Recovery in Forensic Mental Health

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Objectives

• Meaning of “Recovery”
• Forensic Recovery Paradigm
• Patient Perspectives of Recovery & Outcomes
Roots of Recovery Movement

- De-institutionalization
- Psychiatric consumers’ movement
- Psychiatric rehabilitation
- 1960’s & 1970’s
Principles of Recovery

• Hope
• Empowerment
• Healing
• Connection

(Jacobson & Greenley, 2001; Simpson & Penney, 2011)
Recovery Promotes:

- Patient choice
- Patient responsibility
- Patient self-determination

- Avoiding coercion

(Pouncey & Lukens, 2010; Simpson & Penney, 2011)
Continuum

Passive Service Recipient. No decision-making.

↑ Collaborative, shared decisions & power. Partners.

Full control of process. Make all decisions.
Australia: National Framework for Recovery-Oriented Mental Health Services

•“Being able to create & live a meaningful & contributing life in a community of choice with or without the presence of mental health issues”

(Adams et al, 2018)
Recovery (Canadian definition)

- Finding, maintaining, repairing Hope & Optimism
- Re-establishing positive identity
- Building a meaningful life
- Feeling in control of illness & life, taking responsibility

(Mental Health Commission of Canada, 2009)
Recovery (USA)

Journey of healing & transformation enabling a person with MI to live a meaningful life in the community of their choice, striving to achieve their full potential.

(US Nat’l Consensus Statement on Mental Health Recovery, Substance Abuse & Mental Health Services Admin, 2006)
Key Components of Recovery

- Culture-centered
- Self-direction
- Individualized
- Empowerment
- Holistic
- Process, not linear

- Strength-based
- Peer support role
- Respect
- Responsibility
- Hope

(SAMSHA, 2008)
Wisconsin Recovery Model

• Internal conditions
  - Hope for future (looking forward)
  - Healing
  - Empowerment
  - Connection (role)

• External conditions
  - Human rights
  - Culture of healing (collaboration)
  - Recovery-oriented services

(Jacobson & Greenley, 2001)
Recovery is a highly personal journey at the same time.
“Recovery is in part the process of reconceptualizing illness as only a part of the self, not as a definition of the whole.”

(Jacobson & Greenley, 2001)
Recovery Definitions

Clinical: reduce symptoms

Service-based: ↓ functional impairment

Patient (personal): changes in attitude → leading life with meaning & purpose

(Simpson & Penney, 2011)
“Recovery is the journey a person with mental illness is on – recovery with, rather than recovery from, the challenges imposed by mental illness.”

(Simpson, 2017)
“Individual recovery may be conceptualized as the process by which people meet the challenges of illness or disabilities, re-establish a sense of integrity & purpose, & aspire to live, work, love & contribute to their community.”

(Simpson & Penney, 2011)
“The concept includes hope, personal responsibility, self-advocacy, education & support, & draws on the person’s strengths while simultaneously addressing their difficulties.”

(Simpson & Penney, 2011)
“Within this framework, absence of illness or disability is not the aim; rather, achieving a sense of purpose & mastery is the ultimate goal.”

(Simpson & Penney, 2011)
Conditions Promoting Recovery

• Internal conditions: those conditions within the person
• External conditions: conditions promoting human rights, creating a culture of healing ("empathy, compassion, respect, safety, trust, & cultural competence")

(Simpson & Penney, 2011)
“… Care, Support, & Rehabilitation are what clinicians & supporters do; Recovery is what the individual does”

(Simpson & Penney, 2011)
4 Outcomes of Recovery

1. Energizing outcomes
2. Clinical outcomes
3. Community living outcomes
4. System outcomes

(Curtis, 1997)
1. Energizing Outcomes

- Patient satisfaction
- Empowerment
- Self-esteem
- Feelings of personal safety

(Curtis, 1997)
2. Clinical Outcomes

- ↓ symptoms
- ↑ mental & physical health

(Curtis, 1997)
3. Community Living Outcomes

- Meaningful activities
- Attaining goals
- Housing
- Social Support

(Curtis, 1997)
4. System Outcomes

- Service availability
- Service diversity
- Stakeholder satisfaction

(Curtis, 1997)
Justification for Patient Involvement

- Principle (the right thing to do)
- ↑ Therapeutic outcomes
- ↑ Quality of care
- Governmental standards
- Efficiency (patient responsibility)
- Commercial argument (cost of peer support relatively low)

