“It had only been a matter of time before I had relapsed into crime.”

Aspects of care and personal recovery in forensic mental health

Abstract

Introduction

Forensic psychiatry has the dual task of focusing on the prevention of reoffending as well as maintaining psychiatric rehabilitation. No previous studies address the patients' own views on reducing the risk of serious reoffending.

Aim

This study describes forensic psychiatric inpatients' own views on what aspects of care and personal recovery that are important in reducing risk of serious reoffending.

Methods

A qualitative approach was used. Data was collected from semi-structured interviews and analysed with a systematic qualitative content analysis.

Results

The results highlight aspects of care and personal recovery. Four themes emerged: "Time – opportunity for change", "Trust – creating a context with meaningful relations", "Hope – to reach a future goal" and "Toolbox – tools needed for recovery".

Discussion

The themes present with a continuum. At one end, there are patients who appreciate possibilities and participate actively in care and treatment. At the other end, patients feel they have no use for their care.

Interestingly, even though patients in our study were asked for their opinion on how they could reduce their dangerousness, all themes fit into established personal recovery processes found in general psychiatric populations. The theme "Time – opportunity for change" seems to have an overarching importance.

Implications for practice

By understanding the specific content, relevant to the individual patient, within the identified themes, carers may be able to better support the personal recovery journey.

Since time spent as inpatient in forensic psychiatry is an overarching issue, carers need to be persistent over time

Keywords:

care, content analysis, forensic psychiatry, forensic mental health, high security, inpatients, interviews, patients own view and personal recovery

Introduction

The purpose of forensic psychiatry is "the assessment, care and treatment of mentally disordered offenders and others requiring similar services. Risk assessment and management and the prevention of further victimization are core elements" (Nedopil, Gunn & Thomson, 2012).

Forensic psychiatric care is situated in the intersection between care and the legal system. This position comes with numerous consequences for both the patients as well as the carers. Therefore, in this context, the care for and recovery from severe mental illness may be different from what is found in other psychiatric settings. On the one hand, the patient's recovery involves complex psychiatric problems. On the other hand, the care must also focus on safety and security of the hospital staff, as well as on reducing the risk of serious re-offences and potential victimization of people within the patients' communities (Kettles et al., 2001; Strand, Holmberg & Söderberg, 2009). This central dilemma is also addressed in the debate on the conflict between security versus therapy in forensic psychiatric settings (Mason, 2002). This creates a potential conflict, when caring approaches stand in contrast to the seemingly "uncaring" approaches used for mandatory restrictive security measures (Halldorsdottir, 2008). This unique conflict may possibly explain why another study found that patients largely perceive the carers in forensic psychiatry settings as "non-caring" (Horberg, Sjogren & Dahlberg, 2012).

Personal recovery in general and forensic mental health settings

The concept of personal recovery from mental illness started with Anthony (1993) and was further developed by Leamy, Bird, Le Boutillier, Williams and Slade (2011) into a conceptual framework for personal recovery in general psychiatric services. Within this framework, five recovery processes were defined, by means of a systematic review of 97 papers and narrative synthesis: connectedness, hope, identity, meaning and empowerment, defined by the acronym CHIME. There is support for considering personal recovery from mental disorder a valid strategy for rehabilitation in modern mental health services (G. Shepherd, Boardman & Slade, 2008), however, there are still very few studies which focus on forensic psychiatric inpatients and their personal perspectives of care (Meehan, McIntosh & Bergen, 2006; Rask & Brunt, 2006). When A. Shepherd, Doyle, Sanders and Shaw (2016) performed a meta-synthesis, they only found five relevant papers. Various themes, such as" Safety and security", "Dynamics of hope and social networks", and "Work on identity as a changing feature" emerged from these papers. These may be relevant for personal recovery in the forensic psychiatric context and differ from the themes found within the general psychiatric context e.g. by the new third order theme of "Safety and security". The themes in this meta-synthesis could also fit into the CHIME recovery process acronym from Leamy et al. (2011). For example, the content of Shepherd's second-order theme "What helps to bring about recovery" may also fit into the theme of "Connectedness" from Leamy's paper, rather than the theme of "Safety and security as necessary base for the recovery process". Also, A. Shepherd et al's. (2016) third order theme "The dynamics of hope and social networks in supporting the recovery process" seems like an unnecessary merge of Leamy et al's. (2011) themes "Connectedness" and "Hope".

