South London and Maudsley NHS
NHS Foundation Trust

A decade of the Recovery Movement in UK Forensic Mental Health:
Anything to offer the Common Market?

Dr. Gerard Drennan Ph.D.

Internering : praktijken, onderzoek en wetgeving - welke veranderingen?

Brussels, 8th November 2018


Bethlem Royal
Hospital
RVP


River House
River House

Entrance to Museum of the Mind

Causes of death in London (1632) from Graunt

Abortive and stilborn	445	King’ s evil	38
Affrighted	1	Lethargie	2
Aged	628	Lunatique	5
Ague	43	Made away themselves	15
Apoplex and Meagrom	17	Planet	8
Drowned	34	Rising of the lights	98
Executed, prest to death	18	Scurvy & itch	9
Grief	11	Suddenly	62

"What gets us into trouble is not what we don't know.
It's what we know for sure that just ain't so." Mark Twain

The power of institutional settings to create what counts as real

- "Institutions create shadowed places in which nothing can be seen and no questions asked. They make other areas show finely discriminated detail, which is closely scrutinized and ordered.

- History emerges in an unintended shape as a result of practices directed to immediate, practical ends.

- To watch these practices establish selective principles that highlight some kinds of events and obscure others is to inspect the social order operating on individual minds."

(How institutions think, Mary Douglas, 1986, p. 69-70).

UK Forensic Mental Health ‘map’

National Commissioning NHS England / Wales / Scotland / N. Ireland

Number of High Secure Facilities: 3 (NHS)

Number of Medium Secure Facilities: 64 (NHS & Private Providers)

Number of Low Secure Facilities: 110 (NHS & PP)

Community Teams / Specialist Provision

Child & Adolescent Forensic Services (NHS & PP)

RCPsych Forensic Quality Network –

Standards & Annual Peer Reviews

Overview

- Key developments in recovery
- Developments in the translation of recovery into forensic mental health
- A ‘9-point’ plan of implementation

Recovery → Clinical – Functional – Social Dimensions

+ Personal Recovery

a deeply personal process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing way of life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness. (Anthony, 1993 , p. 527)

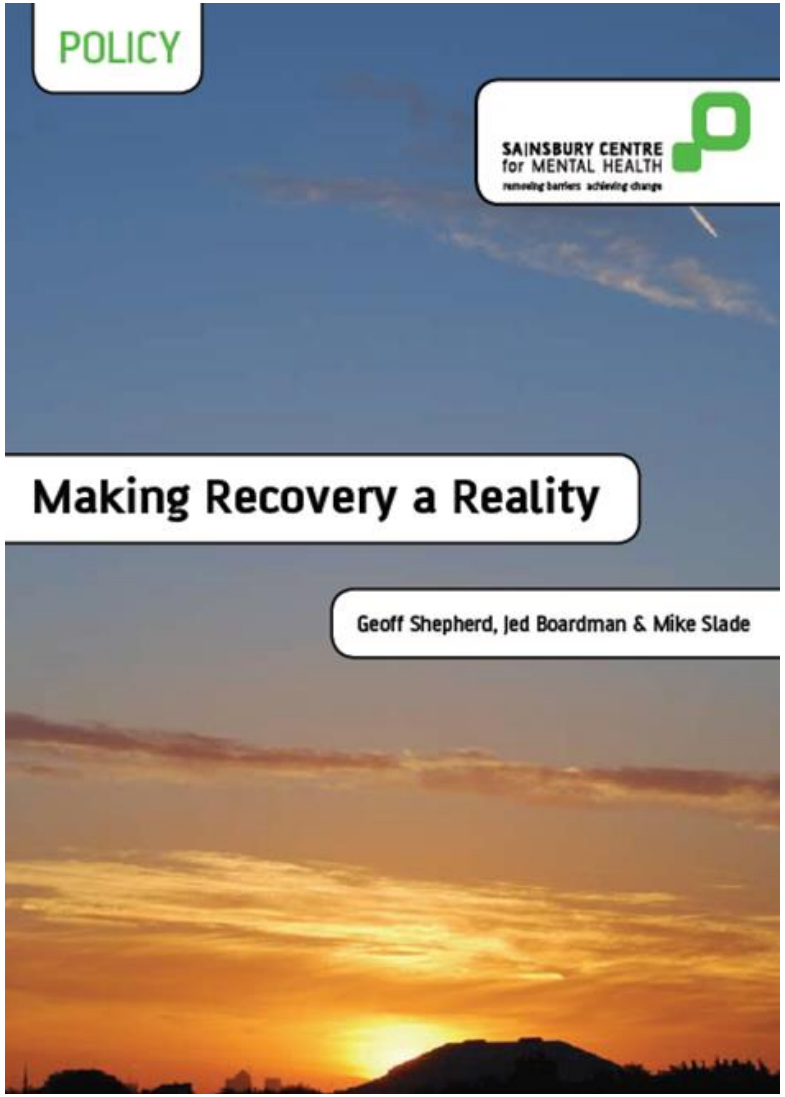
Prioritises the (re)discovery of hope for the future, meaning and purpose in life, a sense of self-worth

