FOR-CARE RESEARCH

RESEARCH PROJECT ON IMPLEMENTATION HEALTH CARE TRAJECTORIES FOR INTERNED PERSONS

A "REALIST EVALUATION" OF A REFORM PROGRAM IN A MULTISECTORAL FRAMEWORK

Commissioned by

service public fédéral
SANTE PUBLIQUE,
SECURITE DE LA CHAINE ALIMENTAIRE
ET ENVIRONNEMENT

VUB VRIJE UNIVERSITEIT BRUSSEL

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NON FINALISED FINDINGS

- Report of follow up period 2016-2018
- Ongoing process in 2019

THE PROJECT

- Context of **restructuration of the field of care for Mentally Disordered Offenders (MDOs)**
  - Condemnations of the Belgian state by the ECHR
  - Reform of care for MDOs in a context of mental health care reforms
- For-Care research : **process evaluation** of reforms:
  - Three overall aims
    - Collaboration between organisations
    - MDOs care trajectories and access to care facilities
    - The experiences and role of families and informal care

RESEARCH QUESTIONS

- How is the reform process governed and what is the role and perspectives of key stakeholders?
- What factors facilitate or hamper collaboration between partners involved in MDO care trajectories?
- How feasible is a routine registration system on MDOs' care trajectories?
- How do MDO security needs affect MDOs' referrals between care settings?
- How do MDOs and their families experience the forensic care trajectories?

METHODS

Literature review

Combination of qualitative and quantitative methods:

- Interviews (policy and field actors, MDOs and MDOs' families)
- Focus groups (policy and field actors from health and justice sectors)
- Observations of meetings
- Analysis of data retrieved from a registration system (in development)

GOVERNANCE AND INTERORGANISATIONAL COLLABORATION

GOVERNANCE STRUCTURE AND ROLES

Federal instances

- **Mandate: Vertical piloting** → International pressure (ECHR)
- Dominance of "health" policy perspective, together with justice
- Short term Priority: reducing the number of MDOs within psychiatric annexes of prisons
- Longer term objective and less pressure: reintegration in society

Coordinators

- **Integrative agents** – from health and justice sector (national and "local")
- Guardians of the federal program, information brokers
- Facilitate the policy implementation process
- Enhance collaboration between sectors and organisations
- Differences in style and profiles of coordinators

Strategic committees

- **Information sharing mechanism** about guidelines from national reform rather than local governance body
- **BUT:** Differences between Courts of Appeal (!)
- **AND:** Local context and learning time

Mobile teams

- Tool for **opening up the forensic sector → Boundary actor**
- Not yet a tool used by all partners

COLLABORATION EXPERIENCES IN STEERING GROUPS

- **Facilitating Collaboration is enhanced through**
  - → The policy programme (financial means, coordinators, mobile teams,…)
  - → Legal framework
  - → Internal factors (trust, involvement, clear distribution of tasks and roles,…)
- However, **hampering factors** remain
  - → Sectoral logics of action (health/justice)
  - → Institutional logics
  - → Professional cultures (Ex.: professional secrecy)
  - → History of relations and collaborations in the local field
  - → Working habits (resistance to change of individual organisations,…)
  - → Timing issues, administrative heaviness
  - → …

Collaboration takes time
→ Learning process

MDOS' CARE TRAJECTORIES

Feasibility of implementing a routine registration system and preliminary results

FEASIBILITY OF IMPLEMENTING A REGISTRATION SYSTEM

- Data collection:
  - 3529 referrals in 2017
  - About 70 services completed the data collection on MDO
  - Diversity of practice across court of appeal
- Field actors: controversies

  → **Need for coordinated registration** (justice/health data)

  → but **reluctance**

    → to collect data, seen as time consuming, extra workload, usability

    → Issue about the most appropriate scale

Response by court of appeal:

