Working with complexity: a map for recovery in forensic psychiatry

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Introduction

The Victorian Institute for Forensic Mental Health, commonly known as Forensicare, is the key provider and coordinator of adult forensic mental health services in Victoria. This includes providing services at Thomas Embling Hospital (TEH); Community-based Forensic Mental Health Services (CFMH-S), and involvement in prison services including the acute assessment unit at Melbourne Assessment Prison and Marrmak unit for women at the Dame Phyllis Frost Centre. Forensicare generally caters for three main patient groups:

Security patients: Transferred from prison in need of acute care for their mental health issues.

Forensic patients: Those who are deemed not guilty due to mental impairment, but in need of treatment and rehabilitation in a custodial setting.

Involuntary patients: Detained under section 12 Mental Health Act (1986) VIC – are in need of a secure forensic setting to safely manage their mental illness.

During 2010 staff undertook a major review of clinical pathways and the model of care, which led to a number of recommendations. The first recommendation was that a recovery approach to the delivery of services across the organisation be implemented.

This paper aims to highlight the complexity involved in establishing a recovery approach within a highly secure environment where patient choice is historically almost absent due to legal and environmental restrictions and the limitations of a purely clinical approach. The progress achieved so far will be outlined and the culmination of this work reported on and explained. The initial splash of patient involvement was to cause ripples which have exploded into waves reaching across
the entire organisation. Finally, the paper will outline our map for the future direction of the recovery approach at Forensicare.

**Model of care review**

The review of the model of care and clinical pathways at Thomas Embling Hospital commenced in late 2009 under the auspice of Forensicare’s Executive. A Model of Care Steering Committee, chaired by the Acting Clinical Director, met regularly throughout 2010 and directed the review process. The Executive Summary reported that there was a need to update the organisation’s philosophy and approach to care with patient recovery in mind. This single statement provided the impetus and authority for the establishment of a Recovery Working Party which was chaired by one of the participant organisations, Patient Consultants.

“This was a big step forward for our organisation as this was the first time a Patient Consultant had taken a leadership role on such an important committee” *VMIAC Patient Workforce Conference* (May 2012)

It was imperative that patient knowledge be both extensive and central to laying the foundations of a patient centred care focus. This aligned with a recovery oriented approach to providing services and engaging patients.

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PWP is that the patients outnumber the staff on the working party. The Forensicare Executive acknowledged the value of the PWP through its dynamic and progressive consulting role. PWP has subsequently been given a mandate to continue running as the Patient Consulting Group (PCG) and is formally incorporated into the organisation’s emerging Clinical Governance structures.

**The complexity of establishing a recovery approach in forensic psychiatry**

Recovery is a word with two meanings.

**Clinical recovery** is an idea that has emerged from the expertise of mental health professionals, and involves eliminating symptoms and restoring social function. In other words, ‘getting back to normal’. **Personal recovery** is an idea that has emerged from the expertise of people with lived experienced of mental illness, and means something different to clinical recovery. One widely used definition of personal recovery is from Anthony (1993):

‘…a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness’.

Forensicare’s initial definition of recovery was written by two members of staff, but there was an acknowledgement of the need to have patient ownership. The first task of the PWP was to examine and modify the existing definition of recovery. In practice, the group were adamant that they wanted to develop their own definition that took account of their unique perspectives as experienced in a highly secure environment.

The acknowledgement of the offence in the definition took some in-depth negotiation between the patients. Those who had been in the system longer emphasised the significance of dealing with their offence as a key factor in them moving towards recovery. The following definition was finally agreed upon.

“Personal recovery is acknowledging your offence and illness and working through your issues. With this you can gain insight into your mental illness and learn to manage it. Denial is often the first step. Knowing that you need help and asking for it is OK. By becoming involved in your steps to recovery you can build trust and hope. With ongoing responsible action you can lead a meaningful life.” *Patient Working Party* (2011)

This has now been universally adopted as Forensicare’s official definition of recovery and adorns office walls, noticeboards and the organisation’s intranet homepage.