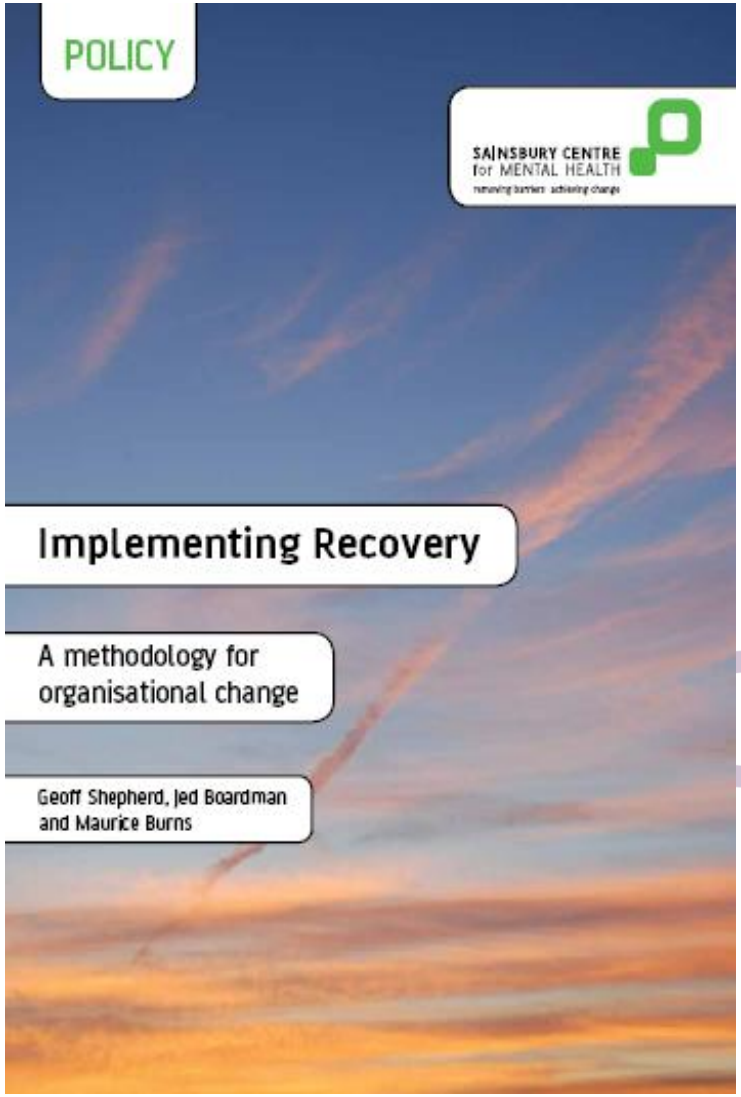
→ *Agency & Choice*

Prof. Mike Slade - Personal Recovery (2009)

Centre for Mental Health (2008) (2010)

→ Implementing Recovery through Organisational Change (ImROC)





Recovery – a new paradigm?

"the goal of services must not be limited to symptom reduction but should strive for the restoration of a meaningful and productive life"

(US Surgeon General's Report 1999, p. 455)

"the magnitude of change that will be required to implement this vision of recovery is "revolutionary"

(Dept. of Health & Human Services, 2005)

"a new paradigm"

"transformative implications"

"truly a new era in mental health"

What's trending #recovery?

Guidance for Commissioners of Forensic Mental Health Services

(May 2013)

There are seven principles that should guide the commissioning of any forensic mental health service:

#1: Forensic mental health services need to be high quality, patient-centred and recovery-orientated. Patients should make a significant contribution to **commissioning** of secure services and to their **development** and **delivery**. Services should promote **social and clinical recovery** and include access to education, employment and **peer support**.

Forensic Psychiatry & “yes but …”

Why the wary scepticism?

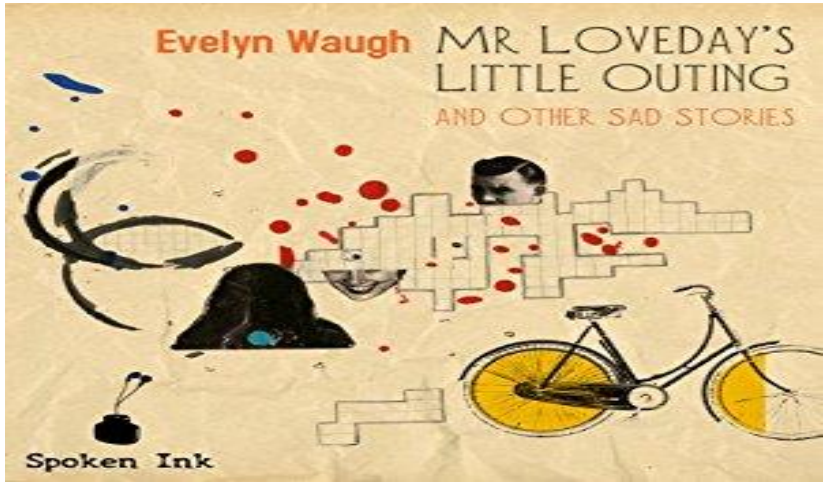
1. **There is nothing new here – it’s what we have always done**
   “Recovery is simply Rehabilitation” - Trivialisation

2. **Being made to appear naïve – denial of illness / denial of risk**
   “Recovery is simply madness” - Terrorising

3. **Why is this being forced on us?**
   ‘being done to’ → ‘doing with’

4. **“mixed messages” & “double think”**
   Mezey & Eastman, 2009, Mezey et al., 2010.

See also - Top ten concerns about recovery in serious mental illness (Davidson, et al., 2006)



What's trending #recovery?

Two things are happening: incremental change & transformative change

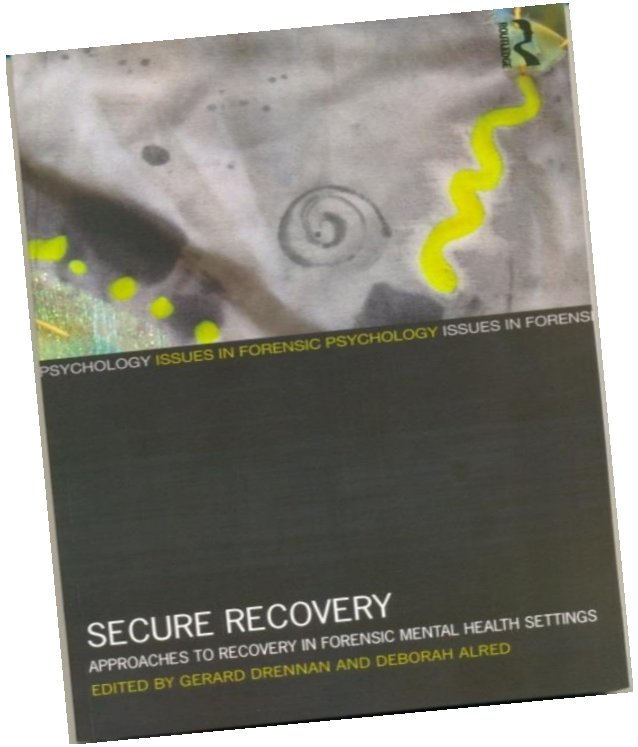
1. ***Incremental change*** *- Recovery-oriented practice is becoming a part of the wallpaper*

