Mental Health Commission of New South Wales

Inside Outside: Recovery research project

A discussion paper by the Mental Health Commission of New South Wales

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Introduction

A note on language: throughout this document the term 'justice settings' is used to include mainstream correctional centres, as well as forensic services, juvenile justice and community based services.

People with mental illness are significantly overrepresented in justice settings. Research published in 2013 estimates that 77 per cent of prisoners in NSW had a mental health problem. We also know that people who have a mental illness are three to nine times more likely to enter prison than those who do not have a mental illness.[1]

Therefore,, rather than being viewed as an exception that requires adjustment, the likely existence of some history of trauma and/or mental illness should be assumed as the norm. We need to ensure that those with a lived experience of mental illness who come into contact with the criminal justice system are receiving appropriate care, support and rehabilitation. This means drawing on best practice from a range of disciplines, especially health.

Contemporary best practice in mental health support is based on the principles of recovery-oriented and trauma-informed care. The principles are now incorporated into National Standards for Mental Health Services[2], National Mental Health Core Capabilities[3] and are increasingly included in Australian mental health statutes.[4]

Recovery is commonly defined as being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues.[5] A recovery-oriented approach is based on the principles of personal choice, self-determination, responsibility and advocating alternatives to coercive practices. These themes were emphasised by people with lived experience of mental illness and the justice system who responded to the Commission's *Inside Outside Recovery Lived Experience Survey*.

> *"Recovery means learning to live a life where I am happy within myself and with where my life is going."*
>
> *"Being able to live a meaningful life, even when under care either in or out of hospital."*
>
> *"Understanding my illness/condition. Understanding how to manage my illness/condition."*

Another person explained how for them recovery was gaining a sense of self-worth and personal meaning.

> *"I did not understand previously that I had self-worth. I felt no one cared and that I did not deserve to be cared [for]. In the forensic hospital I was helped to*

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[1] NSW Mental Health Commission (2014) *Living Well: A Strategic Plan for Mental Health in NSW*, Sydney, NSW Mental Health Commission, p 80

[2] Australian Government (2010) *National Standards for Mental Health Services 2010,* Commonwealth of Australia, available http://www.health.gov.au/internet/main/publishing.nsf/Content/CFA833CB8C1AA178CA257BF0001E7520/$File/servcov2.pdf

[3] Health Workforce Australia (2014), *National Mental Health Core Capabilities*, Department of Health available file:///C:/Users/eburf/Downloads/1984476-National_Mental_Health_Core_Capabilities_-_July_2014.pdf

[4] For example: *Mental Health Act 2007 (NSW)* and *Mental Health Act 2015 (ACT)*

[5] Australian Health Ministers' Advisory Council (2013) *National Framework for Recovery Oriented Practice: Guide for practitioners and providers*, Commonwealth of Australia, p 11

> *understand that I am worthy of care and like everyone else should have self-worth."*

Experience of trauma in the justice population is common.[6] For example, among women in justice settings, it is estimated that 90 per cent have experienced trauma of some kind.[7] The Royal Commission into Institutional Responses to Child Sexual Abuse visited most prisons in Australia and held private sessions with hundreds of inmates. This will be the subject of detailed discussion in the Royal Commission's final report.

For many people, the prison environment is highly triggering and can be re-traumatising. Within justice settings many everyday occurrences may be perceived as threatening for people experiencing trauma - for example, body searches, lack of privacy, confined spaces, control and restraint techniques, shouting, musters, loud noises and banging doors.[8] One particular legacy of childhood trauma is the ongoing problems with authority figures and institutions which frequently lead to conflict with police, the law and incarceration. However, sadly, for some people prison can be a place of safety and access to resources. This is particularly so for the many whose lives in the outside world were marked by homelessness, domestic violence and a lack of availability of services to deal with the impacts of childhood trauma.

Trauma-informed care describes a way of working with people that acknowledges the likelihood of trauma, the lasting impact of trauma and promotes awareness and sensitivity to its dynamics. Trauma-informed approaches seek to not inflict any additional harm on individuals and to avoid reactivating past traumatic experiences. It is based on the principles of safety, trustworthiness, choice, collaboration and empowerment.[9] People with experience of mental illness and the justice system provided the Commission with the following descriptions of what a trauma-informed approach means to them.

