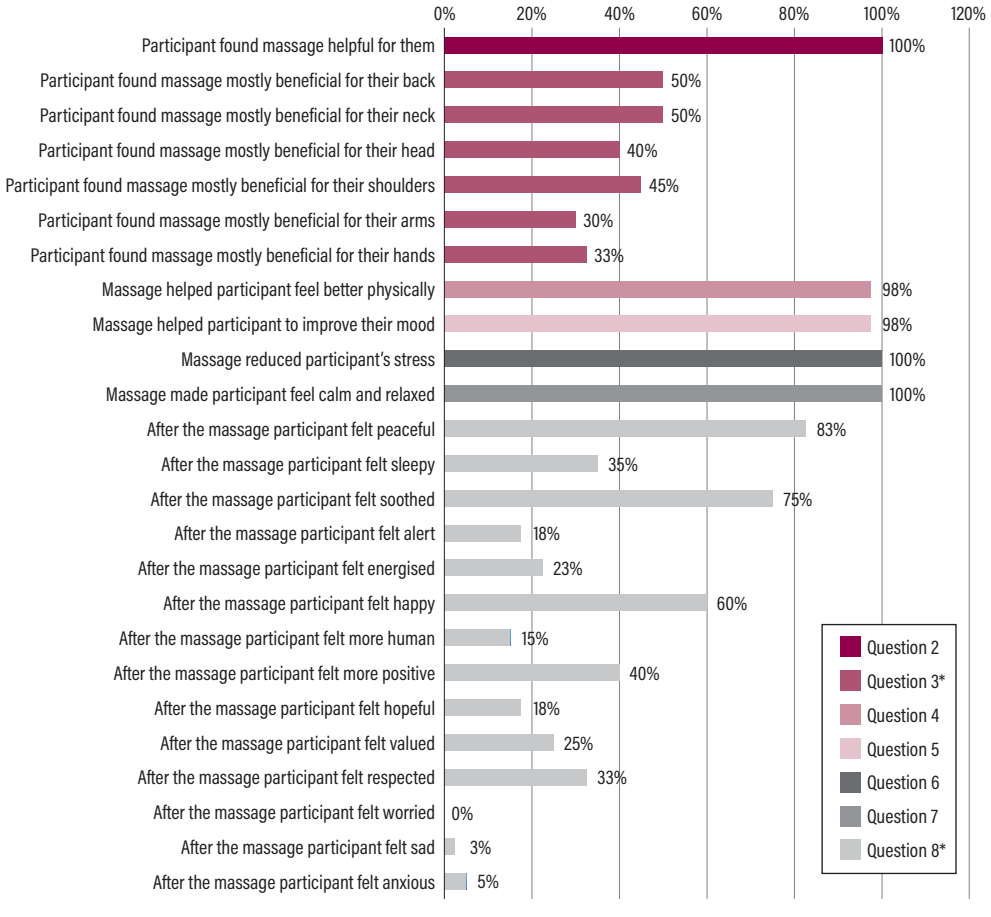
Fifty eight per cent of participants (*n*=23) used the free-text section to make comments and suggestions for improvements. Comments were overwhelmingly positive. Suggestions for improvements related predominantly to the amount of pressure applied (some would have preferred firmer pressure) and the length and frequency of the massage (most wanted the massage to be either longer or offered more frequently). Ward staff assisting with questionnaire completion reported that participants seemed keen to be involved and pleased to be asked for their feedback.

Discussion

Benefits

The findings of this service evaluation point towards an overwhelmingly positive impact of introducing seated chair massage therapy in the authors' workplace. The literature outlines many potential benefits of massage therapy in forensic mental health settings, which are

Figure 1. Participants' responses to questions 2-8 (*n*=40)



* In questions 3 and 8, participants could circle as many responses as they wanted

detailed in Box 2. Of particular interest is the idea that massage therapy can help tackle issues of equity and social justice in healthcare provision by giving patients access to a treatment option they may not otherwise have access to (Singer and Adams 2014, Sharp et al 2018). Another thought-provoking idea is that massage therapy offered to both patients and staff may act as a 'leveller', subtly softening the power imbalance between staff and patients (Livingston et al 2012, Marshall and Adams 2018). The authors have observed this 'levelling effect' in their workplace, where the patients know that seated chair massage is available to anyone on the ward and 'take turns' with staff to receive it.