How?:

a) Commissioner targets driving wide-spread adoption of new practices (CQUINS)
b) Royal College of Psychiatry Quality Standards for Medium, Low, Community Services
c) Least Restrictive Practice

2. ***Transformative Change*** *– Quantum change*

How? Service user participation; Peer Trainers, Peer Worker roles



ImROC
Implementing Recovery through Organisational Change

A joint initiative from
Centre for Mental Health
Mental Health Network NHS CONFEDERATION

Briefing

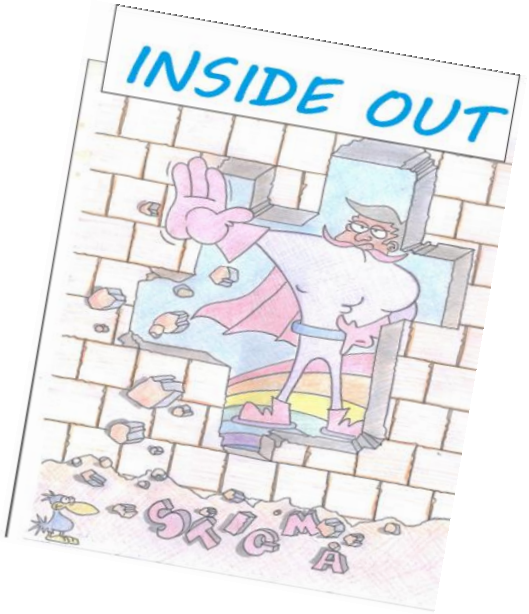
10. Making Recovery a Reality in Forensic Settings

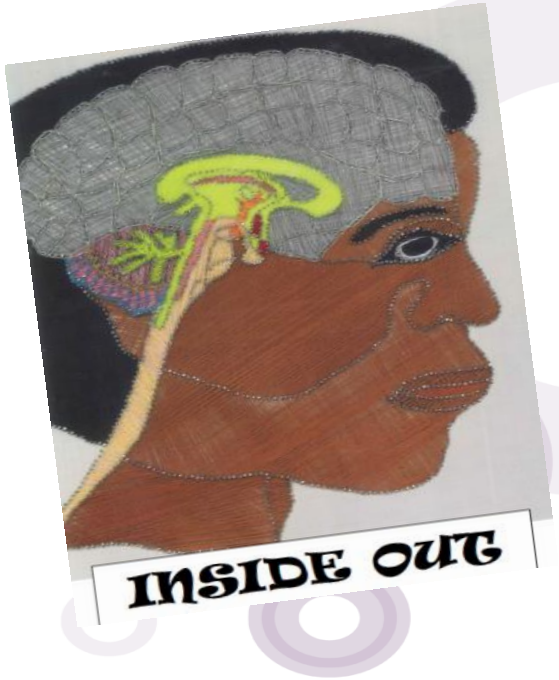
Gerard Drennan and James Wooldridge
together with Anne Aiyegbusi, Debbie Alred, Joe Ayres, Richard Barker, Sally Carr, Helen Eunson, Hilary Lomas, Estelle Moore, Debbie Stanton & Geoff Shepherd

INTRODUCTION

Forensic settings are probably among the most difficult places to think of applying recovery principles. People in forensic services are doubly stigmatised with repeated or prolonged contact with the criminal justice system in addition to mental health problems. Many also often have a range of pre-existing social disadvantages – family problems, educational failure, poor work record, etc. – but the process of recovery is as important for them as it is for anyone else. Indeed, precisely because of their other disadvantages, recovery is, perhaps, even more important. Given all their difficulties, how can people with mental health problems and frequent contact with forensic services be expected to have positive *hopes* for the future? How can they achieve a sense of *control* over their lives and their symptoms when so many of their choices are so restricted? How they can build a life 'beyond illness' when faced with the toxic combination of stigma and low expectations of those around them? To some people these ambitions may seem desirable in theory, but unrealistic in practice. These are the issues which we hope to address in this paper.

Our aims are threefold. Firstly, we want to present a credible discussion of the challenges of applying the principles of recovery in forensic settings and describe how recovery values can be expressed in a meaningful, non-tokenistic, fashion. Secondly, we want to address the implications of these challenges for staff from all disciplines and at all levels in forensic services – front-line staff, support workers, middle managers, consultant psychiatrists and senior managers. We also want to engage and involve service users and carers. Finally, we will describe current best practice within forensic services, acknowledging that not all services have achieved this, but also point towards the horizons of progressive practice within the criminal justice system and non-forensic mental health services.





#Offender Recovery

a deeply personal process of changing one's **(offending)** attitudes, values, feelings, goals, skills and/or roles. It is a way of living a **(safe),** satisfying, hopeful, and contributing way of life even with limitations caused by the illness/**offending**.

(Offender) Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness/**offending**.

"Most of the patients regarded their offending behaviour as a greater barrier to recovery, than their mental illness." *Mezey, et al. 2010, p. 692.*

Offender Recovery

- **Clinical**
- **Functional**
- **Social**
- **Personal**

Coming to terms with the necessity of these extra dimensions to the service user recovery pathway

- In what way do forensic services facilitate ‘offender recovery’ tasks?

