

Title: To work or not to work? An exploration of forensic mental health service users' perceptions of work related occupations as part of a rehabilitation programme to support recovery.

## **Project Lay Summary**

From an occupational therapy viewpoint, work related occupations are seen as essential in supporting and maintaining a lifestyle balance and mental wellbeing. Work also provides opportunities for building skills, boosting confidence and social inclusion. It is well documented that individuals with serious mental illness and a forensic history are less likely than other disabled groups to engage in work related occupations, paid or otherwise, after discharge from a hospital setting. One of the most effective ways of reducing readmission and preventing reoffending is to identify and engage in work based occupations. However, this population faces massive challenges to gaining and maintaining employment.

Government reforms in mental health services have put a focus on supporting such individuals to engage in work related activities viewing it as aiding recovery and as offering the prospect of reducing poverty.

There is a wealth of research interested in vocational rehabilitation for individuals with mental health problems and a history of criminal behaviour who are in services. There is, however, a lack of research exploring the attitudes and perceived barriers of this population towards vocational and work related activities as part of a rehabilitation programme in preparation for community living.

The aim of this study is to explore the views of individuals with offending histories and serious mental health problems, in relation to work related occupations as part of a rehabilitation programme. Having an understanding of this population's attitudes and opinions, towards such interventions will assist with service development in relation to interventions offered within a rehabilitation programme. It will also inform treatment and discharge planning within services.

Focus groups will be used and data collected in these discussions will aid the development of questions for 1-1 semi structured interviews.

## **Background of study**

Within a forensic setting the focus of occupational therapy should not be limited to self-care and domestic tasks, but should provide opportunities for the development of roles and skills that support community reintegration as part of a wider rehabilitation programme (O'Connell and Farnworth 2007). A key element to successful reintegration into the community after a lengthy period of time in mental health services is the prospect of work.

It is acknowledged that work is central to promoting and maintaining health and wellbeing and can be an aid to recovery. Work also contributes to self-identity, personal roles and societal status (Creek 2002). Work related occupations also encourage a sense of self efficacy and offers opportunities for social inclusion (Baron et al 2013).

It is widely recognised that individuals with mental health problems are far less likely to

engage in work related occupations and employment than other disadvantaged groups (Arbesman and Logdson 2001, Kinoshita et al 2013). For individuals with forensic histories this is even less likely (Tregoweth 2012). Government and welfare reforms are placing increasing emphasis on supporting individuals with such problems into work related occupations (Department of Health 2014). The National Service Framework (NSF) for mental health highlights the need for services to increase opportunities for those with mental health problems to engage in employment (Secker and Membrey 2003). In response to this there has been a great deal of research and service development undertaken focussing on supported employment (ES) and individual placement support (IPS) interventions in mental health services (Burns et al 2009, Burns 2007, Crowther and Marshall 2001, Secker et al 2001). Further to this, research also suggests that individuals with SMI have aspirations to work (Secker et al 200, Seebohm and Secker 2003), but experience barriers preventing them engaging in work related occupations, these include stigma, fear of financial loss and the persistence of symptoms (Tschopp et al 2007). There is however a paucity of research specifically relating to forensic mental health service users and work, and even less research focussing on the attitudes and opinions of this group in relation work related occupations. This research aims to fill the identified gap by focussing specifically on the forensic mental health population and by exploring their perceptions of work and the challenges and barriers they experience.

### **Purpose of study**

### **Research Question.**

To work or not to work? An exploration of forensic mental health service users' perceptions of work related occupations as part of a rehabilitation programme to support recovery.

### **Aims**

- To explore and better understand the attitudes, perceptions and opinions of forensic mental health service users in relation to work related occupations as part of rehabilitation programme and their own recovery journey.

### **Objectives**

- To establish what is understood by the term 'work related occupations' in a forensic population.
- To identify and understand the perceived barriers to work for forensic mental health service users.
- To inform occupational therapy practice within this specialist area, by having increased insight into the values and attitudes of service users around this poignant topic.
- To be able to develop evidenced based work related interventions that meet the needs of service users.

## **Research design and methods**

A qualitative approach will be used in this research as it is concerned with understanding the perceptions and subjective experiences of a specific population (Denzin and Lincoln 2000). For the purpose of this study purposive sampling will be used to identify the most suitable participants in relation to the research question (Curtis et al 2000 cited in Saks and Allsop 2014). Suitable participants will be identified through the multi-disciplinary team (MDT).

Inclusion Criteria:-

Mental state to be deemed stable by the consultant psychiatrist and MDT

Will have a forensic history

Have a diagnosed mental health illness

Be able to give informed consent

Have experience of being in a rehabilitation setting

Exclusion Criteria:-

Have a cognitive impairment that prevents them from participating

Mental state has been unstable in the past 2 months

Do not have either a forensic history or mental health diagnosis

An information sheet will be provided to all participants and informed consent will be gained.

Data collection methods in the initial stages will be undertaken using a focus group. This provides opportunity for individuals to share their thoughts and beliefs on a specific issue (Bell 2005). For this study, work related occupations as part of a rehabilitation programme to support recovery. Morgan (1997) suggests that the use of a homogeneous group is suitable for this type of research as they have shared characteristics.