(Livingston et al, 2013)
4 Dimensions for Recovery Research

1. Feeling empowered in own life
2. Hope & optimism re: future
3. Self-perception of knowledge re: mental illness & treatments
4. Satisfaction with Quality of Life

(SG Resnick et al, 2005)
Recovery Process

“Assuming control, managing symptoms & becoming empowered & exercising citizenship”

(Davidson)
Citizenship

- Civil, political, social rights & responsibilities we each have in democracy
- “Citizenship oriented care”: Recovery + recognizing impact of discrimination/disenfranchisement
- Promotes social inclusion among those with mental illness

(Okwerekwu et al, 2018)
Recovery Principles in FORENSIC MENTAL HEALTH: “Secure Recovery”
Australia: Secure Care & Recovery

• “Recovery-oriented care acknowledges the unique journey of the consumer to regain control of his or her life in order to live a good life.”

• Qualitative interviews with staff & consumers

• Found: Common vision; promotion of hope & autonomy; partnerships for community integration; strengths based; management of Risk with calculated risks.

(McKenna et al, 2014)
“Security and recovery need not be seen as in conflict... Recovery tasks begin wherever the patient’s journey happens to begin”

(Simpson, 2017)
Goals for Patients

- ↓ Symptoms
- Find effective meds
- Insight into illness & need for treatment
- ↑ Functioning
- Healthy relationships
- Finding a “life worth living”

(Simpson & Penney, 2011)
Forensic Recovery

“Coming to terms with having offended, perceiving the need to change one’s attitudes & beliefs that gave rise to offending & which support the future risk of re-offending & accepting the social & personal consequences of having offended”

(Drennan & Alred, 2012)
Additional Goals for Forensic Patients

- Insight into offending & risk
- Insight into effects of the offending
- Successful navigation of legal accountability

(Simpson & Penney, 2011)

- A moral journey (living better & not harming others)

(Dorkins & Adshead, 2011)
Additional Issues in Forensic Recovery in the Hospital

• Secure environment, ↓ liberty
• Often isolated from community/family
• ↓ in decision-making (e.g. managing finances; medication consent)

(Simpson & Penney, 2011)
Recovery tasks
+
Additional forensic tasks
+
Forensic hospital environments
+
Obstacles in community
Social Obstacles for Forensic Patients

- Discrimination & stigma
- Public’s fears
- Social exclusion
- Fewer community supports (& often with history of childhood abuse, deprivation & disadvantage)

(Simpson & Penney, 2011; Turton et al, 2011)
Peer Mentor

• Recovery journey – in later stages includes helpfulness to peers, advocacy, meaningful roles
• Being “related to as a human being”

(Turton et al, 2011)
Figure 1. The experiences of treatment among the forensic psychiatric patients.

(Askola et al, 2018)
Recovery: Shifts in the Narrative of Offending

- Treatment in recovery is helping to develop a narrative of self which integrates all parts, supports identity as one who makes choices he can respect, & reflective

- Change from passive & agentless → personal, pro-social & hopeful.

(Adshead et al, 2015)
Long-term psychotherapy patient:

“I’m still the same person, I just think completely differently about myself.”

(Adshead et al, 2015)
Therapy Groups with Homicide Offenders

- Coming to terms with having offended (self, family, society/hospital)
- Belief change: “I didn’t do it”
  ↓
  “I was mentally ill”
  ↓
  “I did it”
- Exposure to anxiety in supportive environment, tell story

(Adshead et al, 2015)
Challenges to Forensic Recovery

• Values & identity of forensic patients
• Social exclusion as community’s response to trauma & violence
• Empowerment of those who misuse power
• Hopelessness & identity

(Doruins & Adshead, 2011)
Recovery $\rightarrow$ satisfying & fulfilling life

↑ Coping Skills

↓ Re-Offending

(Askola et al, 2018)
Research into Perspectives of Forensic Patients
Forensic Service User Views