- In what way might forensic services obstruct, collude with or inhibit ‘offender recovery’ tasks?

“no ‘recovery-free zones’ “

(Roberts & Wolfson, 2004)

Parallel Developments in rehabilitation of offenders in CJS

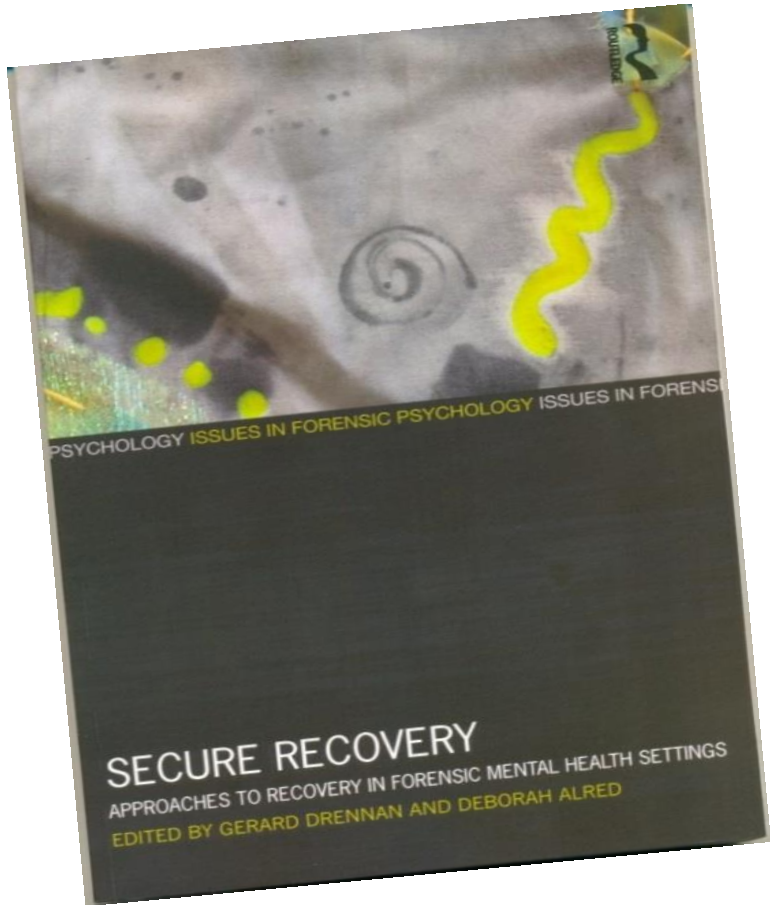
- "What works?"
  - "Nothing works!"
    - Risk Need & Responsivity (RNR)
      - Desistance (Good Lives Model – GLM)
  - A shift from "receptacle" medical model - risk and needs
  - A shift towards active participant – motivation - strengths - choice

"There is the possibility that efforts to affect the impact of severe mental illness positively can do more than leave the person less impaired, less dysfunctional, less disabled, and less disadvantaged. These interventions can leave a person not only with "less" but with "more" – more meaning, more purpose, more success and more satisfaction with one's life."

(Anthony 1993, p. 16)

"What is required at the clinical level is some attention to helping offenders to build a better life (not just a less harmful one) in ways that are personally meaningful and satisfying and socially acceptable."

(Ward & Maruna, 2007, p. 83)



Simpson & Penney (2018) – have taken Secure Recovery to be a generic term for recovery in forensic settings

Secure Recovery

Acknowledges the challenges of recovery from mental illness and emotional difficulties that can lead to offending behavior. It recognizes that the careful management of risk is a necessary part of recovery in our service but this can happen alongside working towards the restoration of a meaningful and satisfying life.

