Evaluating the named nurse understanding of recovery in forensic mental health

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Title: An action research project to evaluate the named nurse understanding of Recovery in forensic mental health.

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Key points:

- Nursing staff should embrace Recovery principles and apply them in their everyday practice.
- Theory behind Recovery principles needs to be disseminated to all staff and implemented to ensure the patient group have the opportunity to influence their care.
- Important to work positively with criminally disordered offenders to help them maintain hope and take control of their lives.

Abstract: This article describes a service evaluation carried out on a Personality Disorder admission ward in a high secure hospital to evaluate nurses understanding of Recovery approaches in mental health. The study used semi-structured questionnaires to determine the participant's understanding of recovery. The findings highlight that further development is required in staff training and education on Recovery. Theories underpinning Recovery principles also need to be disseminated to help nurses understand the relevance of current policy developments in order to improve care.

Introduction: This project was carried out as part of a service evaluation based on a Men's Personality Disorder ward at Rampton High Secure Hospital. Rampton Hospital is part of Nottinghamshire Healthcare NHS Trust's forensic division, and as such the interest for this project was influenced by the trust's drive to implement Recovery policies across their services. Nursing staff working on the Personality Disorder admission ward have been encouraged to engage the service users in the policy implementation of Recovery. This included distributing Recovery packs to each service user and taking time to guide them through the pack and help them understand how to use them. The nursing staff were given training in how to use the Recovery packs, and the initial impetus was to make sure each service user was

offered a pack. Following this it became apparent that the nursing team were not completely clear on the process of Recovery and their knowledge base on the subject appeared limited.

The basis for the evaluation was to gauge the level of understanding amongst the qualified nurses on the ward on the importance and perceived relevance of Recovery.

Background:

Nottinghamshire Healthcare NHS Trust is a recognised demonstration site for Recovery and prioritises the promotion of Recovery. This service evaluation was also influenced by the cross governmental strategy "No Health without Mental Health" (Department for Health 2011) as Recovery is one of three fundamental drivers of this policy. The others are early intervention, prevention and challenging stigma and discrimination.

Recovery is the realisation that Recovery is about the whole self and not just the illness (Parker 2014), and it can also be founded on the narratives of lived experience (Repper & Perkins 2013). Roberts & Wolfson (2004) highlight Recovery as a process of personal discovery, of how to live (and live well) with enduring symptoms and vulnerabilities. Repper (2006) explains that discovery can be a way of understanding what has happened to a person, explanations that make sense to them and take into account their experiences, beliefs and life. This idea of personal discovery can help staff understand how this particular service user group can have hope and a positive outlook and that building a meaningful life can be achieved even within the constraints of secure hospital settings. Having hope and a positive outlook is central to personal Recovery. Nurses, who work with service users who have committed offences and sentenced to lengthy custodial terms, need to help enable hope within the individual for them to remain positive and focussed on their Recovery journey. Therefore, service users need to develop the drive and inspiration to want to recover. If service users become actively involved in every aspect of their Recovery, they will then have a better chance of succeeding than were they merely passively receiving treatment for the same condition (Amsel 2010). Service users who are admitted to the Personality Disorder Directorate could potentially remain at Rampton Hospital for a number of years, therefore enabling them to engage in their Recovery is an ongoing process, which involves gaining or regaining many aspects of their life that are usually taken for granted and may have been lost or severely compromised by mental

illness. Recovery may involve many stages, and inevitably setbacks and uncertainty, so that it becomes an uncharted, unpredictable, and personal journey.
There has been a gradual increase in published literature to conceptualise understandings of Recovery in the context of personality disorders.
Emergence, a service user led organisation supporting all people affected by personality disorder, published a research report in 2011 called Understanding Personality Disorders and Recovery. Turner, Lovell & Brooker (2012) published an article to discuss issues of Recovery or discovery of the self in personality disorder. They particularly focus on personality disorder and creativity, service user involvement in personality disorder provision and research into Recovery and personality disorder.

Method: An action research method was used as part of the service evaluation. Action research involves researching one's own practice and helps facilitate change through inquiry and is also a useful vehicle to "learn through action" which enables personal and professional development (Koshy 2005). For this project, O'Leary's (2004) cycle for action research was applied to help alternate between action and critical reflection. The sample was purposefully selected for convenience and in order to retain the focus upon the selected ward. All eight qualified nurses who were based on the personality disorder admission ward were invited to participate. Informed consent was acquired from all participants.
A twelve question semi-structured questionnaire was developed and distributed to each of the eight qualified nurses on the ward in order to analyse their views and opinions. A semi-structured questionnaire was chosen due to the advantages of it being convenient and giving the opportunity to collect data quickly and easily. The questions were guided by the Trust's drive to implement a Recovery approach and the author's own interest to assess the attitudes and opinions of staff about Recovery. This semi-structured approach was also useful as there was an interest in the variability of the responses (Adams 2010). Some participants chose to self-complete them while others answered them whilst engaged in an informal interview. With semi-structured questionnaires, the participants are all asked the same questions but there is flexibility in the phrasing and the order of the questions (Hutchinson & Wilson 1992). Participants can be helped to understand the questions and interviewers can ask for