> *"Empathic understanding of underlying factors that contribute to the initial presentation with the skills and knowledge patience and compassion to gently address these issues in a safe environment."*

> *"That … staff know how awful my life has been and try not to make it worse."*

There is significant overlap between recovery-oriented and trauma-informed approaches. One respondent to the lived experience survey highlighted this overlap:

"Knowing I feel safe. [Being] protected from my trauma. When you have no rights within a system [which] is trying to be helping you. There is a sense of helplessness and no hope of even trying to express anything. The system deemed me [irresponsible] and yet expected me to be [responsible]

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[6] Butler, T, Andrews, G, Allnutt, S, Sakashita, C, Smith, N, Basson, J (2006) "Mental Disorders in Australian Prisoners: A Comparison with a Community Sample", in *Australian and New Zealand Journal of Psychiatry*, 40 (3), 272–276.

[7] Australian Institute of Family Studies (2012) "Addressing women's victimisation histories in custodial settings", in *ACSSA Issues*, No 13, accessed via https://aifs.gov.au/publications/addressing-womens-victimisation-histories-custodial-settings/profile-women-prison

[8] McGlue, H. (2016), "Trauma Hiding in Plain View: The Case for Trauma Informed Practice in Women's Prisons" in *The New Zealand Corrections Journal*, 4 (2), December 2016, available http://www.corrections.govt.nz/resources/research_and_statistics/journal/volume_4_issue_2_december_2016/trauma_hiding_in_plain_view_the_case_for_trauma_informed_practice_in_womens_prisons.html

[9] Bateman, J.; Henderson, C. (MHCC); Kezelman, C. (ASCA). (2013) *Trauma-Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia*, A National Strategic Direction, Mental health Community Coalition NSW, p.9, accessed via http://www.mhcc.org.au/media/32045/ticp_awg_position_paper__v_44_final___07_11_13.pdf

with [absolutely] no support structure what so ever to protect me from all my continued trauma and abuse. I DID NOT HAVE A VOICE."

Rehabilitation and recovery will both be aided by offering care, support and treatment that assists a person to understand and work though the interplay between their offending, past trauma and adversity and the experience of mental health issues.[10]

Whilst approaches compatible with trauma-informed and recovery-oriented principles and capabilities are increasingly being implemented within justice settings in NSW with respect to mental health service provision,[11] articulation of fit for purpose, integrated guidelines for the implementation of trauma informed and recovery oriented practice across the entire justice setting is needed.

There are some obvious tensions between the principles underpinning a recovery-oriented and trauma-informed approach and the emphasis in justice settings on risk management and the maintenance of security.

Undoubtedly,delivering justice services in a manner consistent with recovery-oriented values involves challenges for both people receiving the services and the professionals providing care. Challenges include: engaging people in therapeutic relationships within secure and involuntary treatment contexts; appropriately balancing the objectives of choice and determination with the requirements of community safety; and seeking to use alternatives to coercive interventions, thereby reducing practices such as seclusion, restraint and compulsory care.[12]

Despite these apparent contradictions, reconciling the goals of security and therapy appears key to supporting personal recovery and rehabilitation in the justice system.[13]

Commentators suggest that an integrated approach will enable clarification of a person's risks whilst also helping the person and professional to identify, strengthen and use protective factors to buffer risk.[14]

Inside Outside Research Project

The NSW Mental Health Commission contracted Craze Lateral Solutions to explore the issue of implementing recovery oriented, trauma informed approaches in justice settings. Dr Craze undertook a literature review and conducted surveys with people with a lived experience of mental illness and the justice system and with professionals who work in justice settings. Twenty eight

