

# Towards Work in Forensic Mental Health:

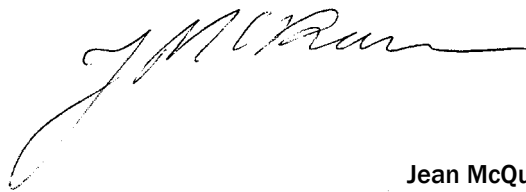
## National Guidance for Allied Health Professionals

A Review to Government by Jean McQueen



## **Acknowledgements**

Thank you to the service users involved in this report. This work would not have been possible without their honesty and openness. Their experiences of vocational rehabilitation provided a richness of data clearly highlighting the enablers and barriers they have encountered on their journey towards work. I would also like to thank the Allied Health Professionals from NHS Tayside, NHS Lothian, Partnerships in Care Ayr Clinic, NHS Ayrshire and Arran who helped to organise the participant interviews within their area. Their support and co-operation have resulted in a really valuable insight into vocational rehabilitation within forensic mental health services in Scotland. The Allied Health Professional Forensic Leads Group (Appendix 1) have been instrumental in providing a steer for much of this work and demonstrated a commitment to the delivery of the key components it contains. Also, thanks to Elaine Hunter (Scottish Government), Vivienne Gration, Lindsay Thomson and Andreana Adamson (Forensic Network) for their support and Jenny Turner research assistant who helped to compile the information this report contains.

A handwritten signature in black ink, appearing to read 'J McQueen', with a long horizontal flourish extending to the right.

**Jean McQueen**  
AHP Consultant  
Forensic Mental Health



# **Towards Work in Forensic Mental Health: National Guidance for Allied Health Professionals**

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## Foreword by Jacqui Lunday, Chief Health Professions Officer and Andreeana Adamson, Chief Executive of the Forensic Network



Jacqui Lunday



Andreeana Adamson

We know that work and engaging in productive occupation has a fundamentally positive impact not only on an individual's health and wellbeing but also on their quality of life, social inclusion and self esteem. Those with forensic mental health issues are no exception to this. We are delighted that this document outlines and celebrates the good work already being done by Allied Health Professionals in forensic mental health in Scotland. Having a strong Allied Health Professional workforce clearly benefits our Service Users through the promotion of meaningful recovery, hope and positive engagement with social, educational and work opportunities. This document provides a comprehensive review of current practice together with national guidance on the way forward to further develop what we do in line with current evidence and what Service Users tell us works. Whilst the inspiring practice examples and participant statements give us an insight into current practice there is much to be done in developing further the client centred, partnership working required to make a real difference in this field. What is clear is that all members of the multi-disciplinary team, not just AHPs have an important role to play in valuing everyday activity and promoting the aspiration to work.

No longer should those with forensic mental health issues be given the message that work is not an option for them with a consistent approach adopted by all members of the team which must go wider than health and include employability partners. With the right support, rehabilitation and multi-agency working, those with forensic mental health issues can and do engage in employment and work related tasks. Clearly and rightly so, the remit of forensic mental

health is often security and the mental health issues linked to offending. The focus is on the use of medication and therapeutic interventions aimed at reducing mental health symptoms and risk of re-offending. The rehabilitation Allied Health Professionals provide is crucial in enabling and supporting individuals to recover or adjust in order to better manage their symptoms and achieve their full potential of which work and occupation are an important outcome.

The work linked to this document demonstrates a first for Scotland in that it is the first time Allied Health Professionals working in forensic mental health have worked together closely at a national level. The information contained in this document demonstrates that it is possible to support those with forensic mental health issues into mainstream paid employment with positive outcomes greatly enhanced through offering vocational rehabilitation early in the care process. Allied Health Professionals wherever they work have a key role to play in delivering effective, evidence based vocational rehabilitation programmes. For these programmes to be successful it is clear they need to have strong client centred focus with partnership working with employability services outwith health care. Evidence demonstrates that the closer the links between health and employability services the better the outcome is likely to be for the service user.

Employment related outcomes are one powerful indicator of good forensic mental health treatment. Therefore we now call on Allied Health Professionals and their forensic mental health colleagues throughout Scotland to realise their potential and the potential of their Service Users for work.

## Executive Summary

This report was commissioned by the Scottish Government and is supported and endorsed by the Forensic Network. It follows the publication of 'Realising Potential: An action plan for Allied Health Professionals in mental health' (2010). This document made a commitment to scope the current Allied Health Professional (AHP) vocational rehabilitation service provision for users of mental health and forensic mental health services. An AHP Consultant for Forensic Mental Health (Jean McQueen) and an AHP Lead for Mental Health (Lisa Greer) were recruited to a one year secondment to carry out this work. The overarching aim of this report (which focuses on forensic mental health) is to review current vocational rehabilitation provision by Allied Health Professionals in Scotland and produce national guidance on a way forward modernising practice in line with evidence and what Service Users tell us is important. The report answers the following key questions:

- 1) What is the current evidence for vocational rehabilitation in forensic mental health?
- 2) What do forensic mental health Service Users view as important in their journey towards work?
- 3) What do AHPs in forensic mental health contribute to vocational rehabilitation?
- 4) What are the barriers and challenges which influence effective vocational rehabilitation service delivery in forensic mental health?
- 5) What are the implications for evidence based practice and further research identified during the course of this work?

### Key Messages

Engaging in a productive occupation can be fundamental to an individual's health, well-being and self esteem with work having a fundamentally positive impact on both physical and psychological wellbeing providing both purpose and meaning to life. Through the data collected from service user participants, Allied Health Professionals (AHPs), and evidence from published research it is possible to support people with forensic mental health issues into mainstream employment. Positive outcomes are greatly enhanced through offering vocational rehabilitation early in the care process. The key principles in providing effective vocational rehabilitation support the use of client centred practice, partnership working with employability agencies and an emphasis on the aspiration to work at the earliest opportunity. The Service Users who contributed to this project are testament that clinical diagnosis and mental health symptoms are not a good predictor of employability; with attitude, the aspiration to work and strong multi-agency working is a much more reliable indicator for success. Service Users cited occupational therapists as the profession most likely to be involved in vocational rehabilitation.

## How this work was undertaken

This document focuses on better delivery of evidence based vocational rehabilitation, with enhanced outcomes for our Service Users. It is not about new resources but about using our existing resources in line with what the evidence tells us works. The information reported follows a systematic review of the literature together with individual interviews and focus groups held with those with forensic mental health issues. AHPs throughout Scotland contributed much to this document through four meetings of the national AHP forensic network (appendix 1) and via a consultation event held at the Beardmore Hotel, Glasgow in March 2011. A series of visits to a range of forensic mental health services throughout Scotland was undertaken together with an online scoping exercise investigating AHP practice nationally. Consultation with key professionals working within Forensic Mental Health was also undertaken such as service managers, doctors, nursing staff and vocational rehabilitation specialists. The information outlined in this report demonstrates that AHPs are uniquely skilled to take the lead and respond to the current drive to implement and improve vocational rehabilitation for people with forensic mental health issues. The outcomes and impact outlined in this report will serve to further inform AHPs contribution in this important area.

## Outcomes and Impact

### Structure

1. Each forensic mental health service should have a vocational rehabilitation pathway/employability pathway (Appendix 2) which will include collaborative working patterns with employability partners, voluntary organisations; charitable trusts and welfare benefit advice.
2. Vocational Rehabilitation leads with senior management support should be identified in all forensic multi-disciplinary teams to develop, deliver and monitor interventions offered.
3. Vocational rehabilitation programmes should be based on the best available evidence (evidence based supported employment) and should involve working in collaboration with employability agencies.

### Process

1. All forensic mental health Service Users should be asked about their aspirations towards paid employment early and throughout their rehabilitation. An individualised client centred vocational rehabilitation plan should be collaboratively written with those who identify work related goals as an important outcome, with short and long term goals identified.
2. Activity checklists should be routinely used to inform treatment programmes particularly for those whose goals are not work related. These should be graded through the use of occupational analysis and treatment programmes evaluated using standardised outcome measures.
3. All Service Users within forensic mental health should be made aware of the benefits of physical wellbeing, with a section of their care plan related to this. Side effects of medication should be monitored and where necessary adjustments made to accommodate work.

4. The value of everyday activity and employment should be discussed actively in patient reviews/clinical team meetings. The focus should be on client centred care plans which should be discussed, acted upon and reviewed within the Care Programme Approach.
5. Emotional wellbeing is an important aspect and requires the consideration of appropriate psychological therapies such as motivational interviewing.
6. Recovery models and recovery orientated practice should be embedded in vocational rehabilitation with consideration given to the Scottish Recovery Indicator (SRI), STAR Work, and Individualised Wellness Recovery Action Plans (WRAP) detailing individualised coping strategies and mental health triggers. Individuals involved in vocational rehabilitation should be given the opportunity to develop a personalised WRAP.
7. Numeracy, literacy, communication and social skills can be major issues for many with forensic mental health issues. There should be a clear protocol for assessment by appropriately trained/qualified people at the earliest opportunity and patients should be given the opportunity to participate in appropriate educational/support programmes in order to maximise their potential for work.

#### Outcomes

1. All staff involved in vocational rehabilitation will use an evidence based approach to practice such as evidence based supported employment (IPS) and the Fidelity Scale. Knowledge and expertise should be shared with peers through skills sharing events, training, shadowing and other continuing professional development (CPD) activities (Appendix 3).
2. A community of practice will be established for AHPs in forensic mental health as a method of sharing good practice and linking best practice and what works throughout Scotland.
3. All forensic mental health services should routinely record information on the number of Service Users involved in vocational rehabilitation programmes providing information to the forensic network on an annual basis on the number of Service Users engaged in education, training, voluntary work, work placements and employment.
4. Work related outcomes should become a measure of quality forensic mental health care and be embedded within standards of practice with evidence in case notes that all Service Users have been asked about their work related aspirations.
5. AHPs in Scotland must use appropriate robust standardised outcome measures such as MOHO, WEIS, WRI, COPM or Recovery Work Star. These should be used to demonstrate the impact of interventions with the outcomes of interventions shared nationally.
6. The online scoping exercise investigating AHP practice nationally, which accompanied this work, will be repeated to evaluate the impact of this document (Appendix 4). This will be led by the forensic network.
7. All AHPs involved in vocational rehabilitation should be suitably trained accessing training in employability, motivational interviewing, mental health recovery and individual placement support (Appendix 5).

#### Implications for research/investigation

1. Further work is required focusing on guidance around disclosure relating to what is disclosed to employers on mental health and previous convictions for AHPs nationally. This will be taken forward by the AHP Consultant and School of Forensic Mental Health.
2. Further research is recommended to evaluate the use of IPS within forensic mental health. This should be planned, systematic, and co-ordinated with formal links to the forensic network research group.
3. Further research must also take into account qualitative methodology to capture 'insider' opinions from both the service user's experience of VR pathways/IPS and AHPs/employability agencies experience. This will provide a balance of both the highest level and the relevant level of evidence necessary.
4. It is crucial that research findings are shared and consideration should be given to the infrastructure to support this. AHPs involved in vocational rehabilitation should evaluate their interventions and share the findings through publication in peer reviewed journals.

#### Conclusions

Those with forensic mental health issues can and do engage in employment and work related tasks. This is often part time paid employment, unpaid work placements, voluntary work and adult education. Based on the information presented in this report all forensic mental health Service Users should be asked about their aspirations towards paid employment early and throughout their rehabilitation. AHPs working in collaboration with other health professionals and employability partners have a key role to play in ensuring those with forensic mental health issues achieve their full potential within work.

Of the Service Users that contributed to this project who were involved in paid employment this had been accessed through a time limited unpaid work placement with a main stream employer. It is anticipated that this should form an important aspect of vocational rehabilitation in forensic mental health. Both the evidence and the data gathered from those with forensic mental health issues indicate the importance of asking Service Users about their aspirations towards work. Vocational issues should be addressed at the earliest opportunity and should be a prominent feature in care plans. Care plans should outline clear actions and interventions related to employment/training/education/voluntary work. No longer should those with forensic mental health issues be given the message that work is not an option for them with a consistent approach adopted throughout the multi-disciplinary team. The information gained in the production of this report has demonstrated the depth and breadth of work being undertaken by AHPs in Scotland, with the participant stories a testament to the inspirational work already being done. Despite this there is some way to go to address the low expectations regarding successful return to work for people in contact with forensic mental health services. It is envisaged that this report will act as a catalyst to further enhance and develop practice and the evidence base in this field.

