Samarbeid mellom kriminalsomsorg og psykisk helse: Hvordan jobber vi egentlig sammen?

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INTRODUCTION

• Why is collaboration between mental health and criminal justice important?

• Theoretical framework to help you think about collaboration

WHAT DO YOU THINK?

• How frequently do you communicate with mental health services?

• Discussion

WHAT DID OTHERS THINK?

• Research Findings
Importance of Collaboration between specialist mental health services and correctional services

Offender rehabilitation

Reoffending rates
Risk, Needs, Responsivity, Big 8, offender reintegration into society

Offender’s mental health

Rehabilitation

Collaboration between Mental Health and Correctional Services mental health

Reoffending rates

Andrews and Bonta, 2007; Skardhammar & Telle, 2010; Skeem and Petersen, 2011; Bond & Gittell, 2011; Fazel & Ballaren, 2011)
Relational coordination theory

Predicts relational dynamics of coordinating work between systems/professionals.

COORDINATION (behavioural) component of collaboration.
  • frequent, high quality communication

RELATIONAL component of collaboration.
  • shared goals, shared knowledge and mutual respect

The two components interact for the purpose of task integration (Gittell, 2011)
High Performance Work Practices

- Selection for Cross-functional Teamwork
- Cross-functional Conflict Resolution
- Cross-functional Performance Measurement
- Cross-functional Rewards
- Cross-functional Meetings
- Cross-functional Boundary Spanners

Relational Coordination

- Shared Goals
- Shared Knowledge
- Mutual Respect
- Frequent Comm.
- Timely Comm.
- Accurate Comm.
- Problem-Solving Comm.

Quality Outcomes

- Patient-Perceived
- Quality of Care

Efficiency Outcomes

- Patient Length of Stay

Gittell et al 2011
High performance working practices: structures to improve collaboration

Drivers

- Equity and Excellence White Paper, UK.
- Norway’s Coordination Reform
- WHO Global Strategy on People-centred and Integrated Health Services
- European Investment: large scale investment into integrated service delivery (e.g., INTEGRATE and AQUA).

Devices

- Service level agreements attempting to explicitly define interagency responsibilities.
- Coordination tools including joint individual care plans (e.g. IP, Fremtidsplan) and electronic patient records (BRIK).
- Standardised interagency meetings (e.g. Ansvargrupper, leadership meetings)
GROUP WORK

Individually.....

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Discuss in a group.....

Bescriv et område der du føler at nåværende samarbeidspraksis mellom fengselet og andre tjenester kan forbedres, og hvordan dette kan skje.

Summarise key suggestions on post it notes
Aim & Objectives

To optimise relational coordination between Norwegian prison officers and professionals providing mental health support.

- Establish current levels of relational coordination between prison officers and a range of professionals known to be engaged in offender mental health.

- Identify those internal and external structures that have potential to enhance relational coordination between these groups.
Method

• Interviews (n=12) of leaders in specialist mental health and correctional services from one region in Norway.

• Survey of prison officers (n=160); 13 prisons from across S, SW, E and W regions

• Adaptation of Change Laboratory method as a tool to promote collaboration and innovation that includes front line professionals and offenders themselves
EXTERNAL STRUCTURES
Participation in: formal/informal meetings within prison;
- formal/informal meetings with specialised services
- Ansvargrupper,
- Individualized plan
- Fremtids plan

Culture of collaboration

Region

INTERNAL STRUCTURES
- Attitudes to Rehabilitation
- Knowledgeability of other professional domain
- Role as Leader, Gender, Experience

RELATIONAL COORDINATION
Frequency of communication
Usefulness of communication
Timeliness of communication
Sharing responsibilities
Respect
Shared priorities
Shared knowledge

Reduction of reoffending rates (Bond and Gittell, 2011)

Rehabilitation
Prison officers report low levels of relational coordination with prison doctor, psychologists and psychiatrists. They wish this to be greater,

- Significantly higher relational coordination with nurses, social workers and other prison officers than with doctors, psychologists and psychiatrists in specialised mental health services.