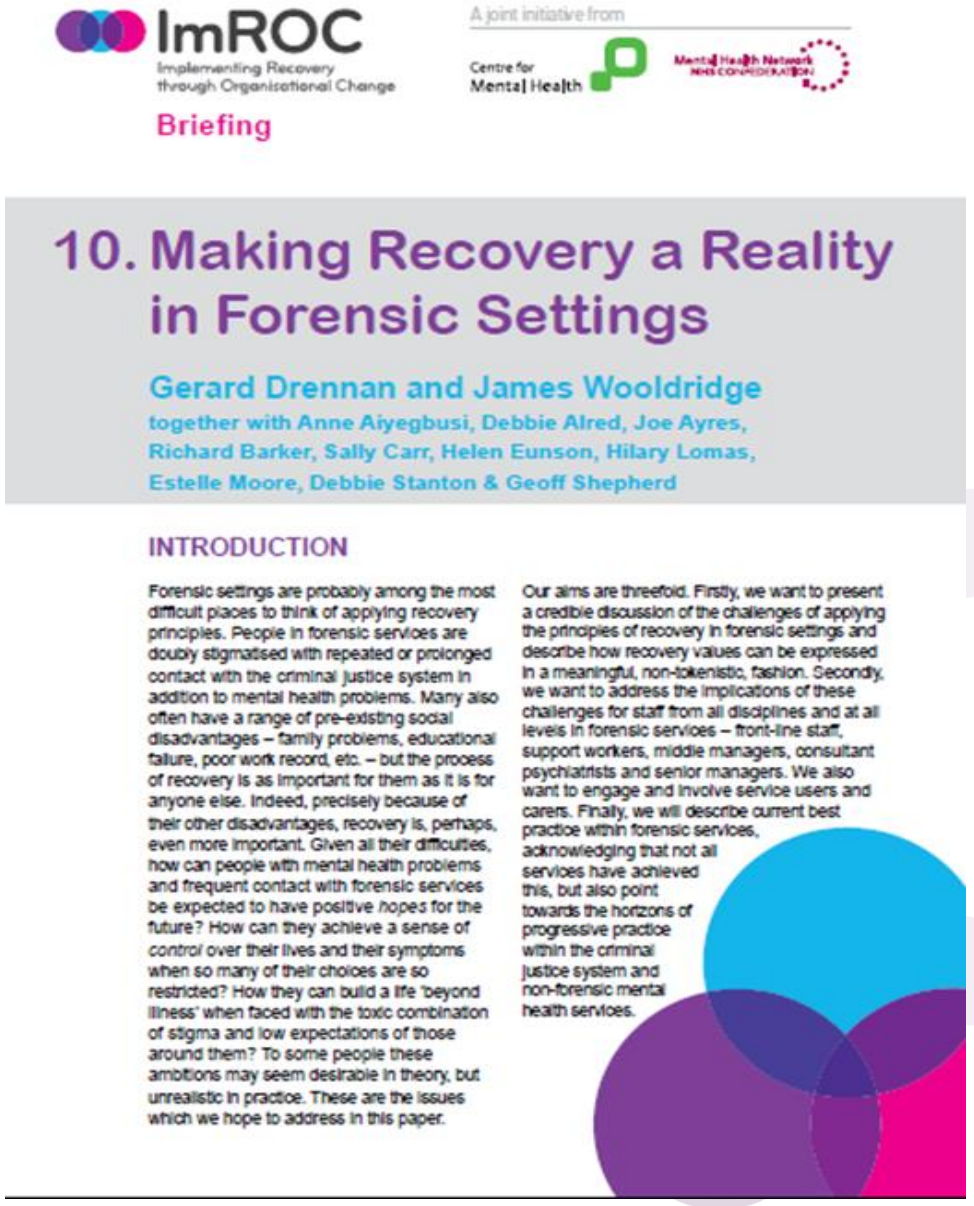
Drennan & Alred, 2012, p. x

Offender Recovery – The "why" question

"When supporting the recovery of non-forensic service users it would be strange to ask the question, "What motivated you to become ill?" but for offenders the question of motivation is central."

"Taking responsibility for one's illness thus includes an implicit acknowledgement of personal responsibility for the offence."

(Making Recovery a Reality of Forensic Settings, 2014)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The narrative progression of Offender Recovery

I didn't do it.

I might have done it but they made me do it.

I did it but I was helpless in the circumstances.

I did it.

I did it and I don't want to do it again.

(Murray Cox quoted in Buckley et al., 2014, p. 585)

"*The change must be in health certainly, but also in ownership of behaviour.*"

(ibid. p. 585).

Approaching a definition of recovery through a 'restorative' lens …..

Recovery from Harm

the processes by which a person who has caused harm,
directly or indirectly,
recognises and accepts the harmful impact of their actions,
is willing to take steps to prevent future harm, and
is engaged in coming to terms with what this will mean for their own future

(Drennan, 2018)

Accountability & Agency are enabled through restorative processes
&
are fundamental to recovery processes

→Alcoholic Anonymous (AA) 12 Steps

Step 4. Made a searching and fearless **moral inventory** of ourselves.

Step 5. Admit to God, to ourselves, and **to another human being** the exact nature of our wrongs.

Step 8. Made **a list of all persons we had harmed**, and became **willing to make amends** to them all.

Step 9. **Made direct amends** to such people wherever possible, except when to do so would injure them or others.

Step 10. **Continue** to take personal inventory and when we are wrong promptly admit it.

What advice can the UK offer?

Ask Twitter

feedback

Strategic Implementation – ‘permeation’ model

Structures that enable grassroots mobilisation

‘top down’ enablers of ‘bottom up’ transformation

The active ingredient – beyond new technicist programmes or new staff training models

– enable the creative energy & talents of the people who have lived experience – current service users, previous service users, other service users.

Comprehensive model of patient involvement: micro, meso, macro & meta levels

Else Tambuyzer, Guido Pieters & Chantal Van Audenhove (2011) Patient involvement in mental health care: one size does not fit all. Health Expectations, 17, pp.138–150

A 9 point plan

1. Commissioning support

Require change

Create financial incentives

Create ‘Community of Practice’ networks

enable and promote ‘pockets’ of good practice to encourage generalisation and innovation

2. Create structures for participation

"Isn't recovery about service users choosing the colour of paint on the walls?"

a) National-level & Regional-level organisation (macro-level)

b) Unit level (meso)

c) Ward-level (micro)

d) Research, Audit & Evaluation Partnerships (meso)

UK - Recovery & Outcomes Groups

- **Service user, Staff & Regional Commissioners**
- Regional meetings - Quarterly
- 50 providers, 85 units, huge email distribution list
- Sharing best practice & challenges
- Showcase service user involvement initiatives
- Intra- and inter-regional dialogue
- Influence of national policy
- **National Conference** – 350 delegates, 180 service users
- National Service User Awards
- **Local events** at member units
- International links

Ian Callaghan
Recovery and Secure Care Manager
ian.callaghan@rethink.org
020 7840 3126
@RecoveryOutcome
#inyourcorner