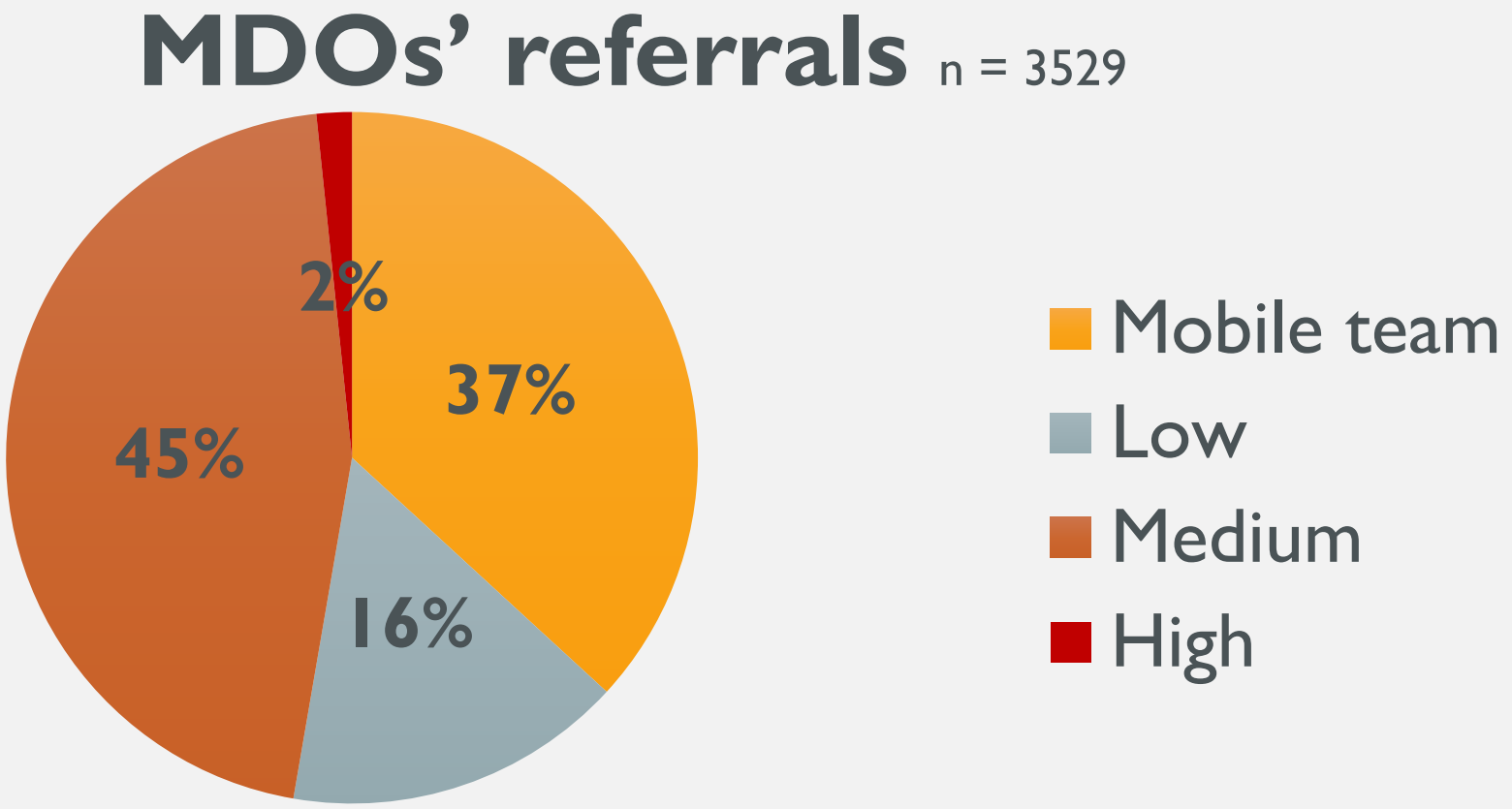
→**Differences in response rate**

→ **High** on the administrative part, **low completion of** HoNOS-Secure

HoNOS-Secure:
→ When filled in, **good validity and consistency**