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[10] See for example: Drennan, G. & Reid, A.(2012) "Recovery in forensic mental health settings: from alienation to integration" in *Secure Recovery: Approaches to recovery in forensic mental health settings*, G. Drennan, & D. Alred (Eds.), Routledge: Oxon, London, pp. 23-29; Barker, R. (2012) "Recovery and Risk: Accepting the Complexity", in *Secure Recovery: Approaches to recovery in forensic mental health settings*, G. Drennan, & D. Alred (Eds.). Routledge: Oxon, London, pp. 30-60

[11] See for example: NSW Health Justice and Forensic Mental Health Network (2016), *Year in Review: 2015-2016*, p. 45, access via http://www.justicehealth.nsw.gov.au/publications/201516YearinReview; Corrective Services NSW (2016), *Annual Report 2015-2016*, p. 77, accessed via http://www.justice.nsw.gov.au/Documents/Annual%20Reports/JusticeAnnualReport2015-16.pdf

[12] Simpson, A. I. F.; Penney, S. R. (2011), "The Recovery Paradigm in Forensic Mental Health Services", in *Criminal Behaviour and Mental Health* 2011, 21 (5), December 2011, 299-306.

[13] Drennan, G.; Alred, D. (2012), *Secure Recovery: Approaches to Recovery in Forensic Mental Health Settings*, Routledge: Oxon, London

[14] Simpson, A. I. F.; Penney, S. R. (2011), "The Recovery Paradigm in Forensic Mental Health Services", in *Criminal Behaviour and Mental Health* 2011, 21 (5), 299–306; Dorkins, E.; Adshead, G.(2011), "Working with Offenders: Challenges to the Recovery Agenda", in *Advances in Psychiatric Treatment,* April 2011, 17(3), 178–187; Davidson, L.; O'Connell, M.; Tondora, J.; Styron, T.; Kangas, K. (2006), "The Top Ten Concerns about Recovery Encountered in Mental Health System Transformation", in *Psychiatric Services,* May 2006, 57(5), 640–645.

people responded to the lived experience survey, 71 per cent (20) of who were still in contact with the justice system. Ninety one people responded to the professional survey.

Much of the literature and research available when looking at implementing recovery-oriented, trauma-informed approaches in justice settings is focused on forensic hospitals, rather than other justice settings. The literature is also primarily concerned with the provision of mental health services in justice settings, rather than the application of recovery-oriented, traumainformed approaches across the entire system.

Despite these drawbacks, the research showed that the concepts of recovery-oriented, trauma-informed care are not entirely new to the justice system. The principles align with contemporary justice theory and models including rehabilitation models, restorative and community justice models, reintegration and re-entry approaches, therapeutic jurisprudence models, early intervention, gender and culturally safe models and relational approaches.

People responding to the lived experience survey described the benefits that would arise from the implementation of recovery oriented, trauma informed approaches.

> *"Being able to do psycho-social rehabilitation and … be practical and productive and yet at the same time, learning about yourself, your boundaries, do's and don'ts and mastering positive cognitive techniques that will stay with you forever."*

> *"I would come out feeling more hopeful with a determination to get it right and move on with my life. The engaging side of recovery care would have made so much of a difference for me."*

Respondents to the professional survey also saw clear benefits from implementing a recovery-oriented, trauma-informed approach.

"Everything [would be different]. Everything from policies about food to how people speak to one another would be different. I would spend less time de-escalating clients from re-triggering interactions with staff and more time on the client's recovery. The client would feel safe to work on their issues and to practice living."

The survey of professionals working in justice settings evinced a clear willingness to embrace recovery and trauma-informed principles and to find an appropriate adaption of these approaches for the justice setting. For example, there was overwhelming support (84% of respondents) for the statement:

"*Rather than being mutually exclusive, good security and good therapy are in fact interdependent. Security procedures need to be adjusted to reflect operating in a therapeutic environment and recovery culture and clinicians need to be involved with and committed to ensuring a safe and secure environment."*

However, some respondents did raise concerns about the extent to which this could be achieved in a correctional setting; highlighting the need for purpose designed guidelines.