Barriers

There are numerous potential barriers to massage therapy in forensic mental health settings mentioned in the literature (Box 3), including a lack of senior support, negative perceptions or attitudes among staff (Fire 1994, Sharp et al 2018) and judgemental attitudes or focus on patients' historical criminal offences (Livingston et al 2012, Dhaliwal and Hirst 2016, Marshall and Adams 2018). A full exploration of these potential barriers is beyond the scope of this article, which will now focus on the barriers that can be grouped under the heading 'the taboo of touch'.

Taboo of touch

Massage involves touch, which by definition involves physical contact and is, arguably, one of the most powerful components of non-verbal communication (Ramsden et al 2006). The use of touch is culturally specific and can be misinterpreted by the recipient. Touch can be 'instrumental' and task-oriented or 'expressive' and communication-oriented (Gleeson and Higgins 2009). In nursing, examples of instrumental touch include taking a manual pulse reading or cleaning a wound, and examples of expressive touch include giving a handshake or a hug.

Historically, psychiatric nurses believed they should touch their patients 'sparingly, if at all' (Hilliard 1995). In forensic inpatient settings, touch has long been something of a taboo (Gleeson and Higgins 2009). Ramsden et al (2006) noted that touch which appears to be considered appropriate in some mental health settings may still be considered 'inappropriate within the no-touch forensic setting', where there may be concerns that it can cause flashbacks of past violence or abuse or prompt accusations of inappropriate touching. Ramsden et al's (2006) book chapter is entitled 'Something dangerous: touch in forensic practice', which anecdotally demonstrates that the taboo of touch in forensic inpatient settings still exists.

Two publications about massage therapy in psychiatric hospitals in the 1990s documented that ward staff expressed concerns around flashbacks and adverse emotional reactions in patients who may have previously experienced physical trauma or abuse (Fire 1994, Hilliard 1995). However, both authors laid such concerns to rest, concluding that massage therapy offered a positive experience that could appropriately meet an 'unfulfilled need for safe touch' (Hilliard 1995). Hilliard carried out more than 700 seated chair massages in a US psychiatric hospital with 'no untoward reactions' (Hilliard 1995).

Singer and Adams (2014) described massage therapy as a 'bounded and safe' touch experience that could be 'validating and positive'. However, people with unresolved trauma may be deeply anxious about touch and uncertain what is safe, positive or appropriate touch (Ramsden et al 2006). Touch is an integral part of nursing practice but must be used sensitively, respecting people's preferences and personal space, particularly in mental health settings (Gleeson and Higgins 2009). Mental health nurses are taught to use touch with great care and sensitivity, respecting each patient's uniqueness, needs, wishes and dignity, particularly when working with people who may have a history of physical trauma or abuse (Ramsden et al 2006).

Box 2. Potential benefits of massage therapy in forensic mental health settings

In forensic settings, massage therapy can:

- Offer a non-pharmacological option for managing anxiety and stress
- Meet a need for appropriate, safe and positive touch experiences
- Fill therapeutic gaps in the treatment of psychological trauma
- Offer a somatic treatment option extending beyond the limits of talking therapies
- Be beneficial for people experiencing mild psychotic symptoms or lacking a sense of connectedness
- Tackle issues of equity and social justice in healthcare provision
- Enhance the capacity of the setting to provide holistic (mind and body) treatment
- Break the monotony of daily routine
- Enhance the quality of life of patients
- Bring comfort and counteract the physical isolation and loneliness caused by the social distancing requirements of the COVID-19 pandemic
- Convey caring, dignity and acceptance
- Promote and complement recovery-oriented, patient-centred care
- Enhance relationships between nurses and patients and enable positive connections
- Act as a leveller, softening the power imbalance between staff and patients