clarifications and probe for further responses if necessary (Parahoo 2014). These questionnaires were then used to determine participants understanding of the concept of Recovery, if they discuss Recovery with their clients when conducting named nurse sessions, and also to ascertain their views of Recovery in relation to high secure services.

Participants were initially asked four simple questions:

- How long they have been a qualified nurse,
- How often do they facilitate named nurse sessions,
- Have they had the opportunity to access in-depth Recovery training
- Do they would feel they would benefit from attending in-depth Recovery training?

These questions were asked to see if the participants were open and enthusiastic to learning more about Recovery in mental health.

They were then asked these further questions:

- What is their understanding of Recovery?
- What, if any aspects of Recovery do they discuss during named nurse sessions
- How important do they think Recovery is to the wellbeing of their patients
- What are their views on Recovery within high secure services
- Do they have any other views about Recovery?
- Do they think Recovery will enable patients to progress through their treatment pathway
- What their thoughts are about working within a Recovery framework with patients who regularly display challenging behaviours.
- The final question was to ask them if they had any other comments.

When all questionnaires were completed the responses were collated. Data analysis was then conducted utilising Miles & Huberman's (1994) three stage framework. This is where the mass of qualitative data is processed and then transformed into pictorial form to help develop conclusions about the study.

Findings

To promote Recovery, nurses must be able to envisage a future for their clients, one based on client's own desires and values, and they must share this vision with them through communicating positive expectations and hope (Davidson et al 2009). The responses are evident that some of the participants are clearly actively supportive of

Recovery. The participants can be divided into three clear groups depending upon their level of experience. Two participants had been qualified nurses for ten years or more (Group A). Three participants had been qualified between five and ten years (Group B), and three participants had been qualified for five years or less (Group C). The most interested finding is that the participants within Group C were the most positive about Recovery and were familiar with terms such as hope, opportunity and control. The participants within Group A were also positive although not as familiar with the principles and ideas of Recovery. The more negative viewpoints came from the participants within Group B. When the participants were asked what their understanding of recovery is, the responses from Group C stood out as being the most positive. They included; "*Giving them hope, looking at the patient's own personal* journey, finding out their aims, goals and a*spirations and supporting them", "An approach to identify goals, hopes and ambitions to instil hopefulness and enable* patients to lead a fulfilling l*ife within their realistic possibilities."* The third response was *"to get better, to progress, to move on"*. These responses highlight that this participant group are clearly aware of the principles of Recovery. This is further supported when they were asked about how important the concept of Recovery is to the patient group. Group C again responded more positive than the other participants "Very important. Everyone needs hope and inspiration which will enable them to take some control back over their lives". "*Extremely"* and *"Very important"* were also positive responses.

This contrasts sharply with the basic responses from within Group B*"I have very little* knowledge about the concept of Recovery other than it is a means for patients to develop skills to assist their *progress in varying situations"* and Group A *"relapse prevention"*. Group B also gave negative responses including *"I believe this should be offered in less secure environments"* implying that they don't believe Recovery is relevant within high secure services. Group B also emphasised their lack of understanding, *"Underused and not enough understanding"* and *"not sure how it would work".*

All patients within the Personality Disorder Directorate were given a personal Recovery pack and were advised to work through this with their named nurse. The participants were asked if they discuss Recovery during named nurse sessions. Although the majority of named nurses do discuss aspects of Recovery within their one-to-one sessions, it was the participants in Group C who gave the more positive

responses and referred to being well or keeping well *"*Utilise discovery booklet to identify triggers, coping mechanisms, things that keep me well*", "Talking about progressing, being well, future goals"*

When the participants were asked to express their views about Recovery within high secure services the responses were mixed. The responses from Group B were predominantly negative:

"I believe this should be offered in less secure environments"

"It is underused and there is not enough understanding"

"Not sure how it would work."