When both people with lived experience and professionals were asked what would change if a trauma informed recovery approach was successfully implemented, responses emphasised:

- the positive attributes of improved consumer outcomes;
- reduced offending over time;

- a better informed, motivated and empowered workforce including peer workers;
- less use of restrictive practices such as seclusion and restraint;
- less institutional care and institutionalisation of people;
- less fear;
- more evidence based practice;
- enhanced evaluation and review of practice; and
- staff (and others) would be 'on the same page' with collaborative practice, shared and accessible documentation.

Enablers

The literature review and surveys highlighted 'enablers' which help with implementing a recovery oriented, trauma informed approach in a justice setting. Specifically:

1. Purpose designed guidelines for justice settings
2. Whole of organisation cultural change
3. Reframe risk and safety
4. Collaborative assessment and care planning
5. Incorporate lived experience
6. Promote social inclusion

Purpose designed guidelines for justice settings

Organisations appeared to embrace and follow through with the implementation of recovery-oriented, trauma-informed approaches when they could draw on guidance and/or standards formulated specifically for justice settings, albeit drawing on community-wide standards. The literature review and surveys did not identify any relevant guidelines in NSW, although good examples exist overseas. For example, *The Hatherton Centre Rehabilitation Framework* in the United Kingdom (UK) or the Fulton Hospital's *Trauma Informed Treatment of Forensic Clients* in the United States of America (USA).[15]

Whole of organisation cultural change

The literature suggests cultural change strategies that promote organisational-wide ownership of practice and service delivery shifts among both staff and detainees are key to the effective implementation of recovery-oriented, trauma-informed approaches in justice settings.[16] There is an emphasis in the literature that all relevant stakeholders collaboratively identify training

[15] Carr, S., & Havers, S. (2012), "Harnessing hearts and minds." in G. Drennan, & D. Alred (Eds.), *Secure Recovery: approaches to recovery in forensic mental health settings*. London, UK: Routledge; NASMHPD (2008), "Fulton SH focus on safety strategic plan." available http://www.nasmhpd.org/sites/default/files/I_4_FultonSHFocus.pdf

[16] Drennan, G., & Wooldridge, J. (2014), "Making recovery a reality in forensic settings", *Implementing Recovery through Organisational Change Briefing*, Paper 10, accessed http://imroc.org/wp-content/uploads/2016/09/10ImROC-briefing-10-Making-Recovery-a-Reality-in-Forensic-Settings-final-for-web.pdf; Carr, S, & Havers, S. (2012), "Harnessing hearts and minds", in *Secure Recovery: approaches to recovery in forensic mental health settings,* G. Drennan, & D. Alred (Eds.), London, UK, Routledge, pp, 137-150.

requirements. In some instances, training is focused on the learning needs of staff;[17] whilst in others training is provided for both staff and people in the service.[18]

Reframe risk and safety

Some commentators talk about a concept of 'offender recovery', an aim of which is to support people to come to terms with having offending and to own the consequence and implications.[19] A strengths-based approach to risk assessment undertaken in partnership with the person in justice settings is one possible means of assisting this shift.[20]

When asked about the concept of 'offender recovery' in the survey, the majority of respondents with a lived experience of mental illness (84%) thought it was a useful concept whilst some questioned its applicability in forensic mental health settings. That is:

> *"Not sure how to understand this concept. Been labelled as an offender and yet treated under the Mental Health Act, which deems 'you' not responsible. The word 'offender' sits in the punishment category."*

Collaborative assessment and care planning

The literature suggests that if risk assessment and management are to be effective, they should be undertaken transparently and in the spirit of collaboration, with the goal of helping patients to become better assessors and managers of their own risk. This is more likely to be achieved if people are able to internalise a risk assessment model that they can apply to everyday life.[21]

Common to each of the instruments and initiatives reviewed was the application of the principles of maximising participation, choice and self-determination in treatment and care decisions in ways suited to and adapted for justice settings.[22]

Incorporate lived experience

As mental health and community services in Australia change to become more person centred, more and more organisations look to the firsthand experience of mental health service users to deliver services.[23] This can take many forms and numerous examples were found in the literature of processes being developed in justice settings to enable people to contribute their lived experience. Examples ranged from assisting with service redesign, program development and culture change

