“I’m a patient, no longer a man”

the experience of male forensic patients
during inpatient treatment

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Forensic mental health services then......
Forensic mental health services now.....
Context:

**Large proportion of male patients**

“Characterised by high dominance, low warmth, tendency towards aggression”
Edens, 2009

**Engagement difficulties**

“Respect equates to transparency and interest”
Macinnes, 2014

**Recidivism and OPB**

“Aggression towards same sex staff”
Knowles, 2008

**Relapse and re-admission**

“difficult to treat group value systemic containment”
Bos, 2012

**Compulsory treatment – pharmacological; other?**

“Key features – different worlds, control, clinician diversity”
Lord, 2016

**Specific recommended treatments and adaptations for mental disorder; varied formulations**

“Psychoeducation and pre-therapy increase amenable to treatment”
Valentine, 2010

**Financial Lens**

Non completers expensive

**Recovery and service user involvement**

“Men value and motivated by support, safety, belonging, key therapeutic relationship”
Sainsbury, 2004
Context:

› Over 86% of the population within secure forensic mental health services are men (Ministry of Justice, 2014)

› Primary focus is on addressing mental ill health and risk of harm

› Currently limited focus on how considering male gender may contribute to anything - assessment, treatment, pathways

› Anecdotally, some staff members notice this, do patients?
Study – Aims:

› To gain an understanding of the current perspective of male medium secure service inpatients, with particular emphasis on:
  › Consideration of their gender
    › relating to risk (assessments)
    › across care pathway (planning)
    › impact on engagement
Method:

- Male forensic patients (n = 96) detained within 1 x medium secure service
- Invited across a 12 month period to discuss how forensic interventions (e.g. risk assessments and care plans) contribute to their forensic rehabilitation
- Through discussion groups, pre and post therapy evaluations, individual interviews and questionnaires (PROM; service adaptations)
Method:

Focus of questioning:

- Individual experience
- Satisfaction
- What was beneficial; what less so; what feel neglected
- Service improvement ideas
Participant profile:

Male forensic patients (n = 96)

- Diagnoses: 78% diagnoses of mental illness (e.g. schizophrenia); 46% other diagnoses and/or combination with MI (e.g. personality disorder, ASD)
- Convictions: 97% criminal convictions (violence, sexual violence, fire setting)
- Diversity: 43% BAME; 4% G,B or T
- Location: 30% located within acute; 30% within rehab; 30% within specialist (personality disorder, neuro)
- Treatment: foci on criminological, psychotherapeutic and relational approaches delivered via multidisciplinary input.
Results:

› Of the 96 male forensic inpatients approached, 74 (77%) participated in providing feedback
› 54 (72%) reported that “issues” related specifically to gender were not considered
› Reported focus was on mental ill health and risk of harm “obliterating” any focus on gender
Results:

- Lack of exploration
- Adapting masculinity across settings
- Enquiry
  - Dominant focus on symptoms and risk
Results:

Lack of exploration

Adapting masculinity across settings

Dominance of symptoms

Enquiry

“I’m mostly described as having schizophrenia, not a father or brother”

“Get asked about contact with my wife, but not how powerless I feel to not be able to look after her......I feel a failure as a husband”

“If me being a man comes up I dread they’ll bring up the time when I was talking about sex all the time when I was psychotic”
Results:

Lack of exploration

Adapting masculinity across settings

Enquiry

Dominant focus on symptoms and risk

“I worry if I mention any men’s issue it’ll be viewed as sexually inappropriate. I have sexual needs, don’t we all, but in here it’s best I don’t……”

“Men don’t talk much. In prison definitely not. Here (hospital) the expectation is we open up…but then we go out and aren’t to talk again”

“So difficult to say what worries me sometimes – without the question I guess I miss the chance. I do feel more safe to explore my problems here, though. My psychologist knows me better than anyone else.”
Results:

Lack of exploration

Altered masculinity

Dominant focus on symptoms and risk

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“Takes time saying what’s going on in my head, but that seems to be the priority so I cooperate. Talk mostly about symptom”

“I think I can’t get turned on anymore...... they think I’m sexually dysfunct....all feels bit medical, then. Like I’ve a real issue now”

“Apparently my narcissism and psychopathic charm kicks in with new staff, not that I could just like them”
Results:

- From the perspective of male inpatients, the core focus of forensic mental health services is on preventing mental ill health and risk of harm.
- This focus is in formats which exclude or neglect consideration of how their gender impacts upon both the origins of their mental ill health and offending, but also their recovery to healthier, risk free lives.
- Male inpatients experience difficulties with “adapting masculinity” across settings (e.g. prison; hospital; community).
- Currently limited focus on considering male gender issues, which male inpatients notice.
Thoughts on this?
So what happened next......
Developing “greater consideration of the male” within one service – quick A, B, C guide
Outcome of previous studies:

- Optimism created
- Interested group wished to examine how greater consideration of male gender could have positive impact upon the secure service
- Where to start
Developments:

› How could consideration of male gender have positive impact on secure services?
  › Clinical benefits
    › Impact on engagement (e.g. amenability to tx; meaningful participation)
      › Within specific contexts (e.g. contacts with nursing; psychology)
      › Across whole care pathway
  › Patient flow – quality and effectiveness
  › Enhancing existing service model
  › Developing the workforce
    › Development of workforce (increase in Interested group wished to examine how greater consideration of male gender could have positive impact upon the secure service)
Challenge 1.
Challenge 1. Limited awareness
   New perspective vs core business

Solution 1. Communication
   Buddies across system
      > Staff
      > Service users
   Language (across different settings e.g. governance; recovery; professional development)
   Dissemination
Challenge 2.
Challenge 2. Demonstrating potential value
  New specialist topic vs core business

Solution 2.
  (Pilot) Integration into practice
  Innovations demonstrating impact – (adaptations and evaluation e.g. clinical practice; care planning)
    Psychological work – direct and indirect
    Recovery agenda
    Service model
Challenge 3.
• Challenge 3. Resource constraints

• Solution 3. Integration as well as demarcation
  – Specialist strategy and MDT working group
  – Contributing to and enhancing existing strategies
    (e.g. trauma; complex communication; offence parallel behaviour)
    • Also supervision and reflective practice framework
Successes:

› Development of Male Gender Strategy
  › Developing resources for service
    › i.e. formulation guidance; library of materials

› Expansion of Innovation activity within Research & Innovation remit
  › e.g. project adapting existing criminological and psychotherapeutic psychological approaches; collaboration with service users; reflective practice

› Staff awareness raising
  › Training (See Think Act; Positive and Proactive Care – START; PBS); consultation
Lots still to do...

- Maintaining momentum
- Expanding ideas
- Involving key stakeholders
- Research and evaluation
Discussion

Any comments?

Interested in collaborating?
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