Reducing the risk of reoffending

The above mentioned studies on patients' views on personal recovery, including the studies of forensic psychiatric settings, mostly focus on the patient's personal recovery from mental health problems. As such, the other main aspect of the dual task of forensic psychiatry, i.e. reducing the risk of serious reoffending, is not explicitly addressed. In addition, they do not address the patients' own

views regarding reducing the risk of serious reoffending, although there are recent risk assessment and management methods such as the Historical-Clinical-Risk Management version 3 (HCR-20v3) which aim to reduce the risk of harm to others (Douglas et al., 2014).

There have been studies conducted which reflect the patients' views on what is important in order to keep forensic psychiatric wards safe and secure (Meehan et al., 2006). However, none of these studies focus on the patients' views on reducing their own risk of future serious reoffending upon their return to society. Since the forensic psychiatric context includes caring for people with mental disorders which are associated with offending behaviours, this is both a poorly researched and critically important aspect.

The aim of this study is to describe forensic psychiatric inpatients' own views on what aspects of care and personal recovery, that are important in reducing risk of serious reoffending.

Method

This study was conducted with a qualitative approach, utilising semi-structured individual interviews designed to capture the patients' own views on personal recovery and reduction of the risk of serious reoffending. In order to optimise the trustworthiness and credibility of the study, all stages of the research process adhered to the structure presented in the recent discussion paper (Graneheim, Lindgren & Lundman, 2017).

Setting

The study was performed at the Forensic Psychiatric Clinic of Stockholm County. The target group for inpatient forensic psychiatric care in Sweden consists of individuals who have committed serious crimes, and in connection with their conviction have been found to suffer from a serious mental disorder. As such, they are sentenced to involuntary inpatient forensic psychiatric care in accordance with the statute "The Forensic Mental Care Act" (SFS 1991:1129), rather than to incarceration within the penal system. Patients who have been sentenced to forensic psychiatric treatment and suffer a high risk of serious reoffending are subject to a special discharge trial. This sentence prohibits discharge and other liberties, pending a special trial in an administrative court. At the Forensic Psychiatric Clinic of Stockholm County, the median time of stay for inpatients was almost 4 years. The inpatients are during most of the time in care not in an acute critical phase of mental disorder.

Participants

The participants of this study were inpatients at the Forensic Psychiatric Clinic of Stockholm County, and had been sentenced to treatment under the Forensic Mental Care Act with a special discharge trial. The participants in the study had also been subject to prolongation of their care by an administrative court at least twice, and had good command of the Swedish language. Because of these selection criteria all participants were judged by both a criminal court, a forensic psychiatrist, as well as an administrative court to pose a high risk for serious reoffending. The criteria guarantee that the participants have experienced care which focuses both on personal recovery, as well as on efforts to reduce the risk of reoffending. Among the eligible patients, the participants were chosen with the aim to achieve variation and heterogeneity (Patton, 2002). The selection maximises variation with regard to sex, age, ethnicity, origin of birth, level of education, diagnoses, type of crime and time spent as an inpatient at the clinic. Eleven men and eight women were asked to

participate in the study. Nine patients declined to participate. Ten patients; seven men and three women, agreed to be interviewed. Only the first nine interviews were included in the analysis, after the content of the interviews had been discussed by author 1 and author 3. The content was deemed saturated after the ninth interview (Patton, 2002). The final sample represents a variety of backgrounds, table 1.

Data collection

Data was collected through interviews performed by two registered nurses who have specialised in psychiatry with previous experience from semi-structured interviewing. The interviewers, one of whom was the first author of this paper, had no previous caring responsibilities or any other relationship with the patients. All interviews were performed by both interviewers and took place in a room at the patient's ward without any other persons present. The interviews were designed using semi-structured interview questions (Kvale & Brinkmann, 2014). The semi-structured interview questionnaire was developed by the first and second author, and aimed to explore which aspects of forensic psychiatric care, from the perspective of the patients, may be considered relevant to their recovery and to reduce their risk of serious reoffending. The interview questions were finalised after a feasibility pilot test interview, which was not included in the analysis. Examples of questions are: “What care and treatment do you think could stop you from becoming dangerous?” and “Do you think that the care and treatment you received changed you in some way?” The interviews lasted between 35 and 75 minutes and were audio recorded. Later, the interviews were transcribed verbatim by the interviewers.