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[17] Eunson, H, Sambrook, S & Carpenter, D (2012), "Embedding recovery into training for mental health practitioners" in *Secure Recovery: approaches to recovery in forensic mental health settings,* G. Drennan & D. Alred (Eds.), London, UK, Routledge. pp 194-207

[18] Davey, I, & Dempsey, J (2012), "Working with complexity: a map for recovery in forensic psychiatry" in, *New Paradigm Australian Journal on Psychosocial Rehabilitation*, Spring/Summer, 20-23, access http://www.mhrt.nsw.gov.au/assets/files/mhrt/pdf/RecoveryinForensicPsychiatry.pdf

[19] Barker, R (2012), "Recovery and Risk: Accepting the Complexity", in *Secure Recovery: Approaches to recovery in forensic mental health settings,* Routledge: Oxon, London, p 30

[20] Ibid; See also: Cree, A & Horstead, A (2013), "Achieving transparency in forensic risk assessment: a multimodal approach" in *Advances in Psychiatric Treatment*, 19: 351–357; Slade, M. (2009), *Personal recovery and mental illness,* Cambridge University Press, London, pp. 176-178; NHS Networks (2017), *My Shared Pathway: Background to the project*, access https://www.networks.nhs.uk/nhs-networks/my-shared-pathway/background-to-the-project.

[21] Cree, A.; Horstead, A. (2013), "Achieving Transparency in Forensic Risk Assessment: A Multimodal Approach", *Advances in Psychiatric Treatment,* September 2013, 19(5)351–357

[22] de Vogel, V, de Ruiter, C, Bouman, Y, & de Vries Robbé, M (2009), *SAPROF. Guidelines for the assessment of protective factors for violence risk* (English version), Utrecht, Forum Educatief; Webster, C. D., Martin, M., Brink, J., Nicholls, T. L. & Middleton, C. (2004) "Short-Term Assessment of Risk and Treatability (START)." [Version 1.0 Consultation Edition]. St. Josephs Healthcare, Hamilton and Forensic Psychiatric Service Commission; Carr, S & Havers, S (2012), "Harnessing hearts and minds" in *Secure Recovery: approaches to recovery in forensic mental health settings*, G. Drennan, & D. Alred (Eds.), London, UK, Routledge

[23] NSW Mental Health Commission, "The case for peer work", *Peer Work Hub*, available http://peerworkhub.com.au/the-case-for-peer-work/

through to the training and professional development of staff.[24] Mechanisms such as consultative committees and consumer advisory groups are providing ways for people to be involved in day to day decision-making and ongoing quality improvement.

Another way to incorporate lived experience is through peer workers. Evidence from mental health services suggests that employing peer workers will have a positive impact on the quality of services and client outcomes.[25] Increasingly, peer workers are employed in justice settings in countries including the USA and the UK.[26] In NSW, Justice Health has contracted with Flourish Australia to provide peer workers in the forensic hospital. Peer workers perform a wide range of roles that are designed to help people regain personal control over their lives and to transition smoothly from detention to life in the community. Tasks undertaken include interacting directly with people, individually and in groups, building trust, sharing personal experience with mental illness, helping people understand their experience with mental illness, supporting the development of self-help, coping and communication skills. Here in Australia, Victoria's Forensicare employs both Consumer Consultants and Family and Carer Advocates across their programs for men and women. While evaluative data is not yet available for the latter positions, consumer consultants have been reported to promote people's engagement in their own therapy and treatment.[27]

Promote social inclusion

Social exclusion can be both a contributor and outcome of the experience of mental health issues. Recovery oriented approaches emphasise the importance of increasing social inclusion and participation by building confidence and motivation to engage in the things people value and enjoy.

While social inclusion is promoted in mental health care in general, it is difficult to reconcile or finesse in the context of forensic mental health and justice settings where there is an emphasis on containing risk.[28] Additionally, many people within forensic mental health services have already experienced considerable social exclusion prior to having offended.