- N=20 (Qualitative) interviews

- Themes:
  - External
    - Person centered approach
    - Relationships with staff
    - Consistency of care
    - Rehabilitation pathway for individual
  - Internal
    - Self-evaluation (as human vs. patient)
    - Agency
    - Coping strategies

(Barnao et al, 2015)
Participants told a story of dangerous mental patients subjected to an institutional culture that emphasized control, bureaucratic systems, professional decision-making, and psychiatric treatment. In this narrative, the protagonists were mental health professionals, particularly doctors, who made the important treatment decisions and took the lead in directing rehabilitation. The patients, in their supporting role, undertook treatments designed to address a range of problems, particularly mental illness. As compulsorily detained and treated patients, who were often unwilling recipients of “care,” their subjective experience presented as one of powerlessness, oppression, and sometimes despair. These feelings were heightened by perceived inconsistencies in their care, confusion about where they were going in their rehabilitation, and their sense that staff did not always respond to them as people.

(Barnao et al, 2015)
However, there is a second, very different story. In fact, it is really a collection of stories about the individuals who used the forensic service—their histories, the things that mattered to them, their hopes and dreams for the future, and the reasons why things went wrong for them. In this story, the professionals were considered to be in a supporting role and the service users assumed center stage. The forensic service had a strong orientation to person-centered care, including seeing those who used the service as having needs and characteristics that extended beyond their illness, helping them to collaborate in their own care, and where appropriate and possible, promoting autonomy, responsibility, and choice. Together practitioners and service users developed holistic, personalized rehabilitation plans that highlighted strengths, as well as risk and other problem areas, and a pathway to a better life. Paradoxical though it was, the detained forensic service users reported feeling as if they were active participants in their own rehabilitation and expressed hope for the future.

(Barnao et al, 2015)
Quality of the THERAPEUTIC ALLIANCE is strong determinant of patient satisfaction in secure facility

(Coffey, 2006)
Offender/Patient Views of Recovery

- *Connectedness*
- *Sense-of-self (separate from ‘offender identity’)*
- Coming to terms with offense
- Freedom
- Hope

(Clarke et al, 2016)
Themes Supporting Recovery

1. Hope & social networks
2. Sense of safety & security (physical location & relationships)
3. Identity work (sense of self, make sense of past)

(Shepherd et al, 2016)
Relationships with staff
↓
Feeling understood & respected
↓
Forming HEALTHY ATTACHMENTS
‘Meaningful life’ is associated with less offending

(Bouman et al, 2009)
Doing “with” rather than doing “to”

“Nothing about us, without us”
Risk management plans vs.

goals linked to values & aspirations

(Simpson & Penney, 2018)
Good Lives Model

• For offender rehabilitation
• Widens focus from offense factors & risk to
• A larger view of the offender as a person with strengths, who can achieve a “good life”

(Ward & Brown, 2004)
Recovery Model

• Not just focusing on ↓ symptoms & ↓ risk factors
• Focus on Protective Factors
• Path away from risk & to safety

(Simpson & Penney, 2011)
Recovery Model with Safe & Secure Forensic Care

• Clarify risk of individual
• Strengthen therapeutic alliance
• Strengthen the protective factors

(Simpson & Penney, 2011)
Forensic Recovery

Address Mental Health  Address Offending Behaviors
Recovery Model in Forensics is Consistent with:

• Procedural justice/therapeutic jurisprudence in court hearings
• Minimizing seclusion & restraint
• Culturally-informed practices

(Simpson & Penney, 2011)
Therapeutic Jurisprudence
New Zealand: Mason Enquiry

• 1988
• After tragedy (homicide/suicide) related to deinstitutionalization, there was increased incarceration of mentally ill
• → Mason Clinic
Blueprint for Mental Health Services in New Zealand: *How Things Need to Be* (1998)

- Recovery “as much a journey as a destination”
- + & - aspects of MI
- NZ as pioneer with Recovery as part of national mental health policy
New Zealand Recovery Approach