Analysis procedure

The transcripts from the interviews were read closely several times by the first author. The original recordings were then listened to at least once again in order to capture nuances in the content. The transcribed interviews were organised using NVivo7® software (QSR International).

A structured qualitative, inductive, data-driven content analysis was performed, according to Graneheim & Lundman (2004). This method start by selecting meaning units from the interviews. A meaning unit is a constellation of words or statements relating to the research questions. These units were then condensed and labelled with codes. These coded meaning units were then sorted into categories from which subthemes and themes were created (see table 2 with an example illustrating the general analytic process) Graneheim & Lundman, 2004; Graneheim et al., 2017. In order to enhance trustworthiness and dependability of the results from the analyses, coding, categories and formation of themes were provided after discussions between the first and third author. The last author thereafter reviewed the interviews when the first analysis was completed. Modifications of the first analysis were then made to create consensus between all of the authors.

Ethical considerations

Because patients in forensic psychiatry risk exposure by participating in published investigations, precautions were taken in order to allow the patients to freely consider their participation. In order not to expose details regarding the individuals and their crimes, no individually identifying data are reported in the results section. After the ward's chief physician had consented, upon concluding that the patients would not suffer any harm as a result of their participation, the patients were then personally informed by the interviewers. The patients were informed that they were under no

obligation to participate, they could at any time withdraw from a consent without any questions from the interviewers, and that the information they provided would not be communicated to anyone outside the research team, and thus would not in any way affect their situation at the clinic.

Before asking for consent to participate in the study, the information was given both verbally and with a written document. The patients were asked to reflect upon participation for at least 24 hours before deciding to participate. After this time of reflection, they were again informed as above before making their decision. When participation was agreed upon, a consent form was signed.

To ensure confidentiality, the interviews were performed in a separate room at the patient´s ward, with only the two interviewers present. The patients' identities were deleted from all records directly after the interview.

The study was approved by the regional ethical committee in Stockholm, dnr 2014/1380-31/5.

Results

Four themes were extracted in the analysis: "Time – opportunity for change", "Trust – creating a context with meaningful relations", "Hope – to reach a future goal", and "Toolbox – tools needed for recovery". These themes highlight aspects of care and personal recovery that, from the patient perspective, are important for reducing their risk of future violence.

Time – opportunity for change

This theme refers to the possibility for personal recovery over time and how the time spent at a forensic psychiatric clinic per se contributes. This process of change over time is illustrated by:

5 //Yes, but in the beginning I felt I was completely, I questioned why I needed care or psychiatry and such, I wanted to be sentenced to prison. And I thought that I was already, felt good mentally and that there was nothing wrong with me, and that there was something wrong with others and all this stuff. So, my approach to this has turned around completely, and now I have realized that I still have. I have gained a better understanding of my illness and I've got a different view of health care than what I had before. If I'd been sentenced to a custodial sentence in the form of imprisonment, then it had, it had, only been a matter of time before I had relapsed into crime, and, then that whole circus. //

Some patients described the time without scheduled activities as an important time for reflection. The length of time necessary for recovery is illustrated by these two quotations:

5// You've got plenty of time here and I've used the time for different reflections of different kinds, such as what was it that really happened, how come I did that crime and how it has been earlier//

3// I have to work with my background and my problems, it's very hard work I am exhausted, for several days afterwards, I can barely think or do anything. I'm completely spent. //

Patients who did not appreciate spending a long time in care described themselves as not needing personal recovery, or time to reflect, during their stay at the ward. They regarded the time without scheduled activities as a long wait, or a time where they did not have to engage, but would rather use for “rest” instead. One patient expressed that nothing ever happens and that the time spent at the ward was unnecessary:

9 //Just walking around here and waiting until something happens ... and this is, they call it an ‘event’, something happens. Otherwise it's boring. Honestly, it's boring. // Well they've been caring// and I don’t need that. //

The quotations under this theme illustrate that time spent on the ward per se is an important aspect for personal recovery. Other patients considered the long time in care a waste of their time.