## Introduction

The Scottish Government has committed to identifying the scope of current AHP practice in vocational rehabilitation and forensic mental health in Scotland.

No one would pretend that the employment of people with forensic mental health issues is not without challenges particularly in the current economic climate. The risks associated with this group are heightened but with careful preparation and management together with multi-agency working successful outcomes can be achieved. Both nationally and internationally there is increased recognition of the benefits of work for an individual's health and wellbeing. Despite this, approximately 85% of people with mental health problems are not in paid employment and mental ill health is the most common reason for claiming health related benefits (Perkins, 2009). Scotland has one of the lowest employment rates for those with mental health issues (Arthur et al. 2008). The barriers to entering the workplace for those with mental health issues are significant but for those with forensic mental health issues it appears even more challenging. Those with forensic mental health issues report concerns with discrimination, disempowerment, lack of up to date work related skills, low self confidence, criminal convictions and no recent track record of employment (Sainsbury Centre for Mental Health 2006). Unemployment among those with forensic mental health issues therefore remains even higher than among those with purely mental health issues. Barriers can also come from Service Users themselves and include factors such as fear of rejection, issues with low self esteem, low motivation, fear of disclosure, anxiety over losing benefits with some believing that work is no longer an option for them. This combined with a fear and reluctance from employers together with stigma and negative attitudes from the public, carers and healthcare staff only serves to compound the issues. Recent UK and Scottish policy has demonstrated a commitment to developing structures and services which will break down these barriers.

*'Not everyone wants to be employed, but almost all want to work that is to be engaged in some kind of valued activity that uses their skills and facilitates social inclusion'*

*(National Social Inclusion Programme 2006)*

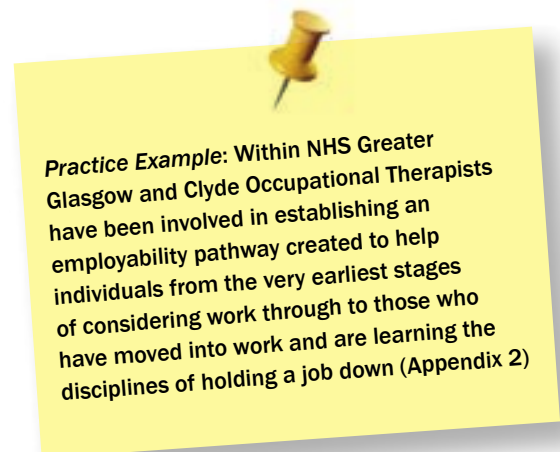
The recent government reviews and policy documents (Appendix 6) recommend a framework for change in the way that individuals with mental health problems are supported to achieve their vocational potential. This framework focuses on:

- dispelling the myth that people with forensic mental health issues cannot or do not wish to engage in the workplace by ensuring that health services routinely address vocational issues and have in place appropriate onward support and monitoring mechanisms.



- improving the interface between health and employability services so that they deliver co-ordinated services which encourage and enable individuals to gain realistic and long term employment outcomes.

The AHPs we spoke to as part of our consultation believed they were well placed to take a lead role within vocational rehabilitation in forensic mental health with many already doing so.



Within the 12 recommendations described in Realising Potential, the 3 Year Action Plan for AHPs in Mental Health (Scottish Government, 2010) there is a requirement for AHPs to address the vocational rehabilitation needs and goals of users of mental health services through:

- Exploring work issues at all initial service-user assessments and providing ongoing signposting or support to increase Service Users' potential for work.
- Working with key stakeholders to ensure the provision of alternative occupational, leisure and educational activities for Service Users whose vocational goals are not employment focused.

This report outlines some excellent examples of AHP practice together with some compelling service user statements on just what it means for them to be involved in vocational roles.



## Historical context to vocational rehabilitation (background information traditional models and interventions)

Historically occupation has been a significant component in the care of people with mental health problems. The development of models of vocational rehabilitation has inevitably been linked to the structure of mental health services as well as the economic climate.

The common practice of engaging patients in the day-to-day running of their hospital environment with work in the laundry, garden or kitchen was originally developed to 'distract and calm patients' (Rowland and Perkins, 1988). This method of occupying patients fell into decline in the 19th and early 20th centuries when institutions became bigger and more custodial in nature. However renewed interest in the use of work as rehabilitation developed in the inter-war years. This was followed by the development of industrial therapy workshops in the 1950s and 60s, a model promoted by the publication of the Piercy Report in 1956 which recommended the provision of simple factory work within psychiatric hospitals.

Hospital based industrial therapy units or sheltered workshops, often run by occupational therapy departments, provided the principal source of vocational rehabilitation opportunities in the UK until psychiatric care was transferred from hospital to community based services in the 1980s and 90s. These sheltered workshops reinforced the benefits of occupation to health but were unlikely to lead to mainstream employment. Today although a few workshops remain, the changing focus of healthcare from long-term rehabilitation to the management of acute mental health conditions has prompted new ways of working. Over the last two decades new models of vocational rehabilitation such as Supported Education, Clubhouse, Transitional Employment, Social Firms, Social Enterprise, Supported Employment and Individual Placement Support (Appendix 7) and reflect the growing involvement of services and organisations outside of healthcare in the treatment and care of people with mental health problems.

Successful examples of all these models have been established in Scotland, some of which have been developed in close partnership with Allied Health Professionals and the support of wider mental health services. However the evidence base for these models requires further research particularly in the UK.

### Recent Policy Context

Over the last decade the philosophy and remit of forensic mental health services in Scotland has, once again, seen major changes thanks to a growing recognition that environmental security and symptom control are not the only positive outcome of quality care. The move towards a more recovery focused approach advocates that mental health



Service Users have a right to lead full and satisfying lives as active and valued members of their communities including the right to access paid employment or other vocational roles. Mental health workers are being encouraged and required to look at the wider recovery and re-ablement goals of treatment programmes and the role of health care professionals in asking 'the work question' and addressing vocational need is recognised.

In 2002, the Royal College of Psychiatrists reported that the attitudes of mental health services and a lack of effective schemes acted as barriers to getting Service Users back to work. They recommended the development of partnerships between Community Mental Health Teams and employability agencies to create real benefits and suggested that occupational therapists, as the 'only member of CMHTs who have specialist training in the assessment of function and activity' should play a central role in employment schemes. The Mental Health (Care and Treatment) (Scotland) Act 2003 gives explicit responsibility to local authorities to provide support for those with mental health problems in 'obtaining and undertaking employment' as well as providing 'social, cultural and recreational activities' in order to promote wellbeing and social development. Recent Scottish government mental health policy documents, for example Delivering for Mental Health (Scottish Executive 2006) and Towards a Mentally Flourishing Scotland (Scottish Government 2009), recognise the importance of employment in the recovery of those experiencing mental ill health and include a commitment to improve the employment and vocational outcomes of people experiencing mental illness. There has also been a commitment by Scottish policy makers to implement workplace mental health policies to increase mental health awareness and promote retention, support and adjustments at work.

Following on from Carol Black's extensive review of the general health of Britain's working age population in 2008 there is now further recognition of the link between appropriate management of health issues and the ability of individuals to obtain, return to and maintain employment. There has been a drive by government to identify and recommend evidence based models of practice which can

be implemented by health and employability partnerships to improve the vocational outcomes for people with mental health problems, resulting in the publication in 2009 of key policy documents England and Wales (Realising Ambitions Perkins 2009). This document calls for an increased focus on vocational rehabilitation within secure units and community mental health teams.

The Scottish Government's Healthy Working Lives strategy was launched in 2004 and aimed to recognise the workplace as a key setting for the promotion of health and wellbeing.

Following an extensive review in 2009, a revised strategy *Health Works* was launched that identifies work as a key social determinant of health.

*Health Works* draws on the experience of the first 5 years of *Healthy Working Lives* as well as the conclusions of the review of working age health by Dame Carol Black and other recent evidence. The Scottish Government also works closely with the UK Government and Welsh Assembly Government on the cross-government Health Work and Wellbeing strategy, which is closely aligned with *Health Works* and allows for joining up across devolved and reserved areas of responsibility.

*Health Works* recognises the important role of work in maintaining health and wellbeing meaning that health care services must recognise and understand that for most people of working age the patient pathway should include a work outcome. The Scottish Government is working with the NHS, Jobcentre Plus and other organisations to develop a Scottish 'Health Offer' that will set out minimum standards for access and support through the healthcare system and will identify where the healthcare system needs to develop links to other services and organisations to support a patient towards work. Recent UK and Scotland Policy is outlined in Appendix 6.

The Scottish Government is currently developing an information resource which will provide details of how different health professionals can support individuals with health barriers to engage in work. The AHP Consultant for Forensic Mental Health and the AHP Lead for Mental Health are working with the Scottish Government on the AHP section of this resource.

Health care staff need to be suitably empowered to include work-related outcomes as part of patient care plans. The Scottish Government through 'Health Works' and the 'Scottish Offer', will work with NHS Boards delivering employability training providing staff with the tools to support patients towards work.

The Employability Training for Frontline Health Care Professionals can be accessed at [www.nes.scot.nhs.uk/initiatives/supporting-people-to-work](http://www.nes.scot.nhs.uk/initiatives/supporting-people-to-work)

*Health Works* a review of Scottish Government Health Working Lives Strategy (Scottish Government 2009)

## Vocational Rehabilitation

Vocational rehabilitation has been defined in a number of ways these different definitions will have different meanings for the personnel involved which could mean varied vocational rehabilitation aims.

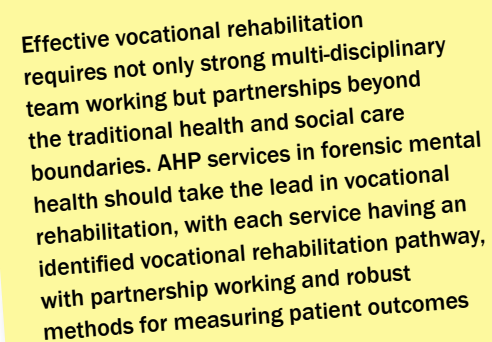
A Delivery Framework for Adult Rehabilitation in Scotland (Scottish Executive 2007) describes it as

*'...a process that enables people with functional, psychological, developmental, cognitive and emotional impairments or health conditions to overcome barriers to accessing, maintaining or returning to employment or other useful occupation. The emphasis is on restoration of functional capacity for work or other useful occupation rather than treatment of a clinical condition'*

Waddell and Burton's (2006) definition states

*'Whatever helps someone with a health problem, stay at, return to and remain at work. It is an approach rather than a particular intervention.'*

What is implied in both of these definitions is that vocational rehabilitation is not the remit of a single vocational rehabilitation specialist, rather it is the joint responsibility of a wide range of professionals and services, ranging from healthcare to social care workers, from welfare services to employability services.



**Effective vocational rehabilitation requires not only strong multi-disciplinary team working but partnerships beyond the traditional health and social care boundaries. AHP services in forensic mental health should take the lead in vocational rehabilitation, with each service having an identified vocational rehabilitation pathway, with partnership working and robust methods for measuring patient outcomes**

## Work and Recovery

The concept of recovery does not necessarily mean cure as in clinical recovery. Instead it focuses on the unique journey of an individual living with mental health problems to build a life for themselves (Shepherd et al 2008). There has been increased recognition of the benefits of work for an individual's health, wellbeing and quality of life. Having paid employment or other vocational roles promotes recovery leading to better health outcomes (Waddell and Burton 2006).

Work has a powerful role to play in promoting recovery from mental illness, improving quality of life, health and wellbeing, whilst reducing social exclusion and poverty, providing structure and meaning, financial security, increased self-esteem, self-worth and confidence (Shepherd et al 2009).

There is strong evidence that work/employment has a positive impact on mental health with a recent research trial reporting that those with mental health issues who were in work required less input from mental health services (Schneider et al 2009). Employment and work related tasks can be powerful in promoting mental health recovery. Work is often linked to our identity and therefore healthy employment can have a positive effect on recovery, as can the social networks a job may bring (Coutts 2007). The use of WRAP (Wellness Recovery Action Plan) is a structured system to monitor uncomfortable and distressing feelings and behaviours and through planned responses, to reduce modify or eliminate them (Copeland Centre 2011). Such plans may be useful for those already engaged in or considering being involved in a vocational rehabilitation programme, as a method of monitoring and coping with mental health issues.

Engaging in a productive occupation can be fundamental to an individual's health and well-being. Occupation defines how we choose to spend our time. The activities we value help to define who we are and often make us feel good about ourselves. There are many people within forensic mental health services not in work or purposeful occupation, and with little hope or aspiration to work, who with the right support and encouragement would like to work.