• Facilitate community inclusion
• Treatment & support effective
• Hope for life
• Equality & respect in treatment
• Assist to find meaning in distress
• Enable to use personal resourcefulness
Whanau Ora

• Treaty of Waitangi 1840
• Maori aspirations of mental health
• Maori development goals
• Mental health as part of cultural identity
• Recovery as individual process &
• Whanau ora as broader including interpersonal dependency & inclusiveness
National Service Highlights

- Forensics (covering secure recovery hospital, court, & corrections)
- Refugees as Survivors Services
- Early psychosis intervention service
- Maternal mental health (mom/baby unit, community teams, etc)
- Access rurally vs. Auckland & “major cities”
After NZ Forensic Rehabilitation...

• 7.5 year retrospective study of all patients discharged from inpatient forensic services to forensic community team (FCT) follow-up from the Auckland Regional Forensic Psychiatry Service

• Psych records: clinical, criminal, and risk data, type of service delivered, & final level of community function

• Court, prison records: Re-arrest, re-hospitalization, & reimprisonment
After NZ Forensic Rehabilitation...

- N=105, majority Maori or Pacific Islander
- Psychotic disorder: most common diagnosis
- Index offence: violent
- Median LOS: 36 months (mean LOS: 55 months)
- Mean FCT Follow up: 22 months (SD 18)

(Simpson et al, 2006)
After NZ Forensic Rehabilitation

@ 7.5 year follow-up,
• ½ independent living
• ½ employed
• 19% readmitted to forensic hospital
• 1 re-arrested (but not imprisoned)

• Contrast with N=48 to General mental health services: 18% (9) rearrested; 10% (5) imprisoned; 2 offences as serious as index offence
American Studies

• 3 US states: annual violence by NGRI: 3-8% (Wiederanders et al, 1997)

• 1.4% annual arrest rate in 5 year assertive Tx of NGRI (Parker, 2004)

• 10% violent recidivism over 22 months (Bertman-Pate et al, 2004)
Satisfaction guaranteed? Forensic consumer satisfaction survey

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ABSTRACT: Despite many people being forensically hospitalized worldwide, there is limited research reporting on their views of the care they receive. To describe consumer satisfaction and areas for improvement, a utilized forensic psychiatric hospital’s consumer survey. Eleven years of surveys, including a total of 541 surveys, were analyzed both quantitatively and qualitatively. The majority of the forensic patients believed their needs were met in their care and treatment. Most felt physically and emotionally safe at the hospital and believed that staff knew how to support them in times of distress. The majority felt that their culture and spirituality were respected. However, some areas for improvement were noted, such as regarding staff attitudes. This consumer survey demonstrated a reasonably high level of satisfaction with forensic inpatient care, over the course of eleven years, despite this population of people being subject to lengthy hospitalizations. Satisfaction surveys of people in forensic inpatient units can be a regular part of forensic care and can help guide improvements in their care.

KEY WORDS: attitude of health personnel, consumer, hospitalisation, personal satisfaction, spirituality.

INTRODUCTION

The concept of satisfaction with mental health services is one that is becoming paramount to providing quality care. As such, performing consumer satisfaction surveys with those receiving mental health care is now a well-established practice (Boyer et al. 2009a; Breslin et al. 2011; Wooding et al. 2004; Zunzilijian et al. 2015). Similarly, focus on consumers’ perceived quality of care within a forensic setting is gaining traction; however, there is still a relative dearth of research regarding this unique population (Colley 2006).

Health practitioners have a duty to provide good quality care, and patient satisfaction is linked to improved health outcomes and recovery (Boyer et al. 2009a; Breslin et al. 2011; Wooding et al. 2004; Zunzilijian et al. 2015) for psychiatric patients. Therefore, focusing on improved satisfaction should be essential to the provision of care. Forensic patients have a longer length of stay in inpatient settings compared to those on general mental health inpatient units, which is subsequent to the direction of the court, and takes into account their high and complex needs (Simpson et al. 2006). Therefore, given that forensic patients are often subject to inpatient treatment for many years, their perception of this treatment becomes even more important.