- Greater relational coordination is desired with psychiatrists, psychologists and doctors in the prison, but relational coordination with nurses, other prison officers and the social worker remains a priority.

- Importance of the nurse in linking the prison officer to mental health provision.

(Professional differences: Friedman’s statistic: 547.548, df=7; p=0.000)
(Actual-Desired: Psychiatrists WSR=5868.500; n=113; p=0.000).
Predictors of Relational Coordination

- Multiple linear regression.

- Relational coordination (RC) with the psychiatrist in mental health services is impacted by:
  - prison officers’ perceptions of rehabilitation (REHAB),
  - their perceptions of the climate of collaboration in their prison (CULT)
  - Frequency of participation in formal meetings with specialised services (MEET)
  - and whether they hold a leadership role (LEAD).

**Relational coordination with psychiatrists in the mental health services**

Significant regression equation $F(4, 100)=15.77; p<0.000$ with an $R^2$ of 0.387.

$$RC = 0.271\text{CULT} + 0.199\text{REHAB} + 0.432\text{LEAD} + 0.403\text{MEET}$$

- Relational coordination increases by 0.2 points for every unit increase in report of collaborative culture and, if leadership role, participation in meetings and attitude to rehabilitation remain constant.
- Relational coordination increases by 0.2 of a point for every unit increase in rehabilitation score, if leadership, participation in meetings and culture levels remain constant.
- Relational coordination increases by 0.4 of a point if they report participating to formal meetings with professionals form specialised services and if rehabilitation score, leadership and culture levels remain constant.
- Lastly relational coordination increases by 0.4 of a unit if they report holding a leadership role (if rehabilitation, participation in meetings and culture scores remain the same).
EXTERNAL STRUCTURES
• Participation in formal meetings with specialised services
• Culture of collaboration

INTERNAL STRUCTURES
• Attitudes to Rehabilitation
• Role as Leader

RELATIONAL COORDINATION
Frequency of communication
Usefulness of communication
Timeliness of communication
Sharing responsibilities

Respect
Shared priorities
Shared knowledge
Collaborative working culture not proactively encouraged

- The working culture in the prisons does not actively encourage or discourage collaborative working between prison officers and specialised mental health staff.
- No regional differences
Positive attitudes to rehabilitation

- Attitudes to rehabilitation are positive amongst prison officer population

- Slightly more so in female officers and in the western region of Norway.

Gender: MW=2050.5; p=0.003; n=153).
Region: KW=15.75; d.f.=3; n=153; p=0.000).
Formal meetings with mental health services

No regional, gender or experiences differences

Leaders more likely to participate in formal meetings with specialist mental health services (Pearson’s Chi Sq.= 4.074; p=.044; d.f=1)

71.5% (n=158) Seldom or never
CONCLUSIONS

Relational coordination between mental health professionals and prison officers is related to:

EXTERNAL STRUCTURES:

- Being in an organisation they perceive to support collaboration actively- BUT prisons currently neither promote or discourage a culture of collaboration with specialized services actively.

- Participation in formal meetings with mental health services (rather than any of the other integration devices tested) BUT the majority of prison officers never or seldom participate in these meetings.

INTERNAL STRUCTURES:

- Having a leadership role. Leaders participate in meetings with specialised services more frequently than front line professionals.

- Positive orientation to rehabilitation BUT gender and regional differences are apparent.
RECOMMENDATIONS

• More scheduled formal meetings with specialist mental health services.

• Include both leaders and front line prison officers in meetings.

• Place an emphasis in these meetings on the importance of the rehabilitation process.

• Explore reasons behind gender and regional differences in attitudes to rehabilitation.

• Actively promote a culture of collaboration, not only through formalised meetings but also through devices such as:
  • interagency collaboration being a key job requirement in new posts,
  • formal mechanisms to conflict between organisations
  • encouraging front line professionals to think of bottom up innovations through which collaborations can be improved.