Milestones To Recovery

'A view from upstream'

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Objectives

- Briefly review background to mapping care in Medium Secure Units
- Describe development of MTR framework
- Report the findings of preliminary MTR validation & reliability studies
- Discuss research and clinical implications

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Background

- Rapid expansion of forensic services + associated costs (Sainsbury Centre for Mental Health, 2007)
  - 3.5k in MSU beds in England & Wales
  - £1.2 billion; 176k per year
  - 19% of all mental health costs (Centre for Mental Health, 2011)
- Demand exceeds availability (Brown & Lloyd, 2008) and high prevalence of mental disorder in prisons (Singleton et al., 1998)
- National developments to develop recovery pathways (DoH, 2007; RCP, 2007; HCC, 2008)

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Patient Needs Assessment (2006)

Edenfield MSU, Manchester

- 118 patients (101 patients contributed)
- Mean length of stay 24 months
- Up to 40% may not require MSU physical security (based on routine HONOS & SNAP scores)
- HCR-20 scores significantly discriminated across functional areas; *acute-non-acute-pre-discharge*
- Information on condition and treatment was high unmet need as rated by patients

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When can I go?

Why am I still here?

Why can't I move to open ward?

Why can't I go on leave?

I am ready for discharge – what else can I do?

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Survival strategies

Regulate & control information – impression management

"Work your ticket, keep low profile…"

"Mouth closed ears open…"

"NEVER EVER admit to being distressed/angry/depressed…"

"I realise I was ill but now I'm fine.."

Resist novel and discretionary treatments ('mind games')

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Risk

Disengagement

Institutionalisation

Substance use

Impeding recovery

Escalation scenario

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Between service models

- *Hybrid* Model: 4 levels of community intervention across forensic and non-forensic services (Snowden et al., 1999)
- Security Needs Assessment Profile (SNAP: Collins and Davies, 2005) identifies *physical-procedural-relational* security characteristics of *no, low, medium and high* secure services
- BUT Remains unclear how patients progress within & through the medium secure system

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Kennedy (2002)

- Four factors indicate improvement
  - Stability
  - Insight
  - Rapport
  - Leave

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Gill et al. (2010)

- 5 pillars of care
  - Physical treatment
  - Illness, insight, wellness, recovery
  - Drugs & alcohol
  - Harmful behaviour
  - Psychosocial, occupational & rehabilitation

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Glorney et al. (2010)

- Map need across high secure service
- 8 areas of need
  - Therapeutic Engagement
  - Risk reduction
  - Education
  - Occupational
  - Mental health recovery
  - Physical health
  - Cultural/spiritual
  - Care pathway management

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My Shared Pathway (2011)

A. Getting Insight
B. My Mental Health Recovery
C. Stopping My Problem Behaviours
D. Recovery from Drug & Alcohol Problems
E. Making Feasible Plans
F. Staying Healthy
G. My Life Skills
H. My Relationships

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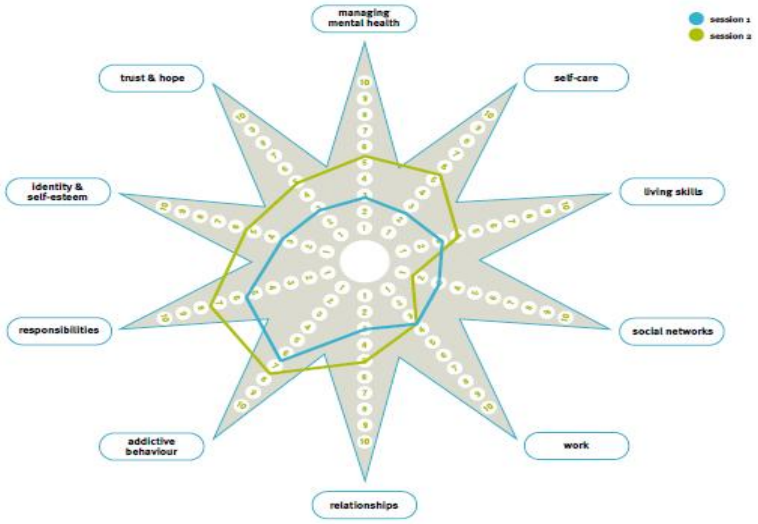
Mental Health Recovery Star

Mental Health Providers Forum (2008)



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Criminal Behaviour and Mental Health
22: 53–64 (2012)
Published online 10 July 2011 in Wiley Online Library
(wileyonlinelibrary.com) DOI: 10.1002/cbm.818

Milestones to recovery: Preliminary validation of a framework to promote recovery and map progress through the medium secure inpatient pathway

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Construction and validation of the Milestones to Recovery Framework

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Method [1]

Construction Phase

- Practice-based consensus approach
- Literature Review - to identify key factors that influence the decision to admit, retain and discharge patients from MSU's (Ludlow, 2010)
- Key Areas identified and refined
- Key Milestones identified
- Focus Group formed to develop a matrix and scale