Through the data collected from service user participants, AHPs and evidence from published research it is possible to support people with forensic mental health issues into mainstream employment with positive outcomes greatly enhanced through offering vocational rehabilitation early in the care process. Emotional fitness is an important aspect and requires the consideration of appropriate psychological therapies and use of wellness recovery action plans (WRAP) detailing individualised coping strategies and mental health triggers. Recovery approaches and recovery orientated practice should be embedded in vocational rehabilitation with consideration given to the Scottish Recovery Indicator SRI (Scottish Recovery Network 2009), STAR (Triangle Consulting 2009) and Individualised Wellness Recovery Action Plans, WRAP (Copeland Centre 2011).

WRAP is designed around a very strong value base which emphasises that it should be introduced, preferably in a group setting, by a Facilitator who brings personal experience of using WRAP themselves. A WRAP group, or WRAP introduced one-to-one is a peer based approach, it is never taught. By sharing experiences people are encouraged to identify their own wellness tools and draw up their own wellness plans. WRAP should be delivered by Facilitators, who have been trained by Advanced Level Facilitators accredited by the Copeland Center.



## Forensic Mental Health

Forensic mental health services in Scotland have also undergone transformational changes in the last decade with the introduction of new medium and low secure services, the re-provisioning of high secure care and the development of community forensic teams NHS Education for Scotland (2008). The focus is to provide care in the least restrictive setting with patients kept in higher levels of security than required having the right of review Mental Health Care and Treatment Scotland Act (2003). This has enabled more focus on vocational rehabilitation and the development of this national document.

Forensic mental health services focus on alleviating the psychiatric disorders linked to an offence their role being to assess, treat and care for mentally disordered offenders or those who require secure care due to risk of harm to the public or themselves. It comprises of the use of medication and therapeutic interventions aimed at reducing the risk of re-offending when the patient is discharged into the community. The rehabilitation that takes place is fundamentally about enabling and supporting individuals to recover or adjust in order to better manage their symptoms and achieve their potential to lead a full and active life.

One feature of forensic mental health care is the environmental security provided within secure units. However this is not an end in itself and merely creates a safe environment in which therapeutic work can take place. The success therefore of forensic mental health services cannot simply be gauged by outcome measures relating to security such as number of absconsions but also in relation to therapeutic outcomes such as vocational rehabilitation (Crichton 2009). Purposeful use of time should be an important consideration in rehabilitation within secure forensic settings and an important pre-requisite in vocational rehabilitation.

The links between occupational performance, mental health and offending behaviour are increasingly being recognised (Couldrick and Alred 2004). Employment related outcomes are one powerful indicator of good holistic forensic mental health treatment. Well managed multi-disciplinary rehabilitation programmes aim not only to alleviate symptoms and minimise the risk a particular individual poses but also to ensure they reach their full potential in recovering an ordinary life. Within forensic mental health the needs of Service Users are complex and challenging with good team working fundamental to the quality of care. AHPs are employed within multi-disciplinary teams within all levels of security and community forensic mental health teams and are well placed to lead vocational rehabilitation in this field with two way communication with multi-disciplinary team and other agencies being pivotal.



## Risk Assessment and Disclosure

Within forensic mental health the maintenance of a secure environment and the assessment and management of risk is an important feature of all rehabilitation and is one of the many features of comprehensive service delivery. Clinical risk assessment is about predicting the future and the likelihood of a particular event occurring (Ryan 1996). Assessing the risk in relation to work is about integrated, multi-disciplinary, multi-agency discussion and co-ordination (Morgan 2009). AHPs acknowledge that mental health disclosure should not mean telling people what they should do, but should help people think through the pros and cons of disclosure and allow the person to make up their own mind (Perkins 2009). Disclosure of mental health issues to potential employers should be discussed with forensic mental health Service Users and adhere to the principles laid out in the Equality Act (2010). AHPs and Service Users should discuss and acknowledge the benefits of disclosing certain information in particular how their condition may impact on functional abilities with the service user supported to take the lead on this. Disclosure should be managed sensitively with the use of medical jargon, and diagnostic labels given less priority than the individual's abilities. Service Users should be encouraged to take the lead on this with support from the multi-disciplinary team.



In February 2011, the Scottish Government introduced a new membership scheme to replace and improve upon the current disclosure arrangements for people who work with vulnerable groups called the Protecting Vulnerable Groups Scheme (PVG) (Disclosure Scotland 2010). For jobs that do not require Disclosure Scotland clearance the disclosure of criminal offences should be given consideration by the full multi-disciplinary team. Potential risks to public and service user safety should be discussed with an action plan agreed adhering to the guidance contained in the Rehabilitation of Offenders Act (HM Government 1974d). Services should refer to guidance from MAPPA and Job Centre Plus (Appendix 8). The use of a blanket disclosure policy should be avoided with each case considered by the multi-disciplinary team using the relevant guidance. Within the scoping exercise it was identified that there were marked variations in practice throughout Scotland with AHPs stating that this was one of the areas they find particularly challenging. Whilst it is out-with the scope of this document to provide further guidance additional work is required.

**AHPs have identified the need for further work, training and guidance on disclosure. The potential for a short life working group supported by The Forensic Network will be explored with guidance being made available.**

- AHPs often have well established links with community based employability resources in addition to being an integral part of multidisciplinary mental health services, and are well placed to promote a positive and seamless interface between these services.

Allied Health Professionals have an important role to play in promoting the aspiration to work through developing confidence, self belief, self esteem, encouraging appropriate social, communication and interactional skills whilst building on capabilities both mentally and physically. They have a valuable role to play in helping patients to become job ready, linking them with employment and supporting them and the employer in the workplace.

Within forensic mental services AHPs form a significant part of the workforce integrated within multi-disciplinary teams. They are employed by the NHS independent and voluntary service providers. AHPs within forensic mental health are involved in mental and physical health assessment, treatment, rehabilitation and recovery focused programmes. While advances in medication and psychological therapies have resulted in mental health symptoms being more successfully managed, AHPs are often crucial to an individual's ongoing recovery. Practical interventions from AHPs are often vital in improving functional abilities, developing and building on communication skills, improving physical fitness, nutritional status and emotional wellbeing. AHPs have a key role to play in enabling individuals to fulfil their full potential in all aspects of their life not least their abilities within work related roles. The recent development

## Allied Health Professionals (AHPs)

Allied Health Professionals (table one page 12) in collaboration with employability partners such as job centre plus, disability employment advisors, working links and other third sector service providers are uniquely skilled to take the lead in actively responding to the vocational rehabilitation needs of Service Users within forensic mental health services

- Whatever their clinical setting, AHPs are able to utilise appropriate assessment and intervention tools in order to resolve the physical, social and mental health barriers that prevent individuals with mental health problems from engaging in the workplace.
- The core role of occupational therapists in particular is concerned with enabling clients to maximise occupational performance, engagement and satisfaction with life roles including employment and vocational aspirations.
- The use of tools such as prevocational and occupational assessment, job and task analysis, functional capacity evaluation and adaptation of work environments, should be core to vocational rehabilitation.



and focus on recovery in mental health has led to new ways of thinking about mental health conditions with AHPs well placed to deliver recovery focused interventions in particular those related to vocational rehabilitation.

AHPs have a role to play in the delivery of psychological interventions designed to promote work and mental health recovery. Motivational interviewing techniques are important in enabling those with forensic mental health issues to fulfil their full potential.

**Table 1.**  
**AHPs in mental health**

<p><b>Arts therapies</b> (art therapies/art psychotherapy*/ dance and movement psychotherapy**/ music therapy)</p>	<p>Postgraduate qualified psychological therapists who engage with arts activities aimed at producing creative expression and understanding in the context of a therapeutic relationship. Practitioners combine knowledge of their relevant art form (art, dance movement, drama, music) with knowledge and practice of psychotherapeutic techniques, which both contain and give meaning to service user experiences and communication. Working with therapists who have expertise in the use of creative media offers Service Users opportunities to explore verbal and non-verbal material at different levels.</p>
<p><b>Dieticians</b></p>	<p>Translating the science of nutrition into practical information about food. Working with people to promote nutritional well-being, prevent food related problems and treat disease.</p>
<p><b>Occupational Therapists</b></p>	<p>Focus on the relationship between occupation, mental health and well-being. Working with Service Users and carers to develop and maintain a personally satisfying routine of everyday activities that creates a sense of purpose and direction to life. Typically, looking at Service Users' self-care, leisure and work activities and the individual's hopes and aspirations.</p>
<p><b>Physiotherapists</b></p>	<p>Using physical approaches to promote, maintain and restore physical, psychological and social well-being, taking account of variations in health status.</p>
<p><b>Speech and language therapists</b></p>	<p>Providing detailed assessments of communication skills, difficulties and needs to inform multidisciplinary diagnosis. Developing directly and indirectly delivered programmes for individuals to reduce the mental health impact of communication impairment. Advising and supporting others to deliver communication accessible services throughout the length of the care pathway. Assessing eating, drinking and swallowing difficulties and developing programmes to overcome or minimise their impact.</p>

\*Art therapy/art psychotherapy are synonymous protected titles

\*\*Dance and movement psychotherapy is proposed to join the arts therapies part of the Health Professions Council

The above definitions are provided in agreement with the professional bodies.

## Evidence base

A review of the evidence conducted by Waddell and Burton 2006 linking work to health reports that:

- Being in the right work is good for health, improving self-esteem, quality of life and wellbeing
- Unemployment progressively damages health and results in more sickness, disability, mental illness, obesity, use of medication and medical services and decreased life expectancy
- Returning to work after unemployment improves health as much as being unemployed damages it
- Work meets important psychosocial needs in societies where employment is the norm
- For people with a mental or physical health condition, remaining in or returning to work quickly aids recovery
- Work reduces poverty and health inequalities for families and communities
- More people gain health benefits from being in work than are negatively affected by it. This applies to all age groups.

Much of the evidence drawn upon for this national report comes from published research on vocational rehabilitation for severe and enduring mental health and work done within the prison population in supporting ex-offenders into employment. It is acknowledged that the prison population may have lower incidence of psychosis compared to the forensic population the report also draws on research on vocational rehabilitation in severe and enduring mental health conditions. There is the need for further research specific to forensic mental health.

Prevocational training and evidence based supported employment are two different methods designed to help those with severe and enduring mental health issues obtain employment. Traditionally pre-vocational training in the form of tasks designed to prepare people for work, sheltered workshops and employment preparation courses were thought to be the most effective.

Recent research has demonstrated that evidence based supported employment (of which Individual Placement Support IPS is one approach), is the model of vocational rehabilitation which is widely recognised to have achieved the most effective outcomes for individuals with mental health problems who have high levels of support needs (Rinaldi et al 2007). A recent Cochrane Systematic review found that those with severe mental illness who received supported employment were more likely to be in competitive employment at 12 months with 34% of the supported employment group in employment compared with 12% in the pre-vocational training group (Crowther et al 2009). A 12 month study on the impact of supported employment for those with mental health issues found that those who entered work used significantly less mental health services (Schneider et al 2009). Studies suggest that the vocational rehabilitation outcomes of supported employment are



enhanced the closer the IPS fidelity scale is adhered to though it is acknowledged that further research is required on the use of supported employment with a forensic population. Partnership working with employability agencies is widely acknowledged as important and services should focus on how their Service Users benefit from partnership working with employment support agencies and employers and ensure appropriate links are made to facilitate this.

**Evidence Based Practice:** Evidence demonstrates partnership working forms a key aspect of successful vocational rehabilitation. Better outcomes have been demonstrated where representatives from employability services are part of multi-disciplinary meetings and case discussions.

Only a small number of studies that examine employment focused programmes have been carried out within forensic mental health much of it comprising of opinion pieces or descriptive accounts (Smith et al 2010). There is the need for more research specifically focusing on the needs and effectiveness of this approach for forensic mental health. The Clinicians who specialise in forensic mental health that were consulted with as part of the project recognised the value of the supported employment approach highlighting that achieving the goal of competitive employment may be a more gradual process in this client group. Some expressed concerns that due to restrictions placed on patients within the higher levels of security competitive employment may not always be appropriate particularly whilst Service Users are within the high secure setting. An innovative project being undertaken at the Broadmoor high secure hospital via the First Step Trust offers a programme designed to feel very much like a real workplace Service Users may encounter on discharge (Sainsbury Centre for Mental Health 2006). Here Service Users run all aspects of a business producing goods to sell, and are expected to work in response to the demands of customers. In all respects this project is run much as a workplace outside the hospital would be providing a 'real

work' environment with Service Users taking responsibility for getting to work on time whilst producing quality work for real customers. The use of such interventions in Scotland should be explored further.