3. Forensic Recovery Colleges

A new model to promote self-management, skills acquisition & personal growth

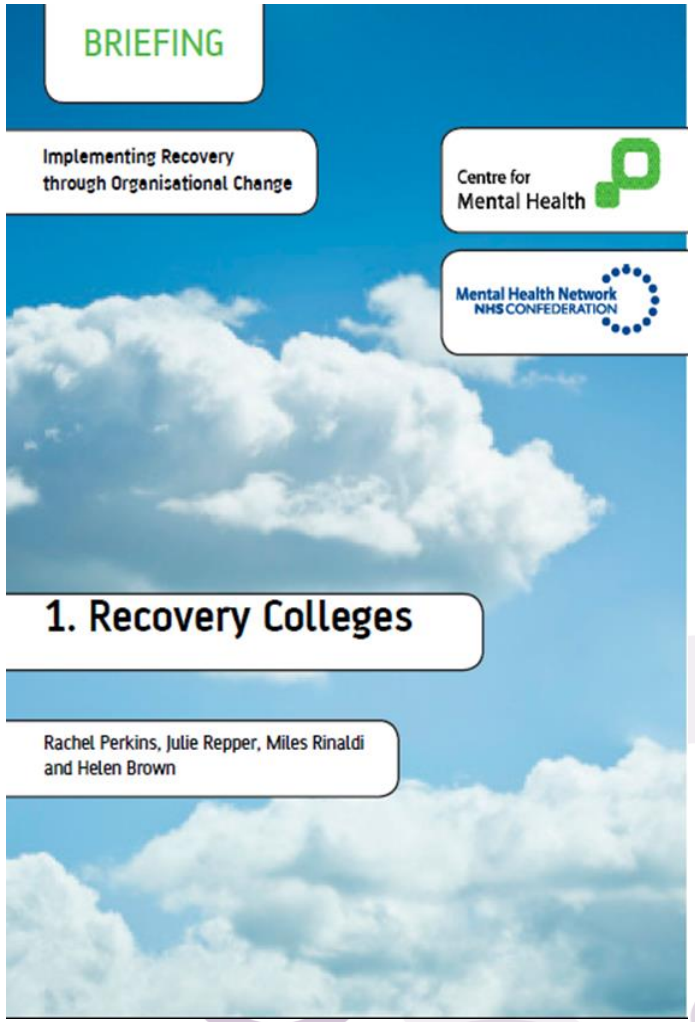
Key principles:
Learners (not patients) undertake workshops & courses (not everything is a therapy group)

Peer Trainers – **"the active ingredient"** - people with lived experience who are learning how to support the recovery of their peers, and working with mental health professionals to deliver workshops & courses.

Co-production – each Workshop/Course is created from the beginning with peer trainers and professional staff working together.

Co-delivery – peer trainers present learning materials together with staff

Emotional contact – not only intellectual learning – emotional engagement, inspiration, hopefulness,



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Nottinghamshire Healthcare NHS
NHS Foundation Trust

Bringing Recovery Focussed Courses into Prison

- The men at HMP Winchester have recently benefited from attending a specially designed Recovery and Wellbeing College workshop at the spoke established within the prison.

CNWL recovery & wellbeing college
Hope • Control • Opportunity

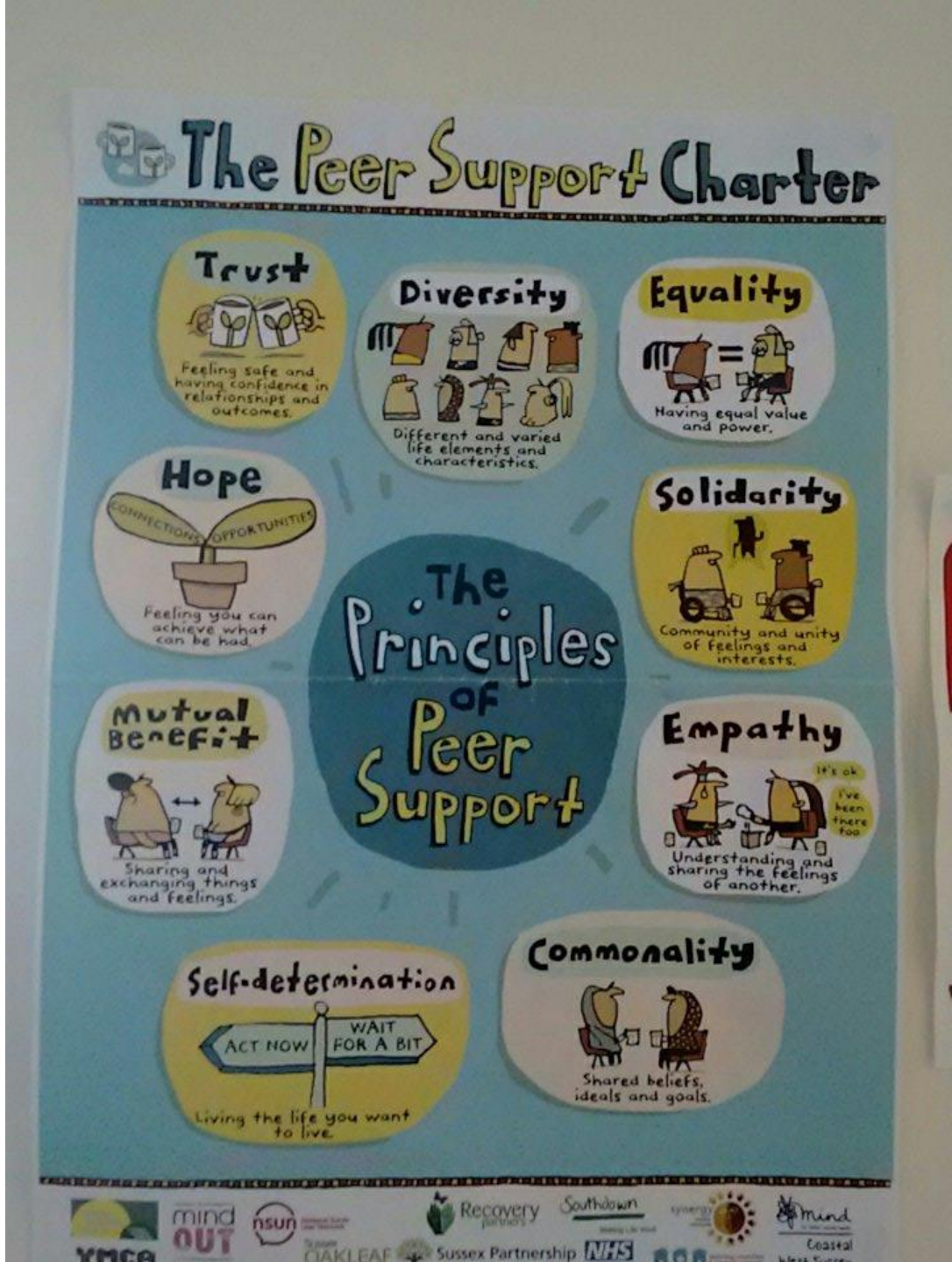
4. Work-force transformation

Peer Worker roles

- Active in Germany

- First posts appearing in the UK
- A) recruitment to a leadership post (funded at the level of Senior Psychologist)
- B) recruitment to a structure across a service – community posts & in-patient

New training
New Qualifications & Accreditation



5. Interventions

Review & renewal with peer & victim engagement

A new paradigm of co-produced interventions?