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Key Targets and Indicators

Symptoms	Severity Level of Distress Insight Coping Strategies
Behaviour & Functioning	Challenging Behaviour Substance Use Absconding Control
Interpersonal/Socialisation	Withdrawal Interactions
Therapeutic Engagement	Activity Psychological interventions

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Method [2]

Validation Phase

- *Milestone to Recovery Scale* (MTRS) finalised
- Each clinical team measured their inpatients (n = 80) using the MTRS
- Scores on the MTRS were compared with the stage at which patients were in the clinical pathway
- The validity of the MTRS to predict acute status, discharge and aggression was evaluated

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Milestones to Recovery Scale: V1

Symptoms	VERY SEVERE	SEVERE	MODERATE	MILD	VERY MILD
Severity	Symptoms permanently present. Medication free or sub therapeutic level	Symptoms present much of the time. Medication started. Compliance may be an issue.	Symptoms improved from baseline Medication maintained.	Symptoms improved May still have residual symptoms	No concerns regarding symptoms
Distress	Extremely high level of distress Constant preoccupation	High level of distress with significant loss of functioning	Level of distress manageable with less effect on functioning	Minor level of distress with little or no effect on functioning	No distress
Insight	No insight into symptoms	Some superficial insight Engaging in basic education sessions	Improving insight, engaging in work relating to this	Good insight into symptoms and illness	Able to identify specific triggers, risk factors, early warning signs.
Coping Strategies	Not able to identify any coping strategies	Utilises basic distraction techniques	Engaging in PSI work	Increasingly able to monitor and manage symptoms with assistance and feedback	Has good repertoire of coping strategies and able to practice using these in a range of situations

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Hypotheses

- Scores on the MTRS would distinguish between the three functional areas
- Patients scoring higher on the MTRS would be more likely to be in the *acute* areas
- Those scoring lower on the MTRS would be more likely to be discharged within 6 months
- Those scoring higher would be more likely to be physically aggressive in the following 6 months

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Ward Categories

Admission

- Acute ward area n=18 (22.5%)

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- Non-acute n=38 (47.5%)

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- Pre-discharge n=24 (30%)

Discharge

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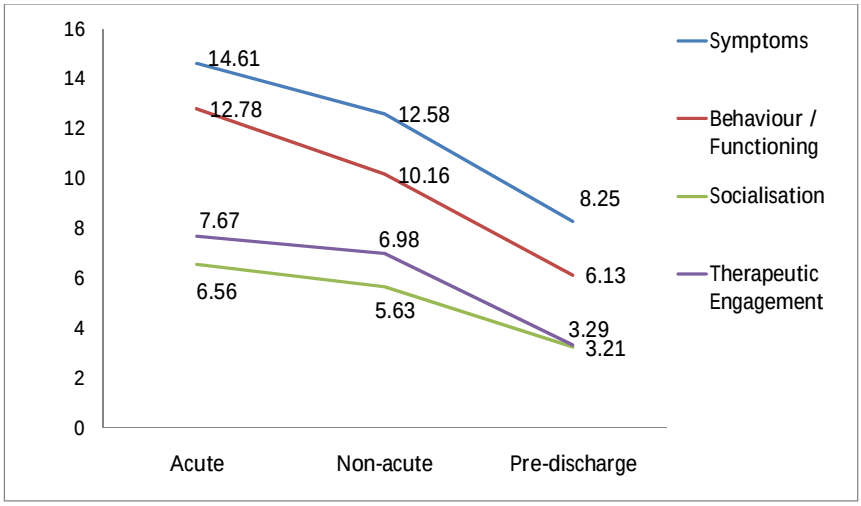
Variance by Ward Type



Significant variance where $p < 0.001$

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Comparison of means between wards

- Acute – Non-Acute = *Behaviour & functioning*
- Acute – Pre-discharge = *Therapeutic engagement*
- Non-acute – pre-discharge = *Therapeutic engagement*
- Transition from non-acute to pre-discharge more challenging than acute to non-acute

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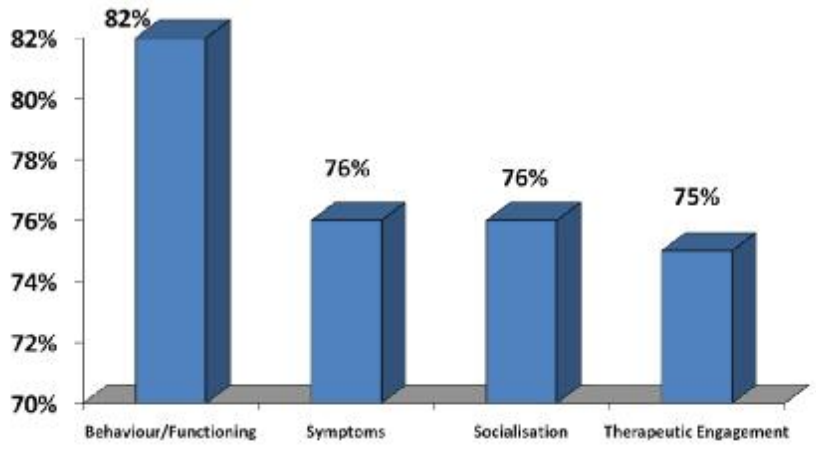
Which milestone target is most predictive of **Acute status**?



