

Our research findings: The additional recovery challenges facing forensic service users



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Pictures by Andrew Voyce

All

Plan

- Introduction to study
- What we did
- How we did it
- What we found out – introduction to the additional recovery challenges facing forensic service users

Participatory Study

Systematic inquiry with the collaboration of those affected by the issue being studied, for the purposes of education and of taking action or effecting change (Mercer et al., 2008).

Consultation to find research question

- Carried out a consultation inviting patients living in the community.
- Outcome was:
 - What do patients in secure units need to prepare them for living in the community?
-we also had a team.....

What we did: preparation

- Training of service user researchers
 - Research skills
 - Interview skills
- Developed interview schedule
- University (FREGC), Ethics (REC) and Research and Monitoring (RAMC) approvals gained.

What we did: Interviews

Asked 6 participants



3 questions:

- What was it like in hospital?
- What was your preparation for discharge?
- What is it like living in the community?

Data analysis as a group

What was known before our study

“Recovery for people with a mental illness in secure services is identical to mental health recovery”

.....Offence specific interventions

- Making recovery a reality in forensic Settings (2014)

Debbie

What we found:

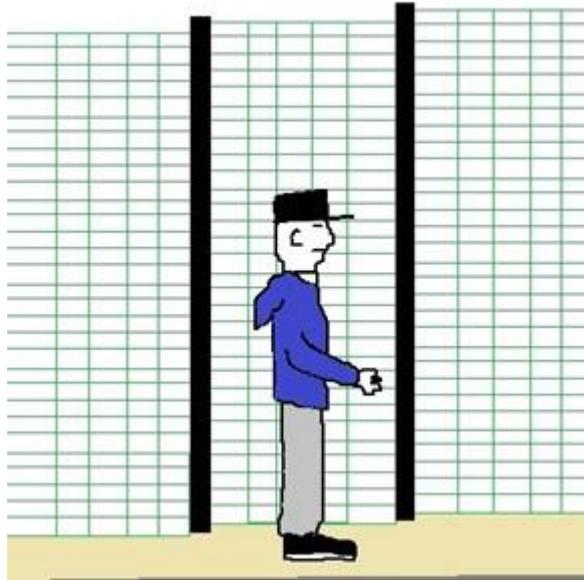
Themes generally similar to mental health recovery



However

The fact that individuals had committed an offence rather than the specifics of the offence itself impacted on all aspects of mental health recovery making each aspect of recovery more complex.

All participants wanted to get out
and stay out of hospital



The Getting Out and Staying Out (GOSO) Recovery Challenges



The additional challenges that a forensic service user may need to address as part of their mental health recovery. This can be due to their history of offending or another aspect of the secure pathway such as the hospital length of stay.

The GOSO recovery challenges

Getting

Good Relationships

Out

Occupation

Staying

Social Inclusion

Out

Offence Related

GOSO Recovery Challenges: Good relationships

Good Relationships	GOSO Challenges
Staff acceptance	Staff acceptance of both mental illness and offence
Family	Family relationships affected by both the mental illness and impact of the offence. <ul style="list-style-type: none">• Mental illness symptoms• Stigma of the offence• Length and location of stay makes it difficult to stay in contact (Canning et al., 2009)
Friends	Friendships interrupted by <ul style="list-style-type: none">• Length of stay in hospital• Stigma of the offence• Mental illness symptoms <p data-bbox="1445 1182 1603 1213">• Chris</p>

GOSO Good Relationships - staff

Staff acceptance of the mental illness and the offence began the recovery process: -



- Clive *“They forgive you, they don’t judge you, they know exactly what you’ve done.”*
- Gary *“I thought they might see my offence as a little too much to take on board but they were really good to me.”*

GOSO – Good relationships - family

Family provided social and practical support but not for everyone:

- John *“My sister comes across and we go out for a meal and a drink three times a week.”*
- Gary *“Every two weeks my Mum and Dad will come and pick me up and take me to Tesco’s. I will withdraw my money, I’ll spend sixty quid on two weeks’ worth of shopping.”*
- Clive: *“My social group is zero and friends and family is zero except for a brief call now and then.”*