The researcher will act as facilitator as well as recruiting a second facilitator. This will assist with organisation and collection of data through note taking (Saks and Allsop 2014). A series of open statements derived from current research will be used to facilitate the discussion. The use of a homogeneous group has the advantage of offering interaction between participants and the exploration of hidden meanings and norms within a culture (Bloor et al 2001).

Data gathered from the focus group will be transcribed and scrutinised using thematic content analysis methods. Themes will be coded and used to structure the questions for the semi structured interviews. There will also be opportunity for members of the focus group to review the transcripts and make comment of the identified themes. The interviews will also be recorded, transcribed and coded. Thematic content analysis will be utilised to identify emerging themes from the codes. Member checking will be used to ensure the information has been recorded, interpreted and presented accurately, increasing validity. The use of two data collection methods will mean that triangulation can occur, increasing the soundness and providing a greater understanding of the phenomenon (Mason 2002). Prior to conducting the interviews a pilot will be undertaken to test the questions, timings, environment and interviewing skills. This also enables the researcher to identify any potential ethical concerns allowing for alterations to be made Bloor and Wood (2006).

The researcher needs to acknowledge that there will be an element of bias as they work with a forensic mental health population. To reduce bias the researcher will use the dissertation supervisor to explore this as well as maintaining a reflective diary.

Reflexivity will also be used to examine the impact of the researcher and their subjective views on the research. (Finlay 2002).

### **Location and access arrangements**

As an employee of the Health Board, this proposal will be submitted to the Research and Development Committee. A request for access will also be made to the senior nurse of the forensic team; participants will be identified via the MDT. The senior nurse and MDT will be provided with the information sheet and the researcher will be available to discuss any issues.

The study will be undertaken on NHS premises; a room for the focus group will be booked as directed by the local policy. Rooms will also be booked on NHS premises for the undertaking of the pilot study and the interviews.

Lone worker policy will be adhered to and a risk assessment completed.

When participants have been identified they will be approached by the researcher and provided with the information sheet. The researcher will be available to answer any questions. Participants will only be included if they are willing and have signed a consent form.

The recording equipment (video camera) will be loaned from the training department at the researcher's place of work.

### **Resource Implications**

All costs will be met by the researcher

Equipment cost £0

Room cost £0

Refreshments for focus group/ pilot study and interviews £20

Paper and photocopying for questions/ notes in focus group/ interviews £5

There are no travel costs as the research will be undertaken on site.

### **Ethical Considerations**

Ethical approval will be sought from Cardiff University Ethics Committee and the Health Board Research and Development Committee. Agreement will also be sought from the senior nurse of the researcher's team and the multi- disciplinary team.

Participants will be fully informed of the aims of the study and what it will involve via the information sheet and the researcher will be available to answer any questions. Participants will have the information sheet at least one week prior to being asked to give consent. Participants may withdraw at any time without providing a reason.

Attention will be given to setting ground rules for the focus groups in relation to disclosure of personal information, confidentiality and respect.

All recordings of focus groups, interviews and transcripts will be kept on an encrypted, password protected memory stick and along with paper based information will be kept in a locked cabinet. Only the researcher will have access to the cabinet. Local data

protection policy and the Data Protection Act (1998) guidelines will be adhered to at all times. Participants will be assigned a code during the transcription process. A copy of the coding allowing the researcher to identify participants will be held and stored separately. When the study is completed all information will be disposed of as directed by Cardiff University research protocols.

Risk assessments will be completed in line with Cardiff University and Health Board policy. These will include manual handling in relation to making the environment accessible and lone working when undertaking the interviews.

Potential risks to the participants, in relation to this study, are the disclosure of personal and sensitive information. Participants will be informed that there is no expectation for them to share information that may cause discomfort or may cause the participant feel vulnerable. There will be also opportunity for any information they have shared to be omitted from the study during the process of member checking.

Any pertinent or risk related information shared that relates to the care and treatment of individuals will be shared with the appropriate persons. The participants will be informed of this prior to the focus group and the interviews.

Should any participant require support after taking part the researcher will make links with the participants care co-ordinator.

There is also the potential for changes in participants' mental state during the research process. Any changes in presentation will be reported to the care team and support will be offered. Should a participants' mental state deteriorate for any reason a review of their participation will be undertaken and discussed with the MDT and the individual to ensure that participation is still appropriate.

Timetable		
Activity	Start Date	Completion Date
• Literature review	June 2016	January 2017
• Submit to Cardiff University Ethics Committee	August 2016	October 2016
• Submit to R&D Board ABUHB	October 2016	November 2016
• Amend proposal and resubmit (if required)	October 2016	November 2016
• Identify participants and discuss with MDT	December 2016	January 2017
• Obtain consent from participants	December 2016	December 2016
• Undertake Focus groups	December 2016	December 2016
• Transcription and data analysis	December 2016	December 2016

<ul style="list-style-type: none"> <li>• Question development and pilot study</li> <li>• Undertake Interviews</li> <li>• Transcription</li> <li>• Member checking</li> <li>• Data analysis</li> <li>• Discussion</li> <li>• Review and amend</li> <li>• Submission</li> </ul>	January 2017	January 2017
	January 2017	January 2017
	January 2017	March 2017
	January 2017	March 2017
	March 2017	
		May 2017
	March 2017	July 2017
	March 2017	August 2017
	July 2017	November 2017
	September 2017	January 2018
November 2017	April 2018	
January 2018		
April 2018		

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