A new evidence-based to be developed?

3 levels
1. ‘Visiting’ EbE – e.g. Leaver’s Group
2. ‘Co-delivery’ – e.g. BTSA – National Vocational Qualification
3. ‘Co-production’ – e.g. Anger Treatment Group experience

Issues:
Content & Process
Confidentiality
Cost
After care / Vulnerability

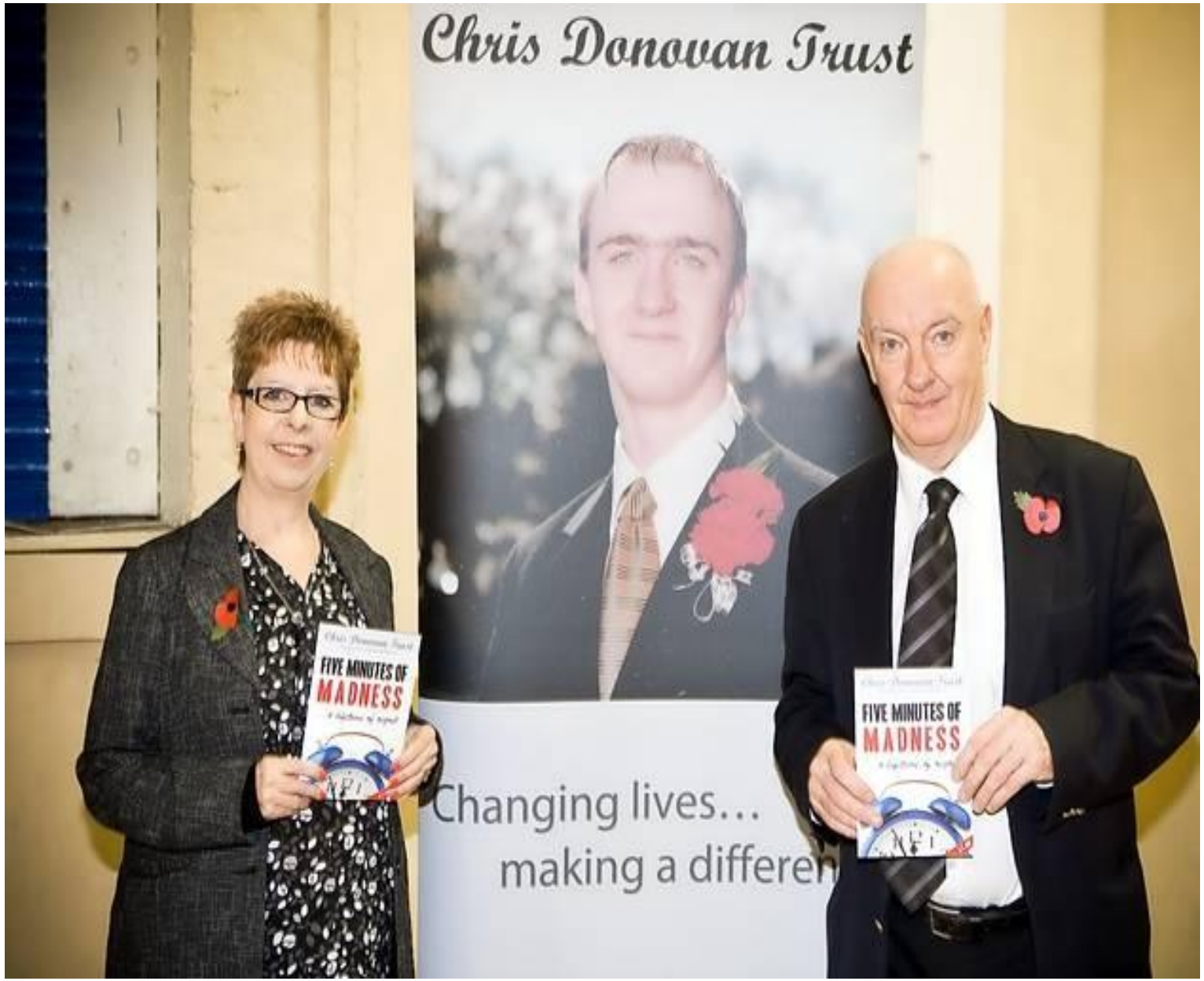
Prison FELLOWSHIP

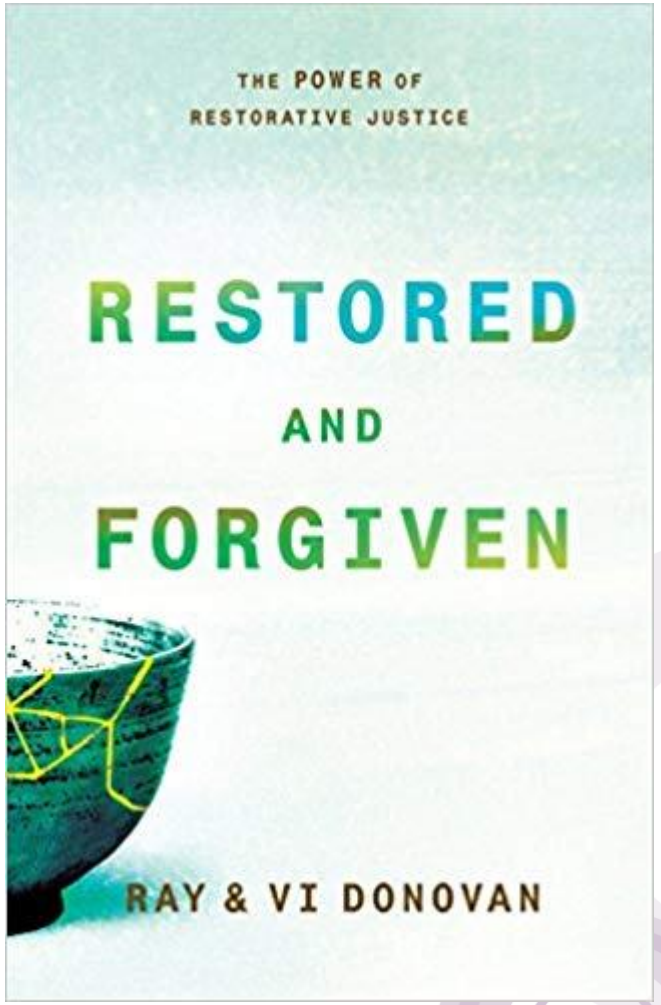
sycamoretree
prisonfellowship.org.uk

SYCAMORE TREE

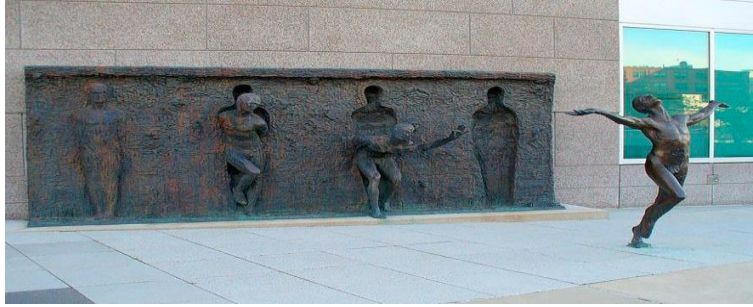
Restorative Justice and Victim Awareness

Seeing lives transformed


Chris Donovan Trust
FIVE MINUTES OF MADNESS
Changing lives…
making a differen
FIVE MINUTES OF MADNESS


THE POWER OF
RESTORATIVE JUSTICE
RESTORED
AND
FORGIVEN
RAY & VI DONOVAN

6. Ward-level practice changes



Least Restrictive Practice

→ **High Secure** Initiatives for 'Long-term Seclusion'

National Drivers - DoH Positive and Proactive Care Guidance (2014)
CQUIN target to reduce Restrictive Practices within High Secure Services (2017)

Multi-faceted Quality Improvement (QI) Project

→ **Medium Secure** – 'blanket restrictions' targeted for change
e.g. mobile phones on wards

Collaborative Risk Assessment & Management - MSU & LSU CQUIN target (2014)

- HCR-20 'group' – closed group with self-assessment & peer participation
- Safety Planning Together Group – Psycho-education ward-based group on Trust Risk Assessment processes, HCR-20, Strengths-based Assessment
- HCR-20 format – addition of patient views requirement, development of information leaflets shared at each HCR-20 review
- Advance directives

7. Care Planning processes

My Shared Pathway implementation – a suite of documents that make care processes transparent introduced in 2013

Adoption of Shared Decision-making Models (Simpson & Penney, 2018)

Chairing own Care Review meetings [Care Plan Approach – CPA]

Psychology ‘reports’ as a ‘letter’– addressed to patient, less ‘about’ and more ‘to’

→ Trauma-informed Practice (TiP / TiC)

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The core trauma-informed principles

- Acknowledgement – recognizing that trauma is pervasive
- Safety
- Trust
- Choice and control
- Compassion
- Collaboration
- Strengths-based

Dovetails with recovery model

Source: Lawrence Jones, ImROC Annual Conference 2017