GOSO - Friends

Friendships are lost following a long admission:

- Tony *“A lot of my friends now they just don’t understand me anymore, they knew me 20 years ago well when I got out I’d been completely renovated for want of a better way of putting it.”*

GOSO – Good relationships friends

Some friendships were maintained:



- Gary *“By the time I left hospital I got a phone call from a friend, he was very keen on mountain biking, he bought a mountain bike for me, he got it on the cheap, he’s got the same bike himself so he can fix mine pretty cheaply I’m going out tomorrow for about a 10 mile mountain bike ride.”*

GOSO Recovery Challenges: Occupation

Occupation	GOSO Challenges
Meaningful occupation	<p>Community life, e.g. work education, leisure stopped due to length of stay and location of in-patient settings.</p> <p>Need to identify valued activities in the community and re-establish links. (Lin et al., 2009).</p>
Work	<p>Employment valued and contributes to mental health and reducing risk of reoffending (Samele et al., 2009).</p> <p>Employment options restricted due to offence.</p> <p>Debbie</p>

GOSO - Occupation



All recognised the benefits of meaningful occupation:

- Gary *“I find that the better I am the more I do. That’s kind of how it works.”*

- Keith *“Time speeds faster when we are doing something... That’s where I’m coming from. So I keep on motivating myself.”*



GOSO - Occupation

They were not always sure about how to spend their time:

- *Clive: What can I do to occupy myself now? Do I go to adult education to keep busy, I've picked up the guitar; I've got my computer chess set to pass time. I do a little bit of reading; I try and keep myself occupied. I have a love of music so I keep busy but it's not engaging. I need to do more but I'm not sure which avenue to go."*

Richard

GOSO - Occupation



Opportunities were not always helpful:

- Tony *“I went to the recruitment agency and it was closed.”*
- Keith *“Trying to do work as an ex service user really bore fruit when I realised that there was an avenue for me that isn’t necessarily open to everybody in the community.”*

GOSO Recovery Challenges: Social Inclusion

Social Inclusion	GOSO challenges
Stigma	<p>Experience stigma due to mental health and offence history.</p> <p>In addition experience stigma within the Mental Health community</p>
Disclosure	<p>The strategy of being open to the staff team, which contributes to discharge, needs to be adapted on discharge.</p> <p>Legal obligation to disclose offence history in seeking employment.</p> <p>In social situations need to consider disclosure of mental illness and offence history</p> <p>Chris</p>

GOSO – Social Exclusion

Tony was put off returning to a mental health centre after the following exchange:



“They were saying that Section 3 was the worst civil section that you could be on so I said that I thought Section 37/41 was the worst you could be on she said that was a forensic section.”



GOSO – Social Exclusion

- When looking for work Gary said:
- *“I’m not too bothered about disclosing about mental health. It was a bit more difficult about the ABH and assault.”*

GOSO – Social Exclusion



- All disclosed inappropriately when first discharged this is one example:

“It’s a learning process, I mean I saw a mechanic out in the community, I was walking home one day, I said, oh do you need any help, and he said, why’s that and I said because I need a job he said, what can you do and we got talking and within 5 minutes I’d declared all my forensic history to him and then it fizzled out and I got nowhere and I walked away thinking ouch, I didn’t need to tell.”

Chris

GOSO – Offence related

Some had to move to a new area:

“The victim didn’t want me to return to the area in case we crossed paths.”



Debbie

GOSO – Offence related

If people moved to a familiar area there were concerns about meeting victims:

- *“I have a lot of enemies basically... because I’ve robbed so many people and that.”*



GOSO – Offence related

There were worries about recall

“I am really dubious about going out at night because if anything does happen with my history it will be me that gets the brunt of it.”



Richard

The GOSO Challenges

- Provide a more detailed understanding of the recovery challenges facing service users.
- They provide a non-threatening language to discuss the impact of the offence on recovery.
- Inform discharge planning and transitional work into the community
- Can be the basis of recovery college courses or individual interventions.

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Chris