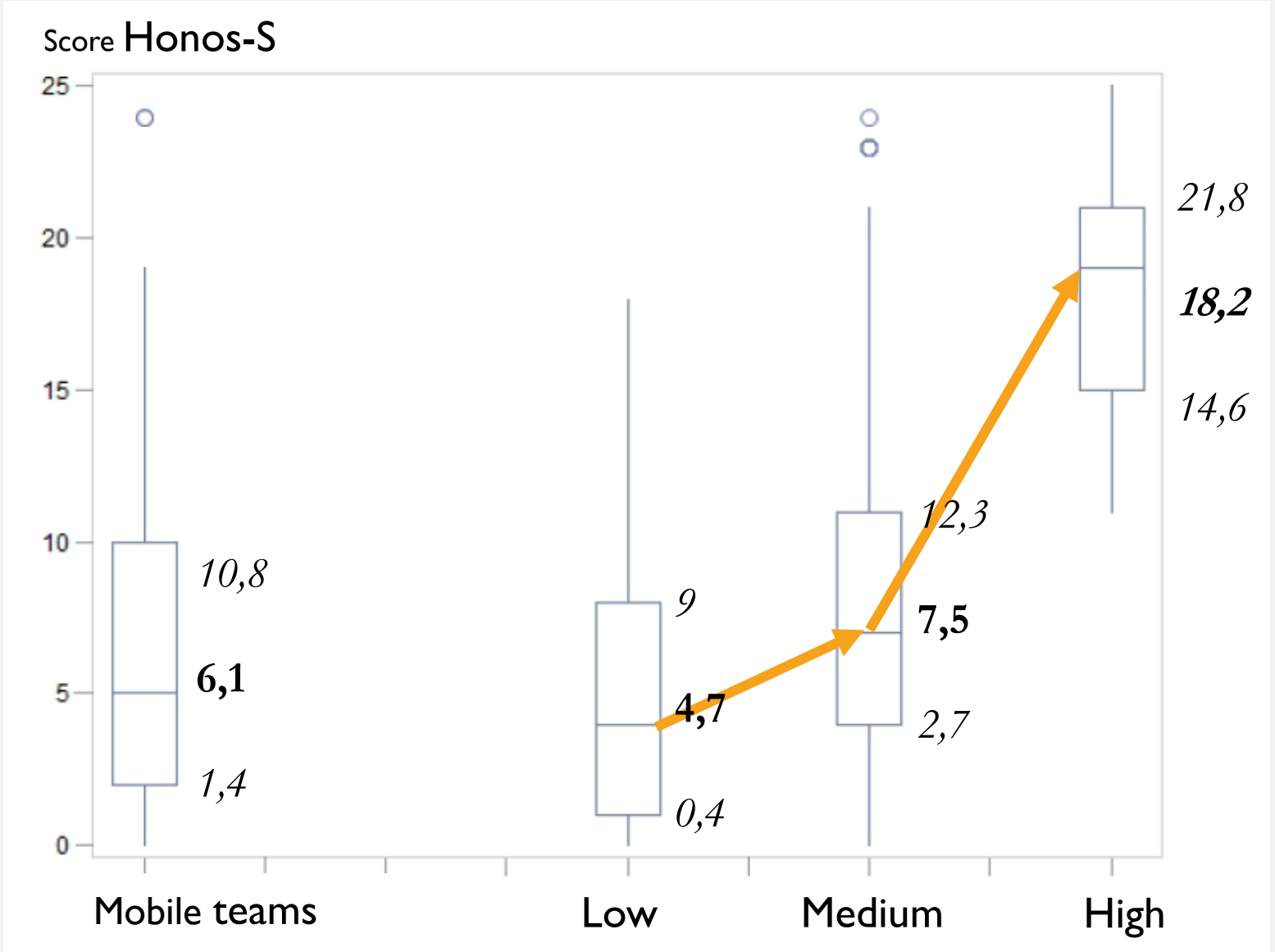
Court of appeal	General board	HoNOS-Secure
Antwerp	94 %	11%
Bx_Fr	72 %	21%
Bx_Du	88%	11%
Gent	91%	32%
Liège	88%	43%
Mons	86%	53%