One response began answering positively but was cautious as to maintain the balance between therapy and security. *"Can be very therapeutic with individual patients but* as always risk areas are usua*lly paramount in this setting."* (Group A). However, Group C produced positive responses: *"Paramount, as high secure patients have* often a massive sense of loss due to mental health issues but also a loss of liberty*"*, *"It is needed wherever, we have a duty of care to help".* The concern in relation to high security is that managing risk is the priority and Recovery sits in the background as security issues are more of a pressing issue. A study by Barsky & West (2007) examined the scope for Recovery within secure settings. They compared inpatients perspectives on care they received in a medium secure setting and the high secure setting where the inpatients were previously placed. Their findings suggest that being in medium security increases the scope for a person's Recovery due to them potentially having a busier timetable, graded and supervised access into the community, a more settled ward atmosphere, smaller patient numbers and an improvement of the interpersonal style of the staff.

I would argue that inpatients in medium secure settings may have a greater scope for Recovery as if they have progressed from high secure they will have engaged in therapeutic psychological treatments that enabled them to increase their skills and reduce their risk, which in turn enables them to develop better interpersonal relationships. Also, wards in a high secure environment house some of the country's most challenging and dangerous individual's and furthermore having graded access into the community would not be possible from a high secure setting but would undoubtedly have a positive impact upon an individual who has been detained for a number of years.

The participants were asked what their thoughts about adopting Recovery practice with patients displaying challenging behaviour. The responses were mixed with cautious answers. Groups A and B gave the more cautious answers:
"It might be worth trialling following more research of its validity."
"It can be positive but all staff needs to adhere to the framework in order to obtain *consistency in approach and treatment."*
However, once again Group C responded more positively:
"It's a good way of getting to know the patient, resulting in being able to adapt treatments and *introduce new ways of working"* and *"Helps staff remain r*elentlessly *positive."*

Discussion:

Patients detained within the Personality Disorder directorate have had troubled lives and have experienced continuing mental health problems over many years. The two most common diagnostic labels found in the directorate are Borderline Personality disorder (BPD) and Anti-social Personality Disorder (ASPD). One of the main etiological precursors of BPD and ASPD is childhood trauma. Both BPD and ASPD have been linked to a broad range of abusive events including sexual, emotional and physical abuse (Lobbestael & Arntz 2010). Many, having given up hope of the possibility of any other life, have all but surrendered to hopelessness, helplessness and passivity (Watkins 2007). It is therefore vital for nursing staff to embrace Recovery principles and apply them in their everyday practice.
The findings of this service evaluation suggest that further progress can be made in staff training and education on Recovery. The trust prioritises Recovery across all of their services and work is ongoing to enable the respondents to be more informed about Recovery approaches. At the time of the study there were respondents who didn't understand the full value of Recovery and the positive impact it could have on the service users, however all staff have since been encouraged to access Recovery training and gain a level of understanding of how Recovery can fit into everyday nursing practice. Nursing staff have become more proactive within named nurse sessions and help their patients utilise their Recovery packs to help them progress through their personal journeys.
The participants acknowledge that there are complexities involved in maintaining the balance between Recovery-orientated practice and security.

It is understandable that staff working within high secure services are focused on maintaining the requirements of physical, procedural and relational security through risk management. Working in an ethos of risk management takes away a certain freedom because therapy has to satisfy the priorities of risk (Rhodes 2010). Personality Disorder patients who are admitted to high secure services invariably have suffered a huge amount of trauma and abuse at some point in their lives. These experiences have shaped the way people perceive relationships and how they interact with others now. This can create barriers when interacting with people and they invariably display challenging behaviours when they have difficulty communicating their real emotions (Turner, Neffgen & Gillard 2011). By informed staff educating and supporting their patients they will realise that all patients nursed within forensic services rely on hope to maintain a positive outlook. A therapeutic relationship based on Recovery can supply the patient the courage to move on and take control of their own difficulties and prepare them to pursue opportunities to live a meaningful life even within the constraints of a structured forensic service.

Limitations

A key limitation of this study is that the author was working as a staff nurse on the same ward as the participants. As the author was an insider the study was open to bias and familiarity. Also, as the study focused on a convenience sample, the participants were not representative in terms of experience and level of Recovery training completed. Furthermore, as the sample is small in size it is not possible to make generalisations from the findings. It could also be possible that the anonymity of the participants could be comprised from the small sample.

The questions identified for the study were from the viewpoint of the author to satisfy the criteria of part of a MSc in Healthcare Education.