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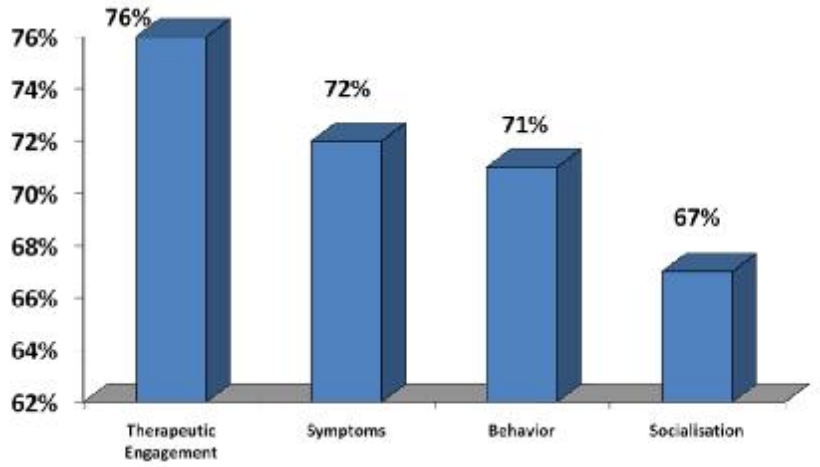
Which milestone target is most predictive of **Community Discharge**?



Discharged n = 10 (12.5%)

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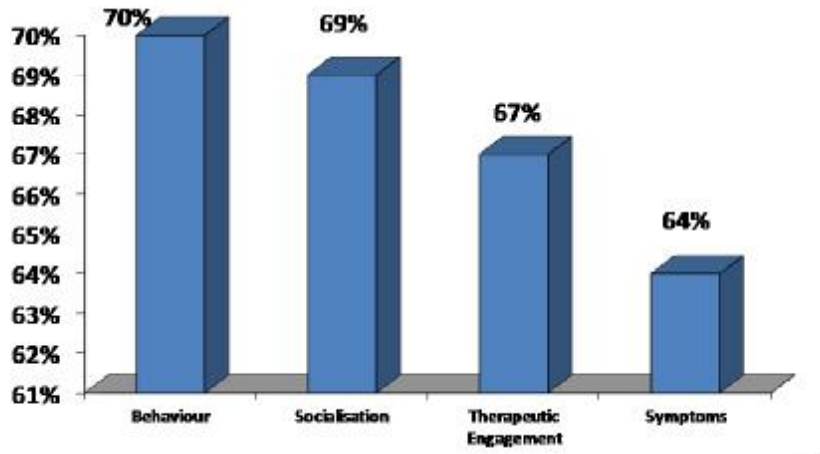
Which milestone target is most predictive of **Physical Aggression**?



Violent or threats n = 23 (28.8%)

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Validity
Discussion

- Patients scoring higher in the *acute* areas
  - Behaviour & functioning most predictive
- Distinguished between the three functional areas
  - Therapeutic engagement most variance
- Predicted discharge and inpatient aggression
  - Discharge: Therapeutic engagement
  - Physical aggression: Behaviour and functioning
- More active treatment to prepare move to pre-discharge areas required
- The MTR framework is valid for supporting decisions regarding placement on the MSU clinical pathway

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Reliability
Discussion

- Satisfactory for items
  - except substance use and abscond
- Overall scale satisfactory
- Generally easy to use
- Need to review substance use item
- Redefine abscond item
- Review item descriptions in light of comments

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Future research

- Work in progress!
- Further research is required in a larger sample to investigate
  - Across different services: PICU, LSU & acute ward?
  - Service user (& carer) participation
  - Inter-rater reliability & internal consistency
  - Face validity and practical utility
- Investigate convergent validity with
  - Mental Health Recovery STAR & MSP
  - HCR-20, HONOS

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Clinical implications

- ü Improve transparency of practice
- ü Identify personal goals, targets & thresholds
- ü Highlights strengths
- ü Link needs with interventions
- ü Potential to enhance service user involvement, communication and motivation
- ü Clarify recovery as a 'journey' and outcome
- ü Aid communication between staff & services
- ü Help service planning

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Thank you

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Dates for Diary

Structured Assessment of VIOLENCE RISK IN YOUTH
SAVRY workshop
25th & 26th September 2012
University of Manchester

Structured Assessment of PROTECTIVE FACTORS
SAPROF workshop
18th October 2012
University of Manchester

Psychopathy & PCL-R Workshop – *Professor David Cooke*
19th & 20th November 2012
University of Manchester

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