Whilst there is some research investigating consumer satisfaction in forensic mental health inpatient units, it is still in its infancy and tends to be convoluted. The authors of this study, one of whom was the consumer advisor for the service, therefore aimed to investigate the satisfaction with services that forensic...
What good Research Co-design looks like......

• When collaboration ‘feels’ right
• Different ‘truths’; how both are valued
• Academic, intuitive, collaborative

.....Collaboration is more than just tapping into the individual knowledge that internal and external stakeholders possess. It is about discovering their unique, and collective perspectives on the systems in which they live, which makes it vital to create together.

.....Rather than being viewed as a source of information to be input into the design process, those impacted by the design are invited to work actively with designers to shape the definition and direction of the project. Participation can include sharing personal experiences and perspectives, contributing to the generation of new design concepts, the evolution of those concepts, analysis, interpretation, decision making, evaluation and more.
Sample Size

• N= 541
• Over 11 years
• Response rate ≈ (approximately) 50%
Is there anything you’d like to be more involved in?
What helps you feel safe?
Therapeutic Alliance
What helps in times of intense distress?
What programmes have been most useful in your recovery?
Which activities have been the most benefit?
What keeps you going in difficult times?
What attitudes or input from staff are most helpful to you?
What attitudes or input from staff are not helpful?
What is most helpful about your relationships with other patients?
friendship

respect

conversations

socialising

talking

sharing

other

problems

support

together

encouragement

honest

kindness

trust

bonds

hugs

listening

honesty

coping

knowledge

peace

helpfulness

supportive

feelings

helpful

good

humour

recovery

medication

independence

understand

reflection

relationships

encouraging

advice

playing

indulgence
What is most helpful for your recovery?
“I do not see recovery as coming back to the place I was before illness. Recovery is about growth in areas that have been starved of fulfilment”
How the survey has supported Service developments

• Acknowledgement of the ‘consumer perspective’ (a yearly reminder)
• ‘Culture’ of increased participation
• Support and validation for staffs areas of interest i.e. ‘respect’ and collaborative note writing
• Importance of programmes
• Consumer representatives
• Employment of past Mason resident in consumer advisor role
SPEAKING FOR OURSELVES

A short guide to consumer representation at Mason Clinic

Consumer Rep Clinical Request Form

Date ___________ Name ____________________________

I request approval to become a Consumer Rep. This will involve participating in regular meetings to provide a service user's perspective. Any training and support required to carry out this role will be provided and any issues that arise will be discussed with my clinical team.

I would like to be a Consumer Rep because:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Clinical Team Member (please circle):

Approved ___________ Not Approved ___________

Reason if not approved:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Leave blank if not applicable (e.g., team, etc.)

__________________________

__________________________
Behind every mental illness diagnosis there is a warrior fighting incredible unseen battles.

For the warriors out there. Keep fighting.
Yoga

• 8 week programme with 26 forensic inpatients
• Themes: body awareness, relaxation, anxiety management

(Sistig, Friedman, McKenna & Consedine, 2016)
Occupational Therapy in Forensic Psychiatry

• 1. Doing=“Performance of tasks & activities that occur in this setting,” performing services for consumer
• 2. Being=“The lived experience” of people & pre-existing capacities
• (also) Becoming=what is hoped to achieve from work
• Belonging=working together, collaborating for social inclusion & connectedness

(Hitch et al, 2016)
“Forensic mental health care is ultimately developmental psychiatry at its best, with the most damaged and damaging of people.”

-Sandy Simpson, MBChB
Transparency of Recovery Process

- Involving patients in their own risk assessment process
- N=64
- Self-rated & clinician-rated measures of recovery well correlated
- But patients rated themselves ↑ optimistically & further along in recovery

(Davoren et al, 2015)
Forensic Patients’ Descriptions of Recovery Journey

1. High-Risk Phase – facing intense & negative feelings
2. Turning Point Phase – reflecting on life in a new way
3. Recovery Phase – recognizing, accepting, maturing

(Olsson et al, 2014)
Summary

• Recovery principles include hope, empowerment, healing & connection
• Recovery principles can be used in forensic & secure care
• Additional considerations for Recovery in secure care
• Patients invested in Recovery