Conclusion

It is evident from the findings that the participants in Group C are clearly more positive and knowledgeable about the Recovery approach compared to their colleagues who have been qualified longer. This may be due to the fact that Recovery has become an important part of pre-registration nursing curricula, and that the more recently qualified staff are more enthusiastic and able to take on new ideas and ways of working. Participants who have been qualified longer may be more reluctant to change and take on new ideas. Adopting and utilising a Recovery model with

criminally disordered offenders is a positive way of working that some staff are very skilled in, although few staff have the rationale and theory to support their practice in this area. This highlights the need to include a patient's Recovery plan as part of the nursing care and treatment pathway and within everyday clinical practice. It is essential to recognise the continued need to maintain the balance between therapy and security and it is clear that the Recovery approach has a key role to play. The findings from this study highlight that the theory behind Recovery principles needs to be disseminated to all staff and implemented to ensure the patient group have the opportunity to influence their care. Dissemination across the nursing teams has improved nursing practice enabling the patient group to develop a greater feeling of ownership of their own Recovery journey. Further training would be recommended to help staff to feel more able to empower the most challenging of offenders to engage with Recovery and regain control of their own futures. Further research into the use of Recovery with secure services, and also patient's experiences of Recovery would be of benefit.

References.

Adams, E., (2010). The joys and challenges of semi-structured interviewing. Community Pract, 83(7) 18-21

Anthony, W.A., (1993). Recovery from mental illness: the guiding vision of the mental health service system in the 1990's. Psychosoc Rehabil J, 16, 11-23

Amsel, P., (2010).Living with the dragon: the long road to self-management of bipolar II. In: Bassett,T., & Stickley. T., eds. Voices of Experience: narratives of mental health survivors. Wiley-Blackwell, Chichester

Barsky, J., & West, A., (2007). Secure settings and the scope for recovery: service user's perspectives on a new tier of care. Journal of Forensic Practice. 9(4) 5-11

Critchfield, K.L., & Benjamin, L.S., (2006). Integration of therapeutic factors in treating disorders. In: Castonguay, L.G., & Beutler, L.E., eds. Principles of therapeutic change that work. Oxford University Press, New York

Davies, W., (2007). The RAID Course 7.1 Edition. APT Press. Leicester

Davidson, L., Tondora, J., Lawless, M.S., O'Connell, M., Rowe, M., (2009). A practical guide to Recovery-Oriented Practice: tools for transforming mental health care.Oxford University Press. Oxford

Department of Health, (2011). No Health without mental health: a cross-government mental health outcomes strategy for people of all ages. Department of Health. London

Doyle, M., Logan, C., Ludlow, A., & Holloway, J., (2011). Milestones to recovery: Preliminary validation of a framework to promote recovery and map progress through the medium secure inpatient pathway. Crim Behav Ment Health, 22: 53-64

Green, T., Batson, A., & Gudjonsson, G., (2011). The development and initial validation of a service-user led measure for recovery of mentally disordered offenders, J Forensic Psychi Ps,, 22 (2), 252-265

Hutchinson, S., & Wilson, S.H., (1992), Validity threats in scheduled semi-structured research interviews. Nursing Research, 41(2):117-119

Koshy, V., (2005). Action research for improving practice: a practical guide. London. Sage.

Lobbestael, J., & Arntz, A., (2010). Emotional, cognitive & physiological correlates of abuse-related stress in Borderline and Anti-social personality disorder. Behav Res Ther. 48 (2).

Miles, M., & Huberman, A.M., (1994). Qualitative data analysis: an expanded sourcebook 2nd Ed. Sage. London

Nottinghamshire Healthcare NHS Trust (2011) Recovery Strategy. Nottinghamshire Healthcare NHS Trust

O'Leary, Z., (2004). The essential guide to doing research. Sage. London

Parahoo, K., (2014) Nursing research: principles, process and issues. Palgrave Macmillan. Basingstoke

Parker, J., (2014). Recovery in Mental Health, S Afr Med J, 104 (1),

Repper, J., (2006), Viewpoint. Discovery is the new recovery. Mental health today. February 2006, 37

Repper, J., & Perkins, R., (2013). The team recovery implementation plan: a framework for creating recovery-focused services, NHS Confederation, London

Rhodes, L., (2010). Risking therapy. Howard J Criminal Justice. 49 (5) pp 451-462

Roberts, G., & Wolfson, P., (2004). The rediscovery of recovery: open to all. Advance Psychiatri Treat 10: 37-49

Slade (2009) Personal recovery and mental illness: a guide for mental health professionals. Cambridge university press, Cambridge

Turner, K., Lovell, K., & Brooker, A., (2011). "…and they all lived happily ever after": "recovery" or discovery of the self in personality disorder? Psychodynamic Practice: Individuals, Groups and Organisations, 17:3, 341-346

Turner, K., Neffgen, M., & Gillard, S., (2011). Understanding personality disorders and recovery. [online]. www.emergenceplus.org.uk

Watkins, P., (2007). Recovery: a guide for mental health practitioners. Churchill Livingstone. London

Willmot, P., & Gordon, N., (2011). (eds) Working positively with personality disorder in secure settings: a practitioner's perspective.Wiley-Blackwell. Chichester