MDOS' CARE TRAJECTORIES



MATCHING NEEDS AND SECURITY LEVELS

n = 1175



PERSPECTIVES OF MDOS AND THEIR RELATIVES

SAMPLE DETAILS

	MDOs (n = 23)
Average age	43 (20 - 67)
Duration of internment	< 1 – 27 years
Gender	M: 18 F: 5
Security level	Low: 6 Medium: 10 High: 7
Flanders/Brusssels	n = 15 n= 8

	Family members (n = 17) of 11 different families*
Average age	61 (47 - 70)
Duration of internment	< 1 – 23 years
Family role	Mothers: 8 Fathers: 5 Partner: 1 Niece/Nephew: 2 Stepfather: 1

**in total: 6 couples participated*

COMMON PERSPECTIVES OF MDOS AND FAMILY

1. ‘No’ voice and lack of involvement
   - In decision making process
   - Family members: issue of medical confidentiality

2. Limited support and information
   - Care trajectories

3. Undefined duration
   - Negative: Long and insecure future perspectives
   - Positive: Opportunity for personal process

“They never gave me information. They opened the door, they let me go. I took the train and went home.”
(27 years interned)

MDOs

1. Long time between transitions
2. Future plans: 'normal life'

"Re-socializing and leading a normal life in society."
(12 years interned)

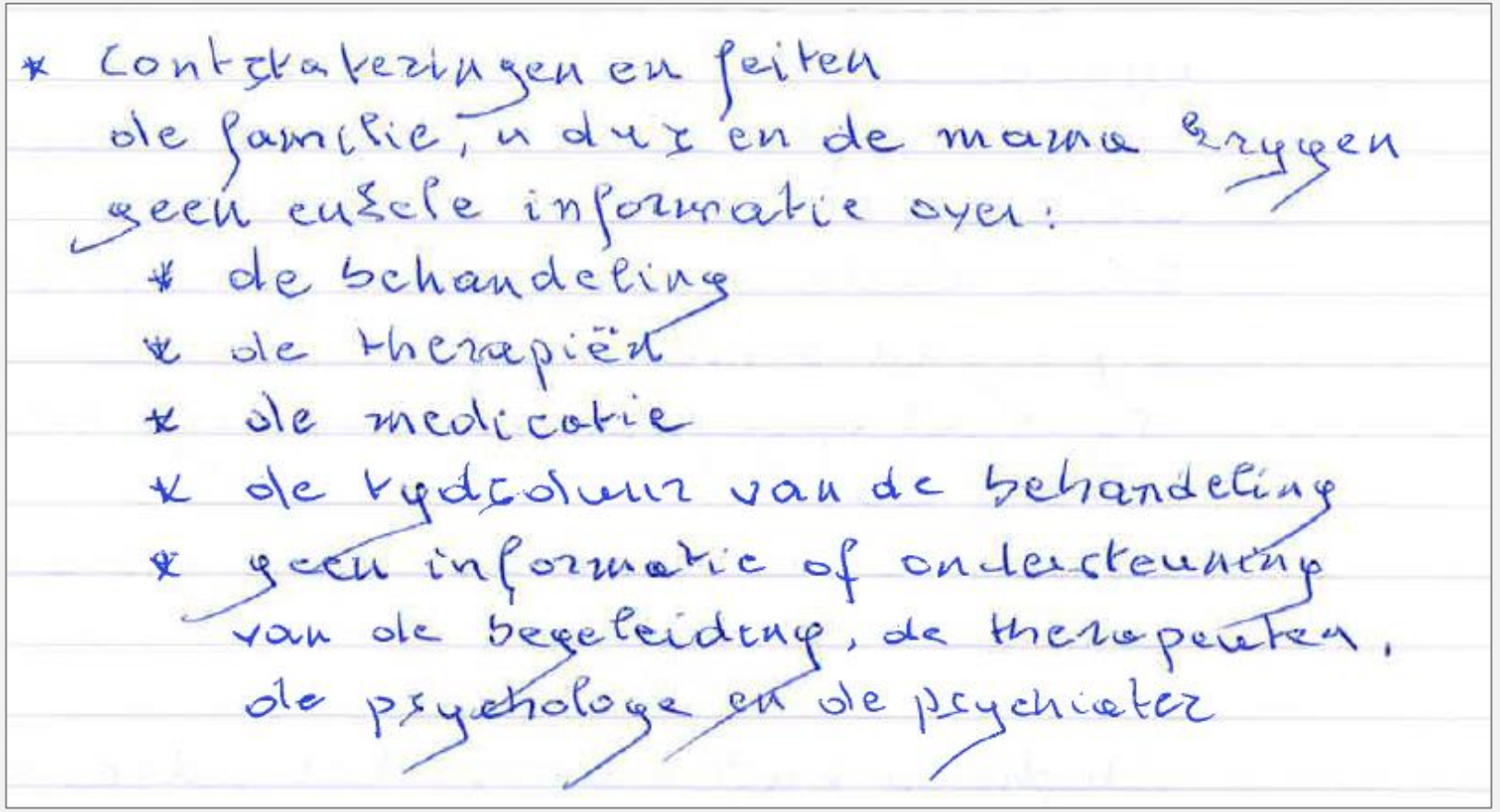
"I want to live outside, to live on my own. In an apartment, you know?"
(5 years interned)