It is also important to note that not everyone feels 'work ready' or has the aspiration to work. Subsequently different employability approaches will be required for different aspirations and this is an area that requires additional consideration and further investigation. The role of purposeful activity should be integral to rehabilitation linking with the therapeutic model Releasing Time to Care (NHS 2009) which following a successful pilot has been offered to all Health Boards. Such activity must not only be meaningful to the participant but should be designed and graded using an individualised approach to promote recovery. The outcomes of this should be measured with robust standardised outcome measures. From work undertaken with ex-prisoners supporting a person with a history of offending to locate and keep a job is probably one of the most effective ways to prevent reoffending, and can have an overwhelmingly positive impact on mental health symptoms (Lockett and Grove 2010). As yet it is unclear whether these benefits in terms of recidivism are also relevant to those with forensic mental health issues with this being an area that future research should focus upon.



Further research is recommended to evaluate further the use of IPS within forensic mental health. Such research activities need to be planned, systematic and co-ordinated across AHPs within forensic services rather than ad hoc isolated pockets of research and should link with the national forensic network research group





## What Service Users tell us

This section outlines forensic mental health Service Users' views on work, mental health and recovery summarising what they perceive to be the barriers and enablers to accessing employment. It uses Interpretative Phenomenological Analysis (IPA) allowing a detailed understanding of the perspective and depth of our participants experience rather than the population (Smith et al 2010).

Ten Service Users took part in in-depth interviews and focus groups. The participants were selected purposively from a range of services, from medium secure, low secure and community and were involved in work preparation, voluntary work and paid employment to provide meaningful in-depth accounts of their experience of vocational rehabilitation. Three health boards NHS Tayside, Ayrshire and Arran and Lothian together with one independent provider Partnerships in Care (Ayr Clinic) assisted in the recruitment of participants. The Service Users who participated were given a letter outlining the nature of this document. All of the participants were interviewed on a voluntary basis and fully consented to becoming involved.

Service Users throughout Scotland consistently stated that having access to meaningful occupation and a good range of therapies much of this provided by AHPs supported by the multi-disciplinary team is important.

The powerful participant statements included in this document stress the importance of joint working between clinical teams with all members of the multi-disciplinary team having a role to play in promoting the aspiration to work. Outcomes in terms of paid employment are significantly enhanced through joint working between clinicians and employment support agencies.

**Practice Example: Occupational Therapists in NHS Tayside have been involved in partnership working with a local employment unit, resulting in two Service Users obtaining paid employment**

Opportunities for pre-employment and work skills development should be based on individual preference and whenever possible linked to realistic employment opportunities. The views expressed by the participants support the focus on employment and the aspiration to work, demonstrating that clinical diagnosis and mental health symptoms are not a good predictor of employability, with attitude and the aspiration to work a much more reliable indicator for success. Based on what the participants told us



three themes emerged: 1) Normalising My Life The Positive Impact of Work 2) Gradual Steps: Facing Barriers 3) Practical Help and Encouragement (table 3).

**Table 3- Table of Themes**

Superordinate Themes	Sub-themes
'Normalising my life' The Positive Impact of Work	Self-belief Satisfaction Confidence Achievement Feeling useful
'Gradual Steps' : Facing Barriers	Fear of unknown Stigma Lack of aspiration Paranoia Pressure
'Practical Help and Encouragement': Feeling Supported	Forming coping strategies Gaining independence Return to person were before became ill Feels listened to Want to be part of community

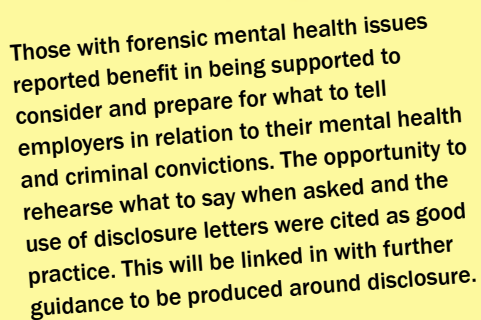
Service Users reported how influential being involved in work related tasks was; believing it had an overwhelmingly positive influence on their wellbeing, quality of life and recovery. We spoke to Service Users in medium secure, low secure and community settings. It was not possible to interview patients within a high secure setting at the State Hospital. However many of the participants had spent time there. Amongst those involved there was the belief that being given the opportunity to be involved in work related tasks early in their rehabilitation was important. Often this was part time paid employment or unpaid voluntary work and it was accessed through a comprehensive vocational rehabilitation process. The majority of participating Service Users who were accessing voluntary work believed it helped them feel more confident, creating a sense of self-worth, lifting their self esteem and giving them an identity other than being someone with a forensic mental health condition. For those involved in volunteering it was more than just a job, it provided an opportunity to connect with the community, feel useful, and develop skills in a new area. For some it was viewed as a stepping stone on their journey towards paid work providing

them with the opportunity to prove themselves, and was viewed as valuable in gaining experience and references. For some, voluntary work was an end in itself creating the feelings of self worth they required, assisting them in both their mental health and physical recovery without the pressures associated with paid employment.

*'I would say try and get into the working environment as soon as possible, it lifts your self esteem, lifts your confidence I come home from work and I am gleaming the rest of the day' (Participant in low secure involved in voluntary work placement)*

*'It justifies my existence I suppose because it just makes me feel like I'm worth something, that I have been able to help somebody in some small way' (Participant in the community involved in voluntary work)*

Participants believed that the benefits gained from work like roles enhanced their recovery and helped them to believe in themselves again. There was the recognition that at times it was easier to deal with mental health symptoms within the work environment than it was in hospital though there was some concern that there was always the potential for stigma or difficult questions. Preparation in how to deal with these situations should they arise is important though not all of the Service Users we spoke to believed their rehabilitation programmes focused on this aspect.



**Those with forensic mental health issues reported benefit in being supported to consider and prepare for what to tell employers in relation to their mental health and criminal convictions. The opportunity to rehearse what to say when asked and the use of disclosure letters were cited as good practice. This will be linked in with further guidance to be produced around disclosure.**

*'I did not have references or work experience. I would not have known how to explain to people that I have been in hospital for 9 years. My boss has not been asking questions but he was a bit daunted by hiring someone with no experience or references' (Community participant who had undertaken an unpaid work placement and now in paid employment)*

*'For me its about doing something useful, it's given me a lot of confidence, you know you just get absorbed in it, but I'm always cautious of why I'm there my background and I'm always expecting someone to come up and say something' (Community participant who had just been offered paid employment for the first time)*

*'You can still have them (symptoms) and go to work. I suffer from something called Post Traumatic Stress Disorder, sometimes I get flashbacks and I had one at work, I dealt with it and it was fine. It is easier to deal with at work than it is in hospital' (Low secure participant in voluntary work)*

All of the Service Users involved alluded to the fact that getting back into work was a gradual process that required careful management by experienced and dedicated staff. Many believed that without the support of AHPs they would either not be in the position they were in today or would have found it much more difficult. Some did not believe they were capable or even worthy of taking on voluntary or paid employment and credited the multi-disciplinary rehabilitation they had been given as important in encouraging them to reach their full potential.

*'I don't think I ever thought I'd be employable again when I was in hospital I didn't feel part of the outside world any more, I probably would have stayed in hospital if I could' (Community participant who had been offered paid employment for the first time)*

Those that had accessed work related tasks early in their rehabilitation i.e. within the high/medium secure environment clearly held the belief that being given the opportunity to explore future work opportunities, accessing adult education, voluntary or unpaid work placements had contributed to both physical and mental health recovery. They were eager to point out however that it was a gradual process, with mental health recovery at times fragile requiring careful consideration, monitoring and at times intensive support from staff. The Service Users also cited the importance of being listened to with the voluntary work, adult education, work placement or paid employment linked to their preferences, needs and strengths. Those who had been successful in accessing paid employment reported having an individualised vocational rehabilitation plan which involved close working not only with AHPs and their health care multi-disciplinary team but also with employment agencies. They spoke of the value of having their employability case manager at their care review meetings.

*'You need to introduce yourself back into the community in gradual steps... you may have a fear or paranoia about going back into the community' (Participant in medium secure accessing adult education and community re-integration)*

*'Initially in hospital you need the staff to encourage you to try new situations and build your confidence in handling them, you end up coping with something that you didn't think was in your capacity and I feel good about that' (Community participant in paid employment)*

One of the participants discussed his voluntary work as being important in regaining physical fitness. Participants reported spending many years in secure hospitals with limited emphasis on physical activity or physical fitness. For many entry level jobs physical fitness is important but risks being overlooked with more emphasis given to mental health symptoms.

*'I think I wanted to work but I wasn't sure I could. It was the physical side of things I've spent so long in hospital..... I just didn't think I could do it' (Participant in low secure involved in voluntary work)*



**Practice Example** Walking groups are being provided successfully within a number of low secure and community forensic mental health teams. Evaluations of these from NHS Ayrshire and Arran and the Ayr Clinic demonstrate the value Service Users place on these in maintaining and developing physical wellbeing. (Appendix 9)

As yet there is no measure of how many people who have accessed forensic mental health services in Scotland go onto secure employment. A previous study undertaken in 1993 following 169 patients discharged from the State Hospital found that only 1% were in paid employment with 6% in supported employment and 35% accessing adult education. There do not appear to be any further studies to update this data. Therefore there is no current measure of how many of those with forensic mental health issues are involved in employment, voluntary work or education. Such information would be of value to measure the impact of interventions and recommendations designed to enhance the employment outcomes of those with forensic mental health issues.



## AHP Practice Nationally

The information in this section was gained through visits to a number of forensic mental health services in Scotland both NHS (NHS Ayrshire and Arran, NHS Greater Glasgow and Clyde, NHS Lothian, The State Hospital, NHS Tayside) and one independent provider (Partnerships in Care Ayr Clinic).

A national scoping exercise undertaken through an online questionnaire in which 42 AHPs from forensic mental health services throughout Scotland responded. Respondents to the online questionnaire consisted of arts therapies, occupational therapy, speech therapy, physiotherapy and dietetics. Whilst the occupational therapists were the largest group (figure 1) all professional groups reported that much of their work and patient related goals were important pre-requisites for employment. Allied Health Professionals providing rehabilitation within forensic mental health services reported facing the issue of ensuring a secure and safe environment for their Service Users and the organisation for which they work, often balancing the rehabilitative needs of their patients with issues of public safety and security. The respondents in the online scoping exercise reported that disclosure relating to mental health and criminal convictions was an area of concern. Discussion with AHPs highlighted that working within forensic mental health is rewarding and exciting but can also be challenging and demanding with the current economic climate presenting additional challenges for Allied Health Professionals and the Service Users they support. Throughout the country dedicated AHP input into forensic services can vary with clinicians stating that this can impact on the range and frequency of therapeutic activity offered.

Occupational therapists formed the largest group, the greatest number of AHPs who responded were in low secure, some of the Allied Health Professionals had split posts that covered various levels of security, with some posts being split between forensic mental health and general mental health. This tended to be more common in physiotherapy, dietetics and arts therapies.