8. The place of ‘lived experience’ in Evaluation & Research

Recovery in forensic settings could ... “set the agenda for practice and research for the next 20 years” (Tony Ward, Foreword, Secure Recovery, 2012)

“nothing for us without us”

Roger Wilson CBE @Amocras on Twitter - Sunday 4th November 2018

“Patient involvement in research is about people, not methods. We need creative thinkers to drive growth, not methodologies to cast it in stone.”

Alred, D. (2018) Service user perspectives of preparation for living in the community following discharge from a secure mental health unit – Action Research with Service User Researchers

Emerging roles - Visiting Researcher, Institute of Psychiatry, Psychology & Neuroscience (IoPPN), King's College London

Diana Rose

Professor of User-Led Research

Department of
Health Services Research

I’ve had two academic careers: first a lectureship in social sciences which ended with serious mental health problems and medical retirement. I spent several years without work but became involved in the service user movement. I never expected to have a second academic career, but I was fortunate to be around just when research funders were becoming interested in patient involvement in research. So I brought my two identities together as a service user researcher, and I’m now co-director of the Service User Research Enterprise (SURE) at King’s.

9. Partnerships

Ministry of Justice engagement & lobbying

e.g. of success achieved: Letters from MoJ addressed to service users – apologies for delays in granting of leave applications

Creative Partnerships

Bethlem ‘Gallery’ – working with contemporary artists
https://www.koestlertrust.org.uk/
http://www.outsidein.org.uk/
Pallant Gallery in Chichester; The Wellcome Trust; Bexhill Collective

Art Fund_
Museum of
the Year 2016
Finalist

South London and Maudsley NHS
NHS Foundation Trust

Contact

Dr. Gerard Drennan
Consultant Clinical Psychologist
Head of Psychology & Psychotherapy
Forensic & Offender Health Pathway
Behavioural and Developmental Psychiatry Clinical Academic Group
++44 20 32286577

gerard.drennan@slam.nhs.uk

gerard.drennan@nhs.net

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- http://www.outsidein.org.uk/
- http://theedge.nhsiq.nhs.uk/co-production-radical-roots-radical-results/