Examples of programs designed to promote social inclusion of people detained in forensic mental health and justice settings include: training programs focussed on employment skills;[29] establishing enterprises and co-operatives/social firms;[30] recovery colleges;[31] enabling people to participate

[24] Bowser, A. (2012), "Nothing for us without us either – forensic service user involvement" in *Secure Recovery: approaches to recovery in forensic mental health settings,* G. Drennan & D. Alred (Eds.), London, UK, Routledge; Drennan, G & Wooldridge, J. (2014), "Making recovery a reality in forensic settings," in *Implementing Recovery through Organisational Change Briefing*, Paper 10, accessed http://imroc.org/wp-content/uploads/2016/09/10ImROC-briefing-10-Making-Recovery-a-Reality-in-Forensic-Settings-final-for-web.pdf; National Service User Network (NSUN) with Voice for Women in Mental Health (WISH) (2011), "Unlocking service user involvement practice in forensic settings" accessed http://www.nsun.org.uk/assets/downloadableFiles/unlocking-forensic-ui--final-version2.pdf

[25] NSW Mental Health Commission, "The case for peer work", *Peer Work Hub*, available http://peerworkhub.com.au/the-case-for-peer-work/

[26] Bowser, A. (2012), "Nothing for us without us either – forensic service user involvement", *Secure Recovery: approaches to recovery in forensic mental health settings,* in G. Drennan, & D. Alred (Eds.), London, UK, Routledge; Baron, R. (2011), "Forensic peer specialists: an emerging workforce." [Policy Brief]. New Brunswick, NJ: Centre for Behavioral Health Services & Criminal Justice Research, accessed http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/forensic_issues/Policy%20Brief.pdf

[27] Dempsey, J. (2011) "Lighting the Match: Consumer Participation at Forensicare", in *New Paradigm Australian Journal on Psychosocial Rehabilitation,* Autumn 2011, 16-18.

[28] Frayn, E., Duke,J., Smith,H., Wayne, P., Roberts, G. (2016), "A Voyage of Discovery: Setting up a Recovery College in a Secure Setting" in *Mental Health and Social Inclusion* , 20 (1), 29–35

[29] Bowser, A., G.(2013) "Nothing for Us without Us Either – Forensic Service User Involvement", in *Secure Recovery: approaches to recovery in forensic mental health settings*, Drennan G and Alred D (eds), UK: Routledge: London

[30] Atkinson, P. (2011) "Mental Health and Transition from Prison to the Community" in *New Paradigm Journal on Psychosocial Rehabilitation*, Autumn, 13–15

[31] Hutchinson, J (2008) "Promoting Social Inclusion for Users of Forensic Services", in *A Life in the Day*, 12 (3), 26–28; Corlett, H, Miles, H (2010) "An Evaluation of the Implementation of the Recovery Philosophy in a Secure Forensic Service" in *The British Journal of Forensic Practice*, 12 (1), 14–25

under supervision in art, sport, educational and employment programs in the community;[32] holding events and celebrations on the inside that family and community members are able to attend.[33]

Next steps

The literature review and survey have clearly shown that by drawing on best practice from mainstream mental health services and adapting it for use in justice settings there is a real opportunity to improve rehabilitation and recovery outcomes for individuals and the broader justice system. To progress this goal, the following steps are proposed:

- Establish a collaborative space for justice agencies, researchers and other experts (including people with lived experience of mental illness and the criminal justice system) to look into the application of recovery-oriented, trauma-informed approaches in justice settings in NSW.
- Using this collaboration, undertake a Delphi Study to reach a consensus among all relevant stakeholders about the adaptation of recovery-oriented, trauma-informed approaches for justice settings in NSW.
- Develop fit for purpose guidelines on the application of recovery oriented and trauma informed care in justice settings in NSW. These will need to be tailored for each justice settings, and the needs of target populations.

[32] NSW Health Justice and Forensic Mental Health Network (2016), *Year in Review: 2015-2016*, p. 45, access via http://www.justicehealth.nsw.gov.au/publications/201516YearinReview.pdf

[33] Corrective Services NSW (2016), *Corrective Services Annual Report 2015-2016*, p. 77, accessed via http://www.justice.nsw.gov.au/Documents/Annual%20Reports/JusticeAnnualReport2015-16.pdf