Family members

1. Negative impact on family members' lives
2. Peer support: 'Being not alone'

"You isolate yourself from others, you do not want to see anybody anymore. […] I am not afraid to tell everybody my son is in a psychiatric hospital. But that he is involved in a judicial procedure and that he is a criminal, that is something I do not talk about." (Mother, 47 years)

MDO ABOUT INVOLVEMENT OF FAMILY


* Constateringen en feiten
de familie, in dux en de mama krygen
geen enkele informatie over:
* de behandeling
* de therapiën
* de medicatie
* de tydskolum van de behandeling
* geen informatie of ondersteuning
van de begeleidings, de therapeuten,
de psycholoog en de psychiater

(Male, 52 years)

Translation by the researchers:

Observations and facts.
The family, in particular the mother, do not get any information about:

- Mental health treatment
- Therapy
- Medication
- Duration of the treatment
- No information or support of the mental health practitioners, therapists, psychologist and psychiatrist

REFLECTIONS AND RECOMMENDATIONS

- **Governance approach** can effectively tackle complex problems, but necessity to
  - ✓ Clarify mandate, roles and goals *(towards key priorities and shared frames of working practices)*
  - ✓ Mutually adapt the justice logics and the health care logics
  - ✓ Enhance goal-oriented working *(dialogue and collective reflection)*
  - ✓ Evolve further towards "action oriented steering groups" *(agenda, working groups,…)*

- **Collaboration** between professionals is enhanced, but the field remains compartmentalized
  - ✓ The reintegration and recovery logic needs to be enhanced
  - ✓ Coordination with the "regular" mental health sector needs to be enhanced
    - → Beware: avoid creation of a niche sector for MDOs

Registration and monitoring

- So far, a routine registration system appears **useful** and globally **feasible**

  → But need to evolve towards a **user friendly** routine registration system

- Modular registration system adapted to different needs

  → Justice/health professionals'needs versus policy/management needs

- Need to **strenghten the collaboration** across CoA to facilitate the harmonisation of practices

Registration and monitoring

- Honos-secure is appropriate to differentiate security needs
- Other tools (Bel-Rai, Dundrum...) are **also eligible** but need of coordination to avoid registration overload
- Overlap of security needs between groups in low and middle security settings and mobile teams. Need to further clarify their respective roles in terms of security needs

Suggestions to involve MDO (experience expert) and families

- Actively involve - give voice - inform
- 'Shared partnership' between mental health practitioners and family members
  - Provide peer and family support (e.g., organizing activities for family members, make it possible that families can meet, …)
  - Reduce stigma
- Ex expert/MDO : communicate - provide perspective

Thank you for your attention !

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