In an environment such as this where many patients would prefer to be elsewhere in their lives or place of being the task of providing patients with choice and autonomy within a restrictive environment (where submission can feel like a necessary characteristic of engagement with the service), can prove logistically difficult for all involved. However, to their credit the patients have tackled the challenges of the PCG with originality and enthusiasm. Out of their unique approach, the Recovery Pyramid was born.
Seven steps to recovery

Step One: Denial – Paralysis, denial of your situation
Step Two: Despair – Hopelessness, confusion and inaction, giving up
Step Three: Birth of Hope – Initial motivation, a speck of light, optimism
Step Four: Acceptance – Understanding, adaptability
Step Five: Willingness – Eager to move forward
Step Six: Responsible action – Accountability for action, initiate actions
Step Seven: Meaningful life – Ongoing journey with or without symptoms, being a part of contributing in a community.

These seven steps are each related. Identifying where we are on the pyramid will help us identify what our next step could be. It may take time but it is handy to have goals, and knowing what may come next is also very helpful.

Steps are not always in a straight line pathway.

Sources of inspiration

- Maslow’s Hierarchy of Needs
- Deconstructing the Forensicare Recovery definition
- Patricia Deegan’s Recovery: The Lived Experience of Rehabilitation

Patients’ Recovery Definition

Personal recovery is acknowledging your offence and illness and working through your issues. With this you can gain insight into your mental illness and learn to manage it. Denial is often the first step. Knowing that you need help and asking for help is OK. By becoming involved in your steps to recovery you can build trust and hope. With ongoing responsible action you can lead a meaningful life.

Forensicare Commitment to Recovery – Orientated Practice

Forensicare is committed to providing a recovery-orientated health care delivery environment in which the principles of hope, social inclusion, personalised care and self-management are fundamental to practice.

Forensicare recognises that recovery is an individual’s journey towards living a meaningful and satisfying life and that the responsibility of the organisation is to support, and not hinder, that process.
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The Recovery Pyramid was inspired by the patients’ re-interpretation of Maslow’s (1970) Hierarchy of Needs. Combining this with their interpretation of the Deegan (1988) article and a process of personal identification of stages of recovery which fitted practically into their journeys, the Recovery Pyramid evolved.

Despite a number of unforeseen hurdles elsewhere in the service, the PCG has continued to break new ground. Various members of the PCG have promoted the Recovery Pyramid at a variety of national and internationally attended conferences this year.

Having the privilege to share this work with a wider audience has resulted in more than just service acknowledgement. The Recovery Pyramid has been shared with services in Western Australia, the Northern Territory as well as the UK. For members of the PCG, this has been a validating experience both individually and collectively. There is a genuine sense of pride and achievement evident when hearing the positive feedback regarding their work. This is captured in the following quote:

“As a natural progression from running groups to presenting at collaborative forums, running workshops and even being fortunate enough to present at conferences, I feel I have blossomed.” Patient D, 2012

Future direction: meeting the challenges

The next major challenge for the Patient Consulting Group and wider service is to educate in excess of 300 staff and 100 patients in the principles of recovery orientated practice. The major challenge will be to apply those principles in a meaningful way. To this end the patient consulting group will continue to play a pivotal role in ‘keeping it real’.

Currently the PCG is working with “Jack” – a fictitious case study which illustrates a patient’s journey towards recovery through the Forensicare system and beyond. By using the Recovery Pyramid the patients have shared some of their personal experiences to demonstrate, on a more human level the journey towards recovery. The target audience moves beyond that of their immediate selves – rather it will form the basis of a teaching module to be delivered jointly by members of the PCG, staff from the Recovery Committee and Nurse Unit Managers from the organisation.

Patient B noted;

“With Jack our made up patient for the Recovery Education Package – he is a good role model for outsiders to look at”.

The sessions will be delivered jointly to staff and patients in an organisational commitment to collaboration which encapsulates a true recovery spirit.

Acknowledgements

We would like to acknowledge the tireless work and inspiration of all the patients who have been involved in this exciting project. We would also like to recognise the belief that the Forensicare Executive Team has shown in supporting this undertaking.

►►► FIND OUT MORE: For further information about Forensicare, please contact Ian Davey: ian.davey@forensicare.vic.gov.au or Julie Dempsey: julie.dempsey@forensicare.vic.gov.au

References


Patient Working Party (2011), The Recovery Pyramid, Forensicare, Vic,