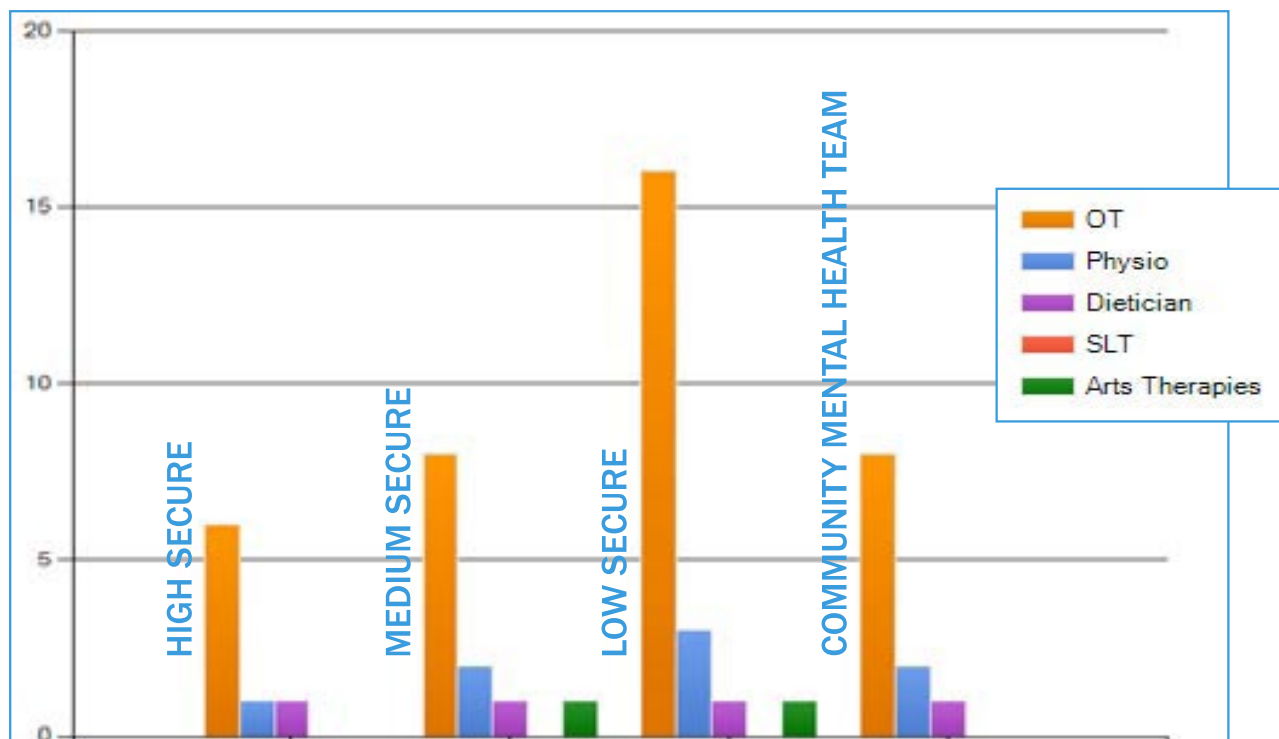
## Current Practice in Vocational Rehabilitation

A variety of different approaches and models were used in order to support Service Users into work. The most frequently used were the Model of Human Occupation, Individual Placement and Support (IPS) and the Canadian Model of Occupational Performance (Figure 2).

Across all security settings the Model of Human Occupation was the most frequently used model. IPS was used within a medium, low and community setting but less often in high secure.

Some services reported having a section within the care plan which specifically focused on employment and employment related goals. However, the AHPs who responded to this questionnaire also identified that they address employment related goals through other measures such as an interest checklist, occupational therapy care pathway, Occupational Self Assessment (OSA), the Best Index or simply through discussion with their patient. Nevertheless, all of the AHPs who responded to the questionnaire identified that they had some input into vocational rehabilitation. For the occupational therapists this input was more direct, with a focus on work related activities:

Figure 1 Respondents by professional group and area of work (March 2011)



*‘Grading of activities is important in supporting people to be involved in work activities, skills acquisition, looking at areas of personal interest, supporting levels needed towards enhanced engagement in work and work related activities’ (Occupational Therapist).*

For some AHPs their role is less focused on work stating their input allows services users to develop skills in preparation for work. For example:

*‘My role involves supporting improved physical and nutritional health which in turn will impact on employability’ (Dietician)*

*‘I target patients who are the least active and may have co-existing health problems e.g. chronic pain, poor mobility, that can be a barrier to considering employment (Physiotherapist)*

*‘Through providing a psychological intervention that helps people develop a stronger sense of self and increased ability to engage in relationships with other people’ (Art Therapist)*

*‘It’s part of physiotherapy assessment that patients are asked about their work status and preferred goals for future employment’ (Physiotherapist)*

Each of the AHP professions appears to have a role in promoting the aspiration to work based on the results of this questionnaire occupational therapists appear to have the most input into vocational rehabilitation. The AHPs who

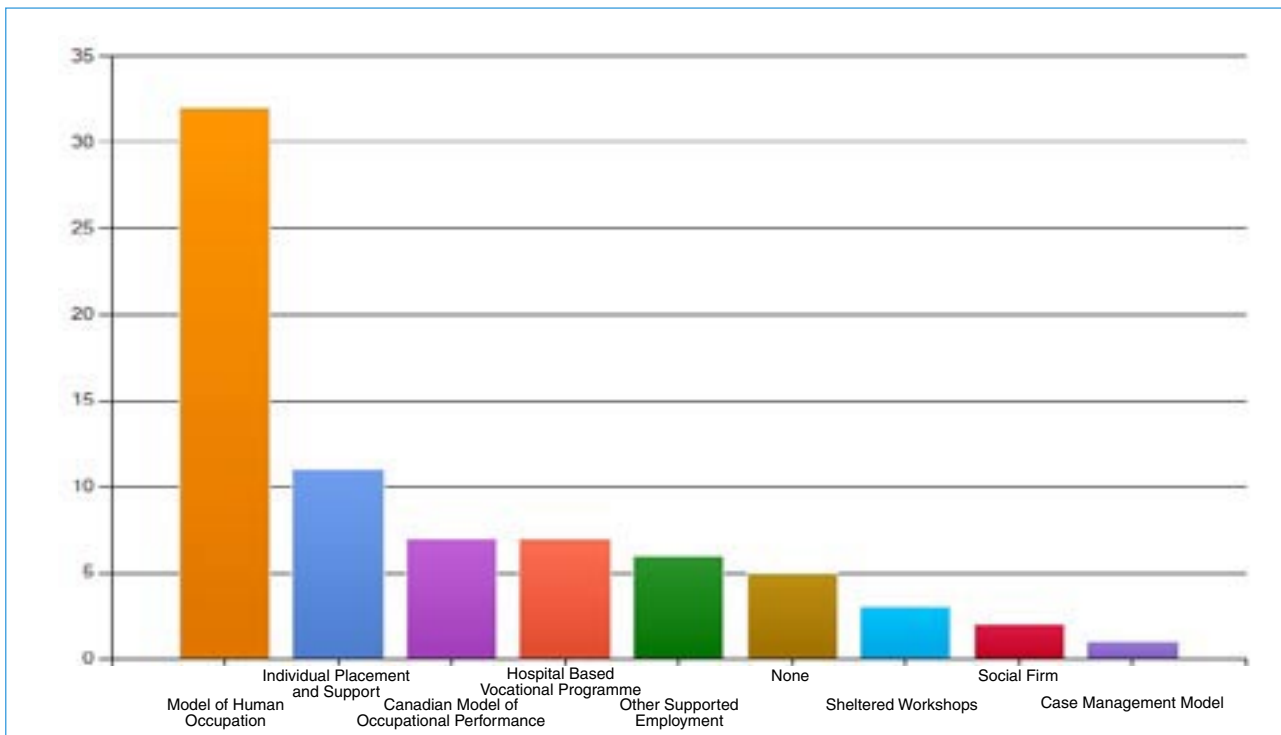
responded to this questionnaire have built positive working relationships with a number of employability agencies in order to assist their patients on their journey back into work (Figure 3).

The AHPs reported the majority of their Service Users are involved with educational and training resources, adult literary services and volunteer agencies with this identified as contributing to mental health recovery. Within community mental health teams the majority of the AHPs reported their Service Users are involved in education, voluntary work and unpaid work placements with a few working part time in paid employment. Within low secure, many AHPs reported their Service Users were involved in adult literary services and voluntary work. Within medium secure there is a similar pattern with all of the AHPs who responded to the survey reporting that their Service Users are involved in education, training and hospital based rehabilitation programmes. Within high secure the figures are slightly different. The majority of their Service Users are involved in hospital based vocational rehabilitation programmes or education and training. Quotes from the AHPs reflect their involvement.

*‘My involvement can range from initial skills development to joint working with employability agencies’ (Occupational Therapist)*

*‘My role involves looking at previous work experience, need for skill development, liaising with local colleges, volunteer opportunities, job centre staff, accompanying patients to work placements and liaising with staff in work placements’ (Occupational Therapist)*

Figure 2 – Models used to guide vocational rehabilitation (March 2011)



Disclosure of criminal convictions was a central concern amongst the AHPs (Figure 4). Amongst the different security settings staff faced different barriers. Within community mental health teams and medium secure the disclosure of criminal convictions and the disclosure of mental health issues was a central area of concern. In low secure, the AHPs main barrier was the fact they felt there were few employability services available to offer adequate support. Collectively the AHPs also reported encountering barriers from external agencies and at times other professionals as they held low expectations perceiving the Service Users as unsuitable for employment. The AHPs also reported that at times the Service Users themselves have given up hope of finding employment. For example:

*'Initially our clients often perceive employment not a possibility due to the nature of their offences'* (Occupational Therapist)

*'...stigma and low expectations from both patients and other staff can be a problem, there can be anxiety related to positive risk taking'* (Occupational Therapist)

*'Challenge often lies in the low expectations that professionals/partner agencies hold even when the person is motivated towards vocational goals'* (Occupational Therapist)

Within their own departments AHPs reported barriers related to staffing levels, the difficulties of being in a remote area, the level of security they worked in and finding time to train and support other staff. Some of the AHPs particularly those within high secure services felt that their Service Users were

far from job ready. Thus, the majority of the AHPs within high secure suggested that work and employability is not considered a priority amongst their Service Users. They felt that a graded individualised approach was required in their rehabilitation. For example:

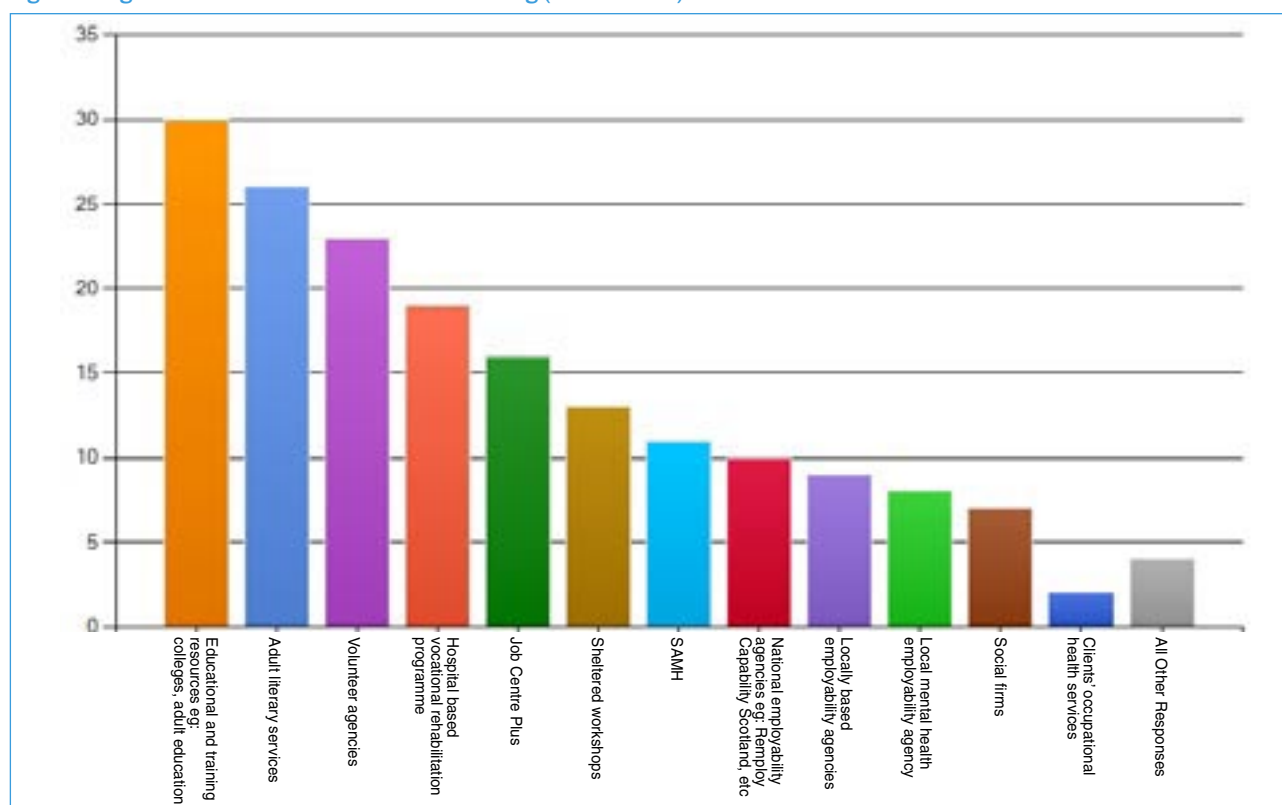
*'The high secure setting in which I work limits the practice involving direct contact with providers out with the hospital setting'* (Occupational Therapist)

Through the responses the AHP's provided it became clear that vocational rehabilitation within forensic services is not without challenges. These challenges are multi-factorial and can be summarised as those related to disclosure and the nature of the patient's offences, environmental challenges such as a lack of services or restrictions due to security setting and challenges related to attitudes both from staff and the patients themselves. Those within high secure services reported that many of their patients were far from job ready needing an extensive rehabilitation programme and reported that often this was the focus of their intervention though it is not clear if Service Users shared this view.