Trust – creating a context with meaningful relations

As a theme, trust involves the potential of positive relationships for creating meaningful context. It includes the importance of placing trust in carers of various professions, but also experiencing meaningful relations with other patients, exemplified by this quotation:

2 // Well they're sort of always there when you need them. If you're thinking about something in particular, they’re always there. //

Those patients who appreciated the possibilities provided at the ward, also expressed confidence in the decisions made by their psychiatrists, describing their relation as a mutual collaboration. However, other patients had no confidence at all in the psychiatrists and their decisions. This mistrust can be illustrated by the following quotation:

8// Actually, it's about the connection you get with your doctor because I feel good and I could be let out of here now. I'm not dangerous to the public or anything like that. But, she’s got her own agenda. //

Even though patients may express trust in the care providers, there is also a fear of backlash, which leads to mistrust and a lack of confidence in the carers. One patient, who otherwise described having a strong sense of trust in the carers, as well as the senior psychiatrist, did not dare reporting perceived difficulties when on authorized leave from the ward, fearing that it would no longer be authorized:

5// Personally, I'd never ask for an appointment with the doctor and say that there is too much noise and too many impressions, and that I, I don’t know how to handle it, I might be denied my leave. //

A number of patients described not only the potential of their care, but also the importance of developing friendships over time, and trusting other patients at the ward, as critical to potential future friendships:

2// I have buddies and such in here. You do activate yourself by being social with them, and learning better socializing et cetera. //

Hope – to reach a future goal

The content of the theme ‘hope’ addresses faith in the future by planning, e.g. with structured care plans.

One patient described how plans offer the opportunity to understand the aim of the care and treatment:

5// For me specifically, it's important this thing about clarity, so you can see what you see, what the actual goal is. //

In this quotation, the patient expressed satisfaction with future planning:

7// Yes, they're planning. Right now. Planning a challenge. -indistinct talking- in January, because they say three months. So in January, I hope I get to leave here. //

Some patients also described a feeling of hopelessness, a feeling which was reinforced by the fact that they saw no perceivable end to the time they would be forced to stay at the ward:

9// Here you can be held forever. And I don't need it, I don't need any treatment. But what can I do, I'm powerless. //

The hope for a future seems to be related to the perception of a meaningful goal for their care.

Toolbox – tools needed for recovery

As a theme, 'toolbox' refers to what is offered, delivered and wished for in the recovery process. Some patients regarded the tools in the box as useful means for recovery and reduction the risk of relapsing into serious offending:

3// I'm working on processing my crime (i.e. therapy – authors' comment) which is the major part of the work that I'm doing so I can move on. //

Yet other patients do not appreciate the content of the tools in the box:

9// I don't need any treatment. //

Some patients express in positive words that they need to continue medication as a protection for future violence and as a necessary part of their future life as well as a prerequisite for a higher level of functioning.

1// If I just get the medications, well, I'll be on this medication for life. //

However, some patients saw no positive aspects to using medication as a recovery tool nor to continue using the medication upon their release:

4 // Yes, actually, they could have let me be like medication free, and I'd still be here for 25 years. What's the point in giving an injection if you are still in care, inpatient care, and still have the injections for 25 years? //

Patients commented on the rules and structure of the ward. Some patients express that the rules and structure provide insight into the meaning of e.g. getting up in the morning, which in turn is important for future occupational activities and higher functioning in society.

1 //Well, I don't think it's fun. But, it is in some way rewarding with daily routines. It's a good thing the routines. //

Other patients had no comments on rules and routines, but did mention a lack of meaningful participation in different kinds activities and treatments, and that they perceived obeying the rules as meaningless.

8 //Put it this way: it is kind of like this Alice in Wonderland, this strange world. You'd better listen to what the staff say and follow their rules as it's their game and not mine so I have to resign myself to these weekly talks. It looks the same, that I feel fine. //

Patients who did not see any benefit to participate in care still wanted activities outside the ward, in order to get a break from the ward and the boredom.

8 // Well, mostly you just get to get out of here and don't feel so locked-in. To get out of here and have a change of environment. //

Within the theme "Toolbox", the patients reflect upon e.g. psychological treatment, medication, rules, routines, and activities at the ward.