(Adapted from Fire 1994, Stewart 2001, Collinge et al 2005, Brownsword and Baker 2008, Gleeson and Higgins 2009, Livingston et al 2012, Singer and Adams 2014, Marshall and Adams 2018, Sharp et al 2018, Kelemen et al 2020, Palmer 2022)

Touch should always be consensual and necessary, and it should be explained in advance to help ensure the recipient experiences it as safe and appropriate. Careful explanation of any procedure or intervention involving touch can help to prevent people with a history of physical or sexual abuse from experiencing flashbacks or adverse emotional reactions. Carefully explaining a proposed massage session to the intended recipient is essential so that they can decide whether they think it could be a positive experience for them and whether they wish to receive it.

In this service evaluation, no patients experienced flashbacks or adverse emotional reactions and no patients responded inappropriately, either during or after the seated chair massage. This led the authors to conclude that seated chair massage is a low-risk and boundaried complementary therapy intervention that is appropriate in forensic mental health settings. The findings of this service evaluation challenge the view that these settings are essentially 'no touch' environments.

Limitations

The service evaluation did not distinguish between patients and staff. Furthermore, the experiences of those who chose not to complete the questionnaire remain unknown. It has been suggested that many questions in the questionnaire had been framed positively, which could have influenced responses. A further limitation is that the service evaluation did not explore whether the benefits lasted beyond the immediate post-massage period. Further investigation is needed, notably to determine whether massage has benefits in the longer term.

Implications for practice

The findings of this service evaluation prompted the decision to integrate, in the authors' workplace, seated chair massage as a permanent, regular therapy option for patients and well-being measure for staff. Funding was allocated so that a team of eight staff – nurses, nursing associates and healthcare support workers – could be trained and accredited in seated chair massage. The nurse consultant provides ongoing support and supervision to the team of seated chair massage therapists. To date, more than 600 seated chair massages have been delivered across the seven wards. A trust policy has been drafted and is in the process of being ratified.

The successful integration of complementary therapies in mainstream health services depends on a number of factors. The facilitators most commonly cited in the literature are:

- A champion in the team (Fire 1994, Collinge et al 2005, Sharp et al 2018).
- Support from senior staff in the organisation (Fire 1994, Stewart 2001, Collinge et al 2005, Sharp et al 2018).
- Enthusiasm from staff (Stewart 2001, Sharp et al 2018).
- Support from patients (Fire 1994, Sharp et al 2018).
- High-quality training and ongoing support and supervision for staff delivering the therapies (Sharp et al 2018).
- Positive outcomes of the therapies (Fire 1994, Sharp et al 2018).

Conclusion

Despite the psychological benefits of massage therapy, there is little literature on its use in forensic mental health settings. This service evaluation indicates that seated chair massage can have a positive impact in forensic mental health and learning disability services, offering a safe and appropriate therapeutic intervention for patients and a welcome well-being measure for staff. One potential barrier to the introduction of massage therapy in forensic mental health settings is the taboo of touch. Touch is an integral part of nursing practice but must be used sensitively, particularly when working with patients who may have a history of physical trauma or abuse. When introducing complementary therapies in forensic mental health services, careful attention must be paid to securing support from patients, staff and senior management as well as high-quality training and ongoing support and supervision for staff delivering the therapies. The authors hope that their initiative will inspire other teams to follow suit and guide them in introducing seated chair massage in their setting.

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Box 3. Potential barriers to massage therapy in forensic mental health settings

- Lack of senior support for massage therapy
- Negative perceptions or attitudes among staff
- Judgemental attitudes or focus on patients' historical criminal offences
- Concerns regarding the appropriateness of using massage in a forensic setting
- The perception of psychiatry and forensic settings as 'no touch' environments
- Concerns regarding touch triggering flashbacks or an emotional response in some patients
- Concerns regarding touch inciting inappropriate responses from patients
- Time, resource and/or space constraints
- Lack of UK health policy for complementary medicines

(Adapted from Fire 1994, Hilliard 1995, Ramsden et al 2006, Gleeson and Higgins 2009, Livingston et al 2012, Dhaliwal and Hirst 2016, Marshall and Adams 2018, Sharp et al 2018)

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