### Overcoming barriers

Despite the challenges of providing vocational rehabilitation in forensic mental health services, the AHPs we spoke to were motivated to overcome these barriers with 13 AHPs working in forensic mental health reporting that between 5 to 50% of their caseload are engaged in voluntary work. Only two AHPs were able to identify part of their caseload as being involved in paid employment.

Figure 3: Agencies involved in collaborative working (March 2011)



Many of the respondents reported that measures were in place to challenge and overcome barriers. For example, staff are developing systems around disclosure through utilising the Job Centre Plus disclosure policy. One of the solutions currently used includes the development of an employability pathway indicating whose responsibility vocational rehabilitation is, grading activities, education for key partners, devising training packages, encouraging motivation through asking the work question early in the rehabilitation process and offering opportunities for volunteering and work placements prior to paid employment. The key to overcoming many of the barriers appeared to be partnership working and promoting the aspiration to work in patients early in the rehabilitation process.

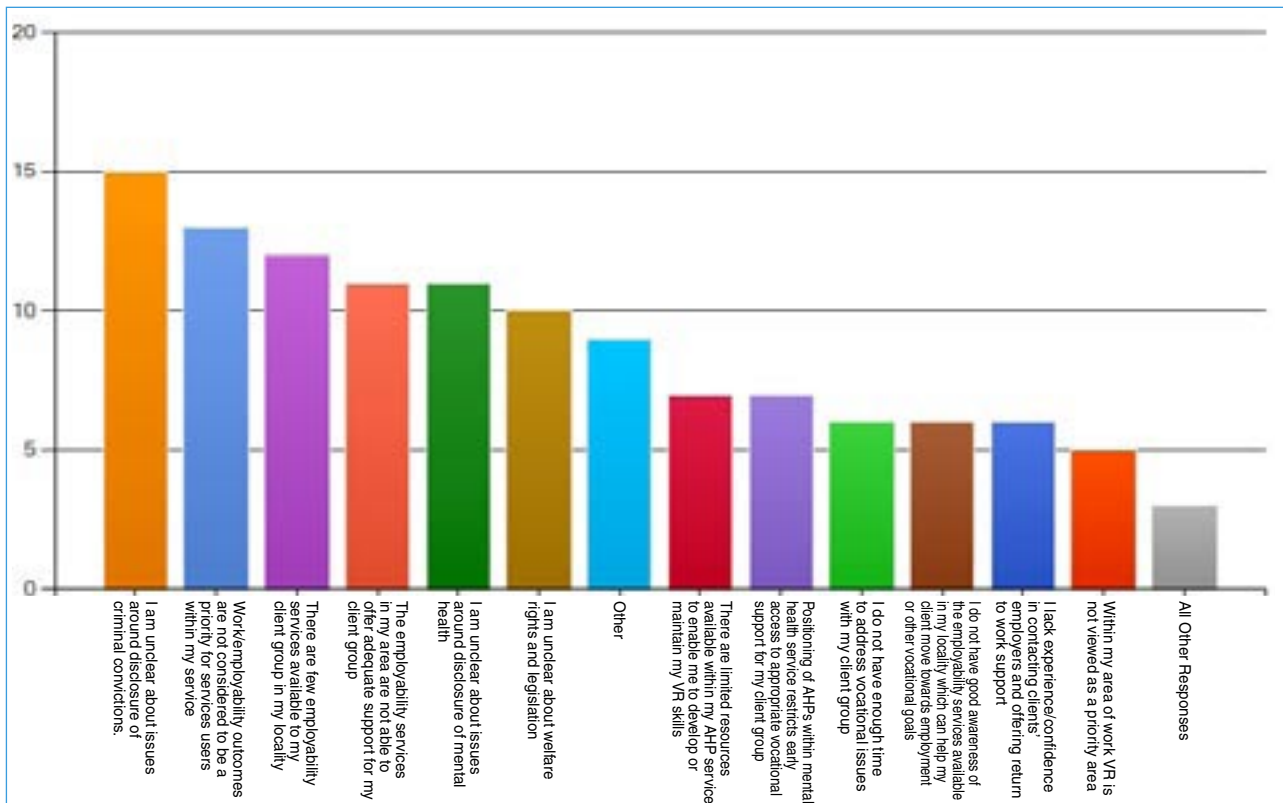
*'We have made valuable links with job centre plus, rehab UK, momentum, age concern, supported college placements and even organised an employment week in which potential employers gave presentations'* (Occupational Therapist)

*'Although we have faced barriers there has always been ways to overcome them... the development of an employability pathway means we have methods in place to deal with issues'* (Occupational Therapist)

AHPs used creative thinking to overcome the barriers their Service Users experience in their journey towards work. Despite the good work that is currently being undertaken with this client group there are still very low levels of employment amongst those with forensic mental health issues both nationally and among the caseloads of those who responded to this questionnaire. The AHPs who had formed links with employability agencies generally appeared to experience less barriers towards their vocational rehabilitation programmes. A significant proportion of the respondents involved in this scoping exercise expressed concern surrounding best practice in relation to disclosure of criminal convictions reporting that they did not feel confident within this area. Further work will be undertaken in relation to this through joint working with the School of Forensic Mental Health and the AHP Consultant in order to develop guidance and training in this area.

At the Orchard Clinic (NHS Lothian medium secure unit) their innovative project 'Link up' has won an award for 'Inspiring Volunteering'. The project led by occupational therapy introduces volunteering to a group of people who have considerable skills to offer but are restricted in ways which mean that they cannot quickly access community volunteering. 'The volunteers have embraced this opportunity and are a hard working and very reliable team. Their reliability, even when experiencing mental health challenges of their own, is evidence of their commitment and determination. They continually demonstrate to the hospital community and organisations around Edinburgh that hospital inpatients have a lot to give' (Appendix 10).

Figure 4- Barriers/Challenges (March 2011)



## Conclusions Implications for practice and further research

Those with forensic mental health issues can and do engage in employment and work related tasks. This is often part time paid employment, unpaid work placements, voluntary work and adult education. Based on the information presented in this report all forensic mental health Service Users should be asked about their aspirations towards paid employment early in their rehabilitation.

AHPs working in collaboration with other health professionals and employability partners have a key role to play in ensuring those with forensic mental health issues fulfil their full potential within work.

Of the Service Users consulted who were involved in paid employment this had been accessed through a time limited unpaid work placement with a main stream employer. It is anticipated that this should form an important aspect of vocational rehabilitation in forensic mental health. Both the evidence and the data gathered from those with forensic mental health issues indicate the importance of asking Service Users about their aspirations towards work both early and throughout their rehabilitation.

Vocational issues should be addressed at the earliest opportunity and should be a prominent feature in care plans. Care plans should outline clear actions and interventions related to employment / training / education / voluntary work. No longer should those with forensic mental health issues be given the message that work is not an option for them. The information gained in the production of this report has demonstrated the depth and breadth of work being undertaken by AHPs in Scotland. Despite this there is some way to go to address the low expectations regarding successful return to work for people in contact with forensic mental health services.

There is no up to date information on how many people with forensic mental health issues in Scotland go onto secure employment therefore there is no baseline measure upon which to base recommendations for improvements. The development of a core set of outcome measures would be beneficial.

At present AHPs throughout Scotland use over 20 different measures. Therefore it is difficult to compare and measure the impact of rehabilitation. Outcome measures are needed to demonstrate service efficiency and service effectiveness.

Based on the information outlined in this report the following implications for practice and further research are recommended:



## Outcomes and Impact

### Structure

1. Each forensic mental health service should have a vocational rehabilitation pathway/employability pathway (Appendix 2) which will include collaborative working patterns with employability partners, voluntary organisations; charitable trusts and welfare benefit advice.
2. Vocational Rehabilitation leads with senior management support should be identified in all forensic multi-disciplinary teams to develop, deliver and monitor interventions offered.
3. Vocational rehabilitation programmes should be based on the best available evidence (evidence based supported employment) and should involve working in collaboration with employability agencies.

### Process

1. All forensic mental health Service Users should be asked about their aspirations towards paid employment early and throughout their rehabilitation. An individualised client centred vocational rehabilitation plan should be collaboratively written with those who identify work related goals as an important outcome, with short and long term goals identified.
2. Activity checklists should be routinely used to inform treatment programmes particularly for those whose goals are not work related. These should be graded through the use of occupational analysis and treatment programmes evaluated using standardised outcome measures.



3. All Service Users within forensic mental health should be made aware of the benefits of physical wellbeing, with a section of their care plan related to this. Side effects of medication should be monitored and where necessary adjustments made to accommodate work.
4. The value of everyday activity and employment should be discussed actively in patient reviews/clinical team meetings. The focus should be on client centred care plans which should be discussed, acted upon and reviewed within the Care Programme Approach.
5. Emotional wellbeing is an important aspect and requires the consideration of appropriate psychological therapies such as motivational interviewing.
6. Recovery models and recovery orientated practice should be embedded in vocational rehabilitation with consideration given to the Scottish Recovery Indicator (SRI), STAR Work, and Individualised Wellness Recovery Action Plans (WRAP) detailing individualised coping strategies and mental health triggers. Individuals involved in vocational rehabilitation should be given the opportunity to develop a personalised WRAP.
7. Numeracy, literacy, communication and social skills can be major issues for many with forensic mental health issues. There should be a clear protocol for assessment by appropriately trained/qualified people at the earliest opportunity and patients should be given the opportunity to participate in appropriate educational/support programmes in order to maximise their potential for work.

#### Outcomes

1. All staff involved in vocational rehabilitation will use an evidence based approach to practice such as evidence based supported employment (IPS) and the Fidelity Scale. Knowledge and expertise should be shared with peers through skills sharing events, training, shadowing and other continuing professional development (CPD) activities (Appendix 3).
2. A community of practice will be established for AHPs in forensic mental health as a method of sharing good practice and linking best practice and what works throughout Scotland.
3. All forensic mental health services should routinely record information on the number of Service Users involved in vocational rehabilitation programmes providing information to the forensic network on an annual basis on the number of Service Users engaged in education, training, voluntary work, work placements and employment.
4. Work related outcomes should become a measure of quality forensic mental health care and be embedded within standards of practice with evidence in case notes that all Service Users have been asked about their work related aspirations.
5. AHPs in Scotland must use appropriate robust standardised outcome measures such as MOHO, WEIS, WRI, COPM or Recovery Work Star. These should be used to demonstrate the impact of interventions with the outcomes of interventions shared nationally.

6. The online scoping exercise investigating AHP practice nationally, which accompanied this work, will be repeated to evaluate the impact of this document (Appendix 4). This will be led by the forensic network.
7. All AHPs involved in vocational rehabilitation should be suitably trained accessing training in employability, motivational interviewing, mental health recovery and individual placement support (Appendix 5).

#### Implications for research/investigation

1. Further work is required focusing on guidance around disclosure relating to what is disclosed to employers on mental health and previous convictions for AHPs nationally. This will be taken forward by the AHP Consultant and School of Forensic Mental Health.
2. Further research is recommended to evaluate the use of IPS within forensic mental health. This should be planned, systematic, and co-ordinated with formal links to the forensic network research group.
3. Further research must also take into account qualitative methodology to capture 'insider' opinions from both the service user's experience of VR pathways/IPS and AHPs/employability agencies experience. This will provide a balance of both the highest level and the relevant level of evidence necessary.
4. It is crucial that research findings are shared and consideration should be given to the infrastructure to support this. AHPs involved in vocational rehabilitation should evaluate their interventions and share the findings through publication in peer reviewed journals.