Discussion

The four themes we found present with a continuum. At one end of the continuum, there are patients who appreciate the possibilities, participate actively in care and treatment, and find their care useful in their personal recovery. At the other end, patients regard themselves as having been incorrectly admitted and feel they have no use for their care. These patients do not see any need for personal recovery or change. Also, they resemble the description of patients not having reached a "turning point" in their trajectory of recovery (Olsson, Strand, & Kristiansen, 2014). Patients found close to this end of the continuum, who nonetheless attempt to participate in the care, do so only because they regard it as their only chance to achieve more freedom and eventually be released from the hospital.

The themes also fit into several of Leamy and co-workers' five recovery processes (CHIME) (Leamy et al., 2011). Our themes "Time – opportunity for change" and "Hope – to reach a future goal" fit into the CHIME recovery process "Hope and optimism about the future". "Trust – creating a context with meaningful relations" fits into the CHIME recovery process "Connectedness" and the theme "Toolbox – tools needed for recovery" fits into the process "Empowerment". Our four themes do not, however, cover all components of the CHIME recovery processes. But, our study focuses on individuals with the combination of severe mental illnesses and severe crime and a high risk of reoffending. It could be that these four themes are typical for this group of selected patients. It could also be that the very long time inpatient stay gives a different set of recovery processes.

Among the findings, "Time – opportunity for change" seems to have an overarching importance. Time spent as an inpatient in a forensic psychiatry setting provides the patient with an opportunity to make use of the "Toolbox" on the personal recovery journey towards the potential turning point. Time is also of importance for the theme "Hope – to reach a future goal" with e.g. its link to having faith in the structured care plans. This aligns with the results of a previous study (Barnao, Ward & Casey, 2015), which found a relationship between the patient's experience of a sense of participation and the use of structured care plans. Time spent as inpatient also provides opportunity to develop relations within the frame of the theme "Trust – creating a context with meaningful relations". Trust

also matches the results of several other authors. Meehan et al. (2006) found the interaction with carers to be important, but also a source of dissatisfaction. In another study, the ability to trust key members of the care staff was found to influence the patient's level of confidence in the treatment (Selvin, Almqvist, Kjellin & Schroder, 2016).

Although patients were asked about what care and treatment, they thought could prevent them from becoming dangerous, they responded with information that rather could fit into personal recovery themes. This contradicts the findings of Horberg et al. (2012). They concluded that patients only comply with treatment and demands in order to gain privileges. This is also mentioned by Kumpula and Ekstrand (2013) who also note that rules and routines are close to the role of being a parent to the patients. In contrast to these authors, much like Olsson et al. (2014), we found that some patients are not solely dissatisfied and powerless, adapting to rules only to gain privileges, but some also feel appreciation for the treatment, routines and activities. These patients find meaning in the care and see it as an investment in their future. If our findings are combined with the findings of these authors, personal recovery might be described in terms of “recovery journey” (Leamy et al., 2011) also within forensic psychiatry.

Forensic Nursing Implications

This study highlight the patients´ perspectives, which is new in this context, and thus give carers ability to better understand the caring needs in order to support the forensic psychiatric patient´s individual recovery journey.

By focusing on the themes found in this study, carers could more effectively understand where along a continuum the patient stands in their recovery journey. By understanding, the caring needs related to the themes it will be easier to establish a trustful relationship, bring hope into the agenda, and achieve a basis to reflect upon how to design the content of the toolbox available.

Carers also should acknowledge the importance of the time needed for recovery.

Limitations

Even though a qualitative study approach is structured and the process of extracting themes is performed according to well-established methods, the results could be affected by several aspects reducing its transferability. The design of this study does not support transferability of our results to patients´ views in settings outside the forensic psychiatric inpatient care.

A different sampling, another choice of interview questions, and the researchers´ pre-understanding of forensic psychiatric care could have affected the credibility of the results. Our results are also difficult to compare to other studies since so few studies have explored the patients´ view in this context.

Conclusions

From the forensic psychiatric patient’s view, certain aspects from the personal recovery concept are regarded as relevant for reducing risk of reoffending. Since time spent as inpatient in forensic psychiatry is an overarching issue, carers need to be persistent over time. However, future research

need to confirm whether addressing these themes per se actually reduce the risk of severe re-offending. In future research, the validity of our findings should be tested clinically. In addition, more studies on the patient perspective of care are needed in forensic psychiatry.

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Legend table 1

Characteristics of included participants

Legend table 2

Process of analysis for creating the themes