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## Appendix 1: AHP Forensic Leads Group Members

Kathrin Crawshaw-Zein	NHS Fife
Gillian Edwards	NHS Fife
Joanna Falconer	NHS Tayside
Elizabeth Gorman	Partnerships in Care Ayr Clinic
Vivienne Gration	Forensic Network
Caroline Hall	NHS Ayrshire and Arran
Pat Harris	NHS Ayrshire and Arran
Elaine Hunter	AHP Mental Health Advisor Scottish Government (Chair)
Joanne Koziel	NHS Fife
Jac Leith	NHS Grampian
Pamela Macnair	NHS Forth Valley
Adrienne McDermid	NHS Lothian
Melanie McGill	NHS Forth Valley
Paul Mckeown	NHS Highland
Cheryl McMorris	NHS Greater Glasgow and Clyde
Jean McQueen	AHP Consultant
James Robertson	Queen Margaret University College
Gillian Trotter	NHS Lanarkshire
Gill Urquhart	The State Hospital
Frances Waddell	The State Hospital
Linda Walker	NHS Lothian

## Appendix 2: Directorate of Forensic Mental Health & Learning Disabilities Forensic Services Employability Pathway (NHS Greater Glasgow and Clyde)

<p>Stage 1: Positive Activity Social Contact, social support, a sense of structure</p>	<p>Stage 2: Work Preparation Initial- Address personal circumstances, confidence building, literacy &amp; numeracy, core skills</p>	<p>Stage 3: Work Preparation Later Stages -Creating a greater job focus CV preparation, job search, volunteering, work</p>	<p>Stage 4: In work – early recruitment -Supported employee</p>	<p>Stage 5: In work – long term support - Monitoring &amp; supporting employees &amp; employers to retain jobs, support those at risk of losing jobs</p>
<p><b>Forensic Approach:</b></p> <p>Identification of strengths and areas requiring development. Identification of any volitional issues by OT and incorporation of the remediation process to enhance the motivation to engage in meaningful activity. Development of individual's day to day routine with regular programmed activities (wide variety of choice available) based around individuals; current volitional status, their configuration of skills and functioning, interests &amp; values, impact of environmental contexts on engagement and risk / risk management. Initial development of life skills and pre vocational training, personal and social skills development. All sessions are facilitated or supported by Directorate staff. External tutors or external staff are utilised as required.</p>	<p>Continued development of individuals life skills and ADL skills. Focus on confidence and skills building utilising skills of staff and external resources. Initial steps towards the community through involvement with appropriate external projects – OT as first point of liaison to the established contact person with in resources. Developing educational outcomes and working towards qualifications with supported education – linked to patient interest, strengths and future goals. Early stage supported occupational roles - providing opportunities to gain experience in the workings of groups and meetings.</p>	<p>Augmenting stage 1 &amp; 2 skills. Patients ready for community placements for skill development – (considering: interests, skills and functioning, placement type, stage in rehabilitation plan &amp; impact of environmental contexts on engagement &amp; risk management.) OT facilitates individualised goal setting, grading planned actions, identifying strengths in relation to client's skills, educational achievements, physical abilities, &amp; fitness for work. Identification of work type activities and individuals ability to tolerate tasks assessed through use of activity analysis. Assessing types of employment, volunteering, higher education or work experience for individual. Identification and assistance with disclosure processes. Protocols established with community resources for referral process, information exchange &amp; continued liaison. OT as organisational contact with community resources. Forensic training packages offered to Community placements/ resources.</p>	<p>Utilising support from outside agencies – following the social inclusion agenda as per patient need - including mental health services, mainstream services and those linked to working with ex offenders. Links are established with services, for when patients are at this stage. Joint working with external services to assist in appropriate employment, OT as point of liaison &amp; continued support. Identification and assistance with disclosure process to protect both patients and community. When patients successful in achieving employment (supported or mainstream) we continue to offer support for both employee and employers as appropriate. Ensuring both have key contact details for any issues arising.</p>	<p>Maintenance of contact with &amp; support of patient to assist in job retention. Identification of further skills and qualifications development to assist with career development. OT maintains link with employer for support and to identify any barriers/issues or developments as early as possible. Helping employees identify and adjust to specific barriers. Support in working through benefits available to those in employment.</p>

## Appendix 3: Key Principles of Supported Employment

Table 2: The Key Principles of Supported Employment

Competitive employment is the primary goal
Everyone who wants it is eligible for employment support
Job search is consistent with individual preferences
Job search is rapid and may initially focus on a time limited unpaid work placement
Employment specialists and clinical teams work closely together
Support is time unlimited and individualised to both the employer and the employee
Specialist advice on welfare benefits is available to the person through the transition from unemployment into paid work

(Adapted from Bond et al 2008)

Appendix 4: Online Scoping Exercise

Towards Work in Forensic Mental Health  
[Exit this survey](#)

**1. Towards Work in Forensic Mental Health**

As part of a scoping exercise commissioned by the Scottish Government to review current models of vocational rehabilitation used by AHPs in forensic mental health, this survey aims to identify current vocational rehabilitation care pathways across Scotland and the role of AHPs within this pathway.

In responding to each question, please consider your role and your teams role and feel free to use the comment boxes to expand on your answers.

Thank you for taking the time to complete this survey.

**1. What health board/service provider do you work for?**

- NHS Ayrshire and Arran
- NHS Borders
- NHS Dumfries and Galloway
- NHS Fife
- NHS Forth Valley
- NHS Grampian
- NHS Greater Glasgow and Clyde
- NHS Highland
- NHS Lanarkshire
- NHS Lothian
- NHS Orkney
- NHS Shetland
- NHS Tayside
- NHS Western Isles
- Partnerships In Care
- Surehaven
- State Hospital

**2. Which AHP profession are you and where within the forensic mental healthcare pathway do you work?**

	OT	Physio	Dietician	SLT	Arts Therapies
<b>High Secure</b>	<input type="checkbox"/> High Secure OT	<input type="checkbox"/> High Secure Physio	<input type="checkbox"/> High Secure Dietician	<input type="checkbox"/> High Secure SLT	<input type="checkbox"/> High Secure Arts Therapies
<b>Medium Secure</b>	<input type="checkbox"/> Medium Secure OT	<input type="checkbox"/> Medium Secure Physio	<input type="checkbox"/> Medium Secure Dietician	<input type="checkbox"/> Medium Secure SLT	<input type="checkbox"/> Medium Secure Arts Therapies
<b>Low Secure</b>	<input type="checkbox"/> Low Secure OT	<input type="checkbox"/> Low Secure Physio	<input type="checkbox"/> Low Secure Dietician	<input type="checkbox"/> Low Secure SLT	<input type="checkbox"/> Low Secure Arts Therapies
<b>Community Mental Health Team</b>	<input type="checkbox"/> Community Mental Health Team OT	<input type="checkbox"/> Community Mental Health Team Physio	<input type="checkbox"/> Community Mental Health Team Dietician	<input type="checkbox"/> Community Mental Health Team SLT	<input type="checkbox"/> Community Mental Health Team Arts Therapies
Other (please specify)	<input type="text"/>				



## Appendix 4 (Cont): Online Scoping Exercise

3. How many forensic patients do you currently have on your case load?

4. Do you feel your job involves supporting people back into work?

Yes

No

If yes, please comment on what part you play

5. Does your department or team have a written vocational rehabilitation pathway/model?

Yes

No

Additional Comments

6. Which model/approach, if any, is your AHP service currently using to inform and guide its vocational rehabilitation?

Model of Human Occupation

Canadian Model of Occupational Performance

Individual Placement and Support

Sheltered Workshops

Other Supported Employment

Case Management Model

Social Firm

Hospital Based Vocational Programme

None

Other (please specify)

7. In your department/organisations care plans, is there a section that specifically asks service users' about employment related goals?

Yes

No

If yes, please provide additional information

8. Do you have an employment specialist based within your team? (Someone whose sole job focuses on employment)

Yes

No

Please provide details

## Appendix 4 (Cont): Online Scoping Exercise

**9. Which employability or other vocational activities are your service users involved in?**

- Hospital based vocational rehabilitation programme
- Job Centre Plus
- National employability agencies eg: Remploy, Capability Scotland, Momentum, Shaw Trust, Wise Group
- Locally based employability agencies
- Clients' occupational health services
- Working Health Services Scotland
- Volunteer agencies
- Careers Scotland
- Educational and training resources eg: colleges, adult education
- Adult literary services
- SAMH
- Local mental health employability agency
- Social firms
- Sheltered workshops
- Other

Other (please specify)

**10. Below are different work related categories. Please provide details of the percentage of people on your current caseload who are involved in each. (Please make sure this adds up to 100%)**

Paid employment	<input type="text"/>
Employed and off sick	<input type="text"/>
Out of work, not work ready but paid employment is their goal	<input type="text"/>
Out of work, wanting non-employment vocational role	<input type="text"/>
Not interested in pursuing vocational roles	<input type="text"/>
At voluntary work	<input type="text"/>
Accessing full or part-time education	<input type="text"/>
Sheltered workshops	<input type="text"/>
Hospital based employment programme	<input type="text"/>
Other, please specify	<input type="text"/>

## Appendix 4 (Cont): Online Scoping Exercise

**11. In your opinion, what are the barriers (if any) that you/your team experience in assisting service users to achieve their vocational goals? Please tick all that apply.**

- I do not have enough time to address vocational issues with my client group.
- I do not know how to assess a client's vocational skills, preferences and needs.
- I do not feel vocational rehabilitation (VR) is a priority for my profession.
- There are limited resources available within my AHP service to enable me to develop or maintain my VR skills.
- I do not have good awareness of the employability services available in my locality which can help my client move towards employment or other vocational goals
- There are few employability services available to my client group in my locality.
- The employability services in my area are not able to offer adequate support for my client group.
- I lack experience/confidence in contacting clients' employers and offering return to work support.
- I am unclear about welfare rights and legislation.
- Work/employability outcomes are not considered to be a priority for service users within my service.
- Positioning of AHPs within mental health services restricts early access to appropriate vocational support for my client group.
- Indirect referral pathways to AHP services restrict early access to appropriate vocational support for my client group.
- Within my area of work VR is not viewed as a priority area.
- I am unclear about issues around disclosure of criminal convictions.
- I am unclear about issues around disclosure of mental health.

Other

Please provide any additional comments and let us know of any solutions, opportunities or innovations that your service used to overcome these barriers.

**12. Please provide any additional comments on this topic in the space below**

Next

Powered by **SurveyMonkey**

## Appendix 5: Useful Websites

Good Work Good Health: Online Community of Practice  
<http://www.knowledge.scot.nhs.uk/work.aspx>

Royal College of Physicians  
<http://www.rcpsych.ac.uk/mentalhealthinfo/workandmentalhealth/clinician.aspx>

Centre for Mental Health  
<http://www.centreformentalhealth.org.uk/>

Vocational Rehabilitation Association (VRA) includes standards of practice for VR <http://www.vra-uk.org/>

Employability Learning Network  
<http://www.employabilityinscotland.com/employabilitylearningnetwork.aspx>

European Offender Employment Forum [www.EOEF.ORG](http://www.EOEF.ORG)

## Appendix 5: Training Resources

NES Employability Training <http://www.nes.scot.nhs.uk/initiatives/supporting-people-to-work>

Work Matters COT Online learning resource <http://www.workmatters.org.uk/advert.html>  
[http://www.youtube.com/embed/OJD\\_bK-1E8w](http://www.youtube.com/embed/OJD_bK-1E8w)

MSc/PgD/PgC Vocational Rehabilitation Programme Queen Margaret University College  
[http://www.qmu.ac.uk/courses/PGCourse.cfm?c\\_id=192](http://www.qmu.ac.uk/courses/PGCourse.cfm?c_id=192)

European Disability Employment Practitioner Certificate  
<http://www.travors-2.eu/>  
<http://www.rehabilitationnetwork.com/downloads/Travors2.pdf>

Psychosocial Interventions (MSc/PgD/PgC) University of the West of Scotland  
<http://www.uws.ac.uk/about/ayr/pg-courseinfo.asp?courseid=699>

Understanding Individual Placement and Support (1 day course) Centre for Mental Health  
<http://www.centreformentalhealth.org.uk/>

Doing what works: Implementing a successful Individual Placement and Support Service (2 day course) Centre for Mental Health <http://www.centreformentalhealth.org.uk/>

Developing as a centre of excellence in IPS (3 day course) Centre for Mental Health  
<http://www.centreformentalhealth.org.uk/>

Supporting people into employment (5 day course) London Metropolitan University  
<http://www.londonmet.ac.uk/depts/fass/courses/shortcourses/>

Vocational Interventions for people with mental health problems (module) Brighton University  
[www.knowledge.scot.nhs.uk/.../HEM10%20Vocational%20Intervention%202011\\_12.pdf](http://www.knowledge.scot.nhs.uk/.../HEM10%20Vocational%20Intervention%202011_12.pdf)

Vocational Rehabilitation Pathway Harrison Training  
[www.harrisontraining.co.uk](http://www.harrisontraining.co.uk)

Vocational Rehabilitation - 30 credit Masters (Level 7) Salford University  
[www.salford.ac.uk/course-finder/course/1868](http://www.salford.ac.uk/course-finder/course/1868)

## Appendix 6: Recent Government Policy

Table 1: UK and Scotland Policy

UK	Scotland
2002 Employment Opportunities and Psychiatric Disability, RCP,	2004 Healthy Working Lives: a plan for Action, Scottish Executive
2004 Building Capacity for Work: a UK Framework for Vocational Rehabilitation	2006 Workforce Plus: an Employability Framework for Scotland, Scottish Executive
2006 Waddell G, Burton AK. Is work good for your health and well being? London, TSO	2006 Delivering for Mental Health, Scottish Executive
2007 Vocational Rehabilitation Standards of Practice, VRA	2007 Coordinated, Integrated and Fit for Purpose: a Delivery Framework for Adult Rehabilitation in Scotland
2008 Working for A Healthier Tomorrow, Carol Black, TSO	2008 Getting Voc Rehab working for Scotland: Education Needs of Staff Supporting VR NES
2008 Improving health and work: changing lives (The Govt. response to Carol Black's report)	2009 Towards a Mentally Flourishing Scotland
2009 Working our Way to Better Mental Health: a framework for action; DWP	2009 Health Works
2009 Realising Ambitions: better employment support for people with a mental health condition	2010 A Working Life for All Disabled People: The Supported Employment Framework for Scotland
2009 Work, Recovery and Inclusion: Employment support for people in contact with secondary mental health services	2010 Realising Potential: a 3 year action plan for AHPs in mental health, Scottish Government

## Appendix 7: Models of vocational rehabilitation in mental health with growing involvement of organisations out with health

Supported education and training models	Opportunities by mainstream or specialist education providers, where individuals have access to additional support from college or health staff.
The Clubhouse model	Originally introduced in the US as a social club for people being discharged from hospital, encourages its members to participate fully in all aspects of the running of each Clubhouse with a view to learning vocational skills.
Transitional Employment model	A six month work placement programme in an open employment environment, as a stepping stone into the job market developed by the Club house for its members.
Social Firms	First developed in Europe before being introduced into the UK, and are small local businesses which provide paid or unpaid work opportunities for individuals with mental health difficulties alongside other employees. Promoting social inclusion and meeting local need.
Individual Placement Support (IPS)	Competitive employment is the goal with rapid job search, integration of vocational rehabilitation and mental health, attention to Service Users preferences, continuous and comprehensive assessment and time unlimited support. If competitive employment is the goal any unpaid work placements with mainstream employers should be time limited with this being clear from the outset.

## Appendix 8

### Disclosure/Employment Practices Code

[www.ico.gov.uk/upload/documents/library/data\\_protection/detailed\\_specialist\\_guides/employment\\_practices\\_code.pdf](http://www.ico.gov.uk/upload/documents/library/data_protection/detailed_specialist_guides/employment_practices_code.pdf)

### Employment Practices Code: Supplementary Guidance

[www.ico.gov.uk/upload/documents/library/data\\_protection/detailed\\_specialist\\_guides/employment\\_practice\\_code\\_-\\_supplementary\\_guidance.pdf](http://www.ico.gov.uk/upload/documents/library/data_protection/detailed_specialist_guides/employment_practice_code_-_supplementary_guidance.pdf)

## FEATURE mental health

# Walking on the road to mental health recovery

**Natasha McKendrick, May White, Susan McCutcheon, Laura Craig and Audrey Davidson** outline how a walking group within a low secure mental health setting helps patients on their road to recovery

**M**ental health recovery focuses on people claiming or reclaiming purpose and meaning in their life, even within the limitations caused by mental health symptoms. It suggests that rather than being cured, a person learns to live with their mental illness, while maintaining an independent and healthy lifestyle (SRN 2009).

Every person's experience of recovery is unique, as recovery means different things to different people. A number of key components are important to recovery, self determination, empowering relationships based on trust understanding and respect, meaningful roles in society, and elimination of stigma and discrimination (National Mental Health Information Centre 2009).

The team comprising of OTs and nursing staff at the Ayr Clinic include exercise in the form of walking groups as a means of aiding individual recovery. Our walking groups aim to help clients to develop a healthier, more active lifestyle, promoting positive mental health.

Walking is the most popular physical activity undertaken for pleasure and fits well with the strategy for occupational therapy and mental health (COT 2006). It is being increasingly recognised that walking is an excellent means of improving physical and mental wellbeing.

The walking groups are one of many components of our service, which tie in with the recovery-based approach that the Ayr Clinic adopts. When people see the benefits of their bodies becoming more active and physically fit, it helps them feel better about themselves. This in turn keeps them focused on something other than symptoms of their mental illness.

Staff and patients believe that walking plays an important part in both physical and mental health recovery. The walking group

provides valued activity, a sense of structure today, together with the opportunity of being involved in a community-based intervention, which clients can continue on discharge from the unit.

## Walking group aims

The Ayr Clinic is a low secure mental health unit operated as part of the Partnerships in Care group. Within the Ayr Clinic there are two male wards and one female ward, each with their own weekly three-hour walking group run by the OT department. The walks take place in a variety of locations throughout Ayrshire, incorporating both beach and countryside walks, and are chosen in advance by the patients during interactive group planning sessions.

At the end of the walk the patients go for a coffee in a café close to where the walk has taken place, or for the more remote walks take flasks of soup that they have prepared prior to the walk. The universal aims for the walking group include:

- promoting physical exercise as part of a healthy lifestyle;
- providing structure to the day and valued occupation for patients who enjoy walking and being in the outdoors;
- assisting in social inclusion for patients by going to local cafés and walking in community areas;
- improving social and interpersonal skills through communication with other group members during planning sessions, while making soup and throughout the walking group;
- increasing confidence in the community through improving skills such as money handling, road traffic skills, interacting with the public and reading maps.

Some of these aims will apply to all patients, however some will only apply to

patients who have a particular deficit in that area. In addition each patient has collaboratively agreed individualised goals that they aim to achieve through participating in the walking group.

## Client reported outcomes

Within the Ayr Clinic the walking groups are a popular activity with clients keen to attend on a weekly basis. On average, five clients attend each group. In order to evaluate the sessions those who regularly attend the walking groups were asked about their feelings towards, and opinions of, the group. This centred on what they felt they achieved from attending the group and whether they felt the group had any impact on their mental and physical wellbeing.

Overall the feedback from clients has been positive:

- 'I seem to get more confident every time I go out, I feel less paranoid';
- 'It gets me out into the environment and into every day life again and used to what's expected of me in the community and what would be acceptable behaviour';
- 'It gets me off the ward. You feel free, no locked doors, it improves your mental health';
- 'Fitness levels improve';
- '[It's] also helping me to lose weight and stay healthy';
- 'The beautiful scenery... exercise and the scenery, I enjoy them both. It gets me out and about for a bit'; and
- 'Engaging in conversation with the group and the nice scenery... I like the countryside'.

## The way forward

As the walking groups appear to be contributing to our client's recovery there are plans being put in place to further develop them. This involves more emphasis on grading the walks from short, slow paced walks to more advanced, longer walks. A service user's physical abilities will be assessed and an appropriate level of walk will be identified for each individual.



## Appendix 9 (cont): Walking on the Road to Recovery

mental health FEATURE

**Walking and public space**

Paths for All, in partnership with Living Streets Scotland, last year commissioned Scotland's first-ever national opinion survey into public attitudes to walking and public space. The two organisations want to understand what issues matter most to the public and what potential barriers stop people from walking more and becoming a healthier society.

This survey was designed to add to an existing body of knowledge regarding walking habits and issues in Scotland and was conducted on behalf of the organisations by the Progressive Partnership. Information from the research will be used to inform strategy in the future.

The data was gathered using the Scottish Opinion Omnibus Survey. It is a telephone survey focusing on the entire Scottish population and involved a total of 1,001 national representative telephone interviews with adults aged over 18 across Scotland.

The survey concludes that there is already a significant amount of walking taking place in Scotland, but that the level of walking needs to increase and the number of people walking regularly also needs to increase. It shows strongly that with the right measures in place, numbers of people walking and the frequency of walking will increase.

However, for this to happen, Scottish and local government need to commit to a strategic approach to increasing walking and put the actions in place to support and develop walking in Scotland.

Visit: [www.pathsforall.org.uk/about/article.asp?id=817&news=1](http://www.pathsforall.org.uk/about/article.asp?id=817&news=1) to download a copy of the survey results or visit: [www.livingstreets.org.uk/scotland](http://www.livingstreets.org.uk/scotland).

FEATURE

### 'Walking is the most popular physical activity undertaken for pleasure and fits well with the strategy for occupational therapy and mental health.'

The unit has on loan a step-o-meter pack from the Paths for All national charity (Paths for All 2009), which promotes walking for health and supports people to become more active in and around their local communities through the development of a network of multi-use paths in Scotland.

The step-o-meters have begun to be used by each service user to document the number of steps taken while participating in the walking group and allows patients to

monitor and build on their physical abilities.

The steps will be recorded in the individual's walking diaries and the recording will be compared with the number of steps taken from a normal day staying within the unit. This will give the service users a sense of achievement when they see the differences in the number of steps taken and how taking part in physical activity such as walking can contribute to a healthier more active lifestyle.

**References**

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## Appendix 10: Link Up Project Orchard Clinic NHS Lothian

### Vocational Project at the Orchard Clinic wins Award

Link Up is run by Occupational Therapists and aims to provide an accessible and efficient Vocational Rehabilitation service to patients in The Orchard Clinic. We run a variety of sessions throughout the week. These consist of skills training and development workshops incorporating volunteering, adult education courses, literacy and numeracy skills, charity work, IT, photography, and desktop publishing. We aim to install a sense of hope for the future and provide opportunity for patients to explore and develop ideas regarding future work role. We also aim to promote social inclusion via promotion of inpatient volunteering, volunteering in the community, and other work related community options. We were delighted to be nominated for the 'Inspiring Volunteering Award', and see this as an achievement for the project, and more importantly for the patients who take part in it. The nomination which was written by Angela Farr, Volunteer Hub, Royal Edinburgh Hospital is detailed below:

"Link up is a group of dedicated volunteers who are currently on a forensic ward in the Royal Edinburgh Hospital. Over the past two and a half years they have undertaken a wide range of voluntary tasks and projects which have benefitted numerous organisations around Edinburgh as well as the hospital community. The Link Up group are the first port of call for a number of organisations who need big mailouts done, they have produced publicity and newsletters for hospital events and been involved in lots of projects to improve the hospital grounds."

Link Up is an innovative project which introduces volunteering to a group of people who have considerable skills to offer but are restricted in ways which mean that they cannot quickly access community volunteering. The volunteers have embraced this opportunity and are a hard working and very reliable team. Their reliability, even when experiencing mental health challenges of their own, is evidence of their commitment and determination. They

continually demonstrate to the hospital community and organisations around Edinburgh that hospital inpatients have a lot to give.

The work that Link Up does has a double benefit - first, to the organisations that they volunteer for and second, in promoting a positive image of the skills and capabilities of people within the hospital. The ability and reliability of the Link Up team, despite the restrictions and mental health challenges that face them, demonstrates a



*Ewan Meldrum and Susan Bradford from the Orchard Clinic receiving their award from RT Hon George Grubb Lord Provost of Edinburgh*

real commitment to volunteering. Their contribution is evidence of how much you can gain when people are given a chance and, as such, they provide a great example to those around them".

**Susan Bradford, Specialist Occupational Therapist, Link Up, The Orchard Clinic**

**Ewen Meldrum, Technical instructor, Link Up, The Orchard Clinic**

## **Glossary of Terms**

AHPs	Allied Health Professionals
IPS	Individual Placement Support
CPA	Care Programme Approach
SRI	Scottish Recovery Indicator
WRAP	Wellness Recovery Action Plan
MAPPA	Multi-Agency Public Protection Agency
COPM	Canadian Occupational Performance Measure
MOHO	Model of Human Occupation
MOHOST	Model of Human Occupation Screening Tool
WRI	Worker Role Inventory
MDT	Multi-Disciplinary Team
PVG	Protecting Vulnerable Groups Scheme
OSA	Occupational Self Assessment
VR	Vocational Rehabilitation
WEIS	Work Environment Impact Scale
CMHT	Community Mental Health Team
IPA	Interpretative Phenomenological Analysis

**Towards Work  
in Forensic Mental Health:**  
National Guidance for Allied Health Professionals

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