







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 & Bailaren, 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

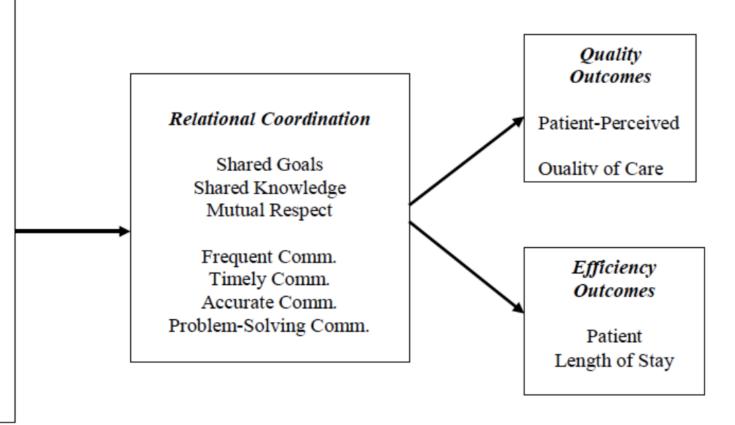
> Cross-functional Conflict Resolution

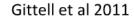
Cross-functional
Performance Measurement

Cross-functional Rewards

Cross-functional Meetings

Cross-functional Boundary Spanners







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)

High Performance Work Practices

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GROUP WORK

Individually.....

9 KOMMUNIKASJONSHYPPIGHET

	Hvor ofte kommuniserer følgende fagpersoner med deg om den innsattes behov?					Hvor ofte ønsker du at følgende fagpersoner kommuniserer med deg om den innsattes behov?				
	Aldri	Sjelden	Av og til	Ofte	Hele tiden	Aldri	Sjelden	Av og til	Ofte	Hele tiden
Psykiater innen spesialiserte tjenester for psykisk helse	0	C	C	C	C	Г	Г	г	Г	Г
Psykiater innen spesialiserte tjenester for rusbehandling	0	C	C	C	С	Г	Г	г	Г	г
Psykolog innen spesialiserte tjenester for psykisk helse	0	C	C	C	С	Г	г	г	Г	г
Psykolog innen spesialiserte tjenester for rusbehandling	0	C	C	C	С	Г	Г	г	Г	г
Sykepleiere i fengsel	О	С	C	С	C	Г	Г	Г	Г	Г
Fastleger i fengsel	0	C	C	0	С	Г	Г	Г	Г	Г
Sosialarbeider i fengsel	0	С	С	0	С	Г	Г	Г	Г	Г
Andre fengselsbetjenter	0	С	С	0	С	Г	Г	Г	Г	Г



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 speciaised 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

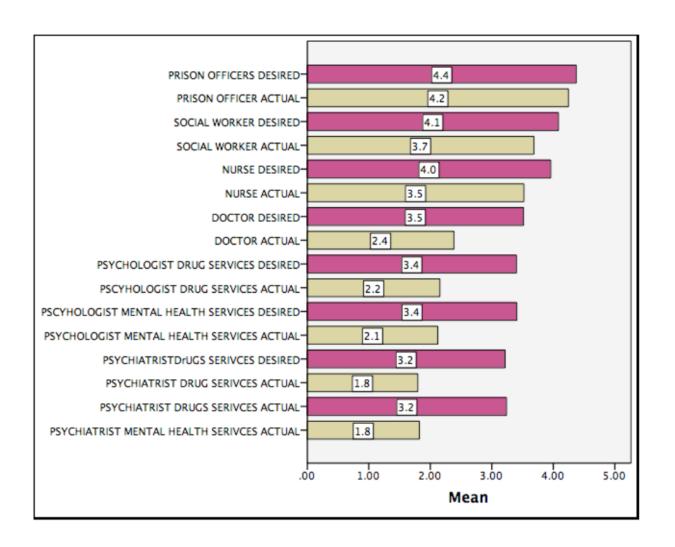
Respect
Shared priorities
Shared knowledge

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= 0.271CULT+0.199REHAB+0.432LEAD+0.403MEET

- 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 speciaised services
- Culture of collaboration

INTERNAL STRUCTURES

- Attitudes to Rehabilitation
- Role as Leader

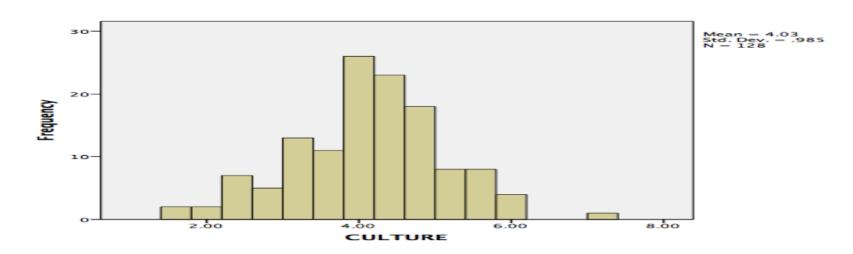
RELATIONAL COORDINATION

Frequency of communication Usefulness of communication Timeliness of communication Sharing responsibilities

Respect
Shared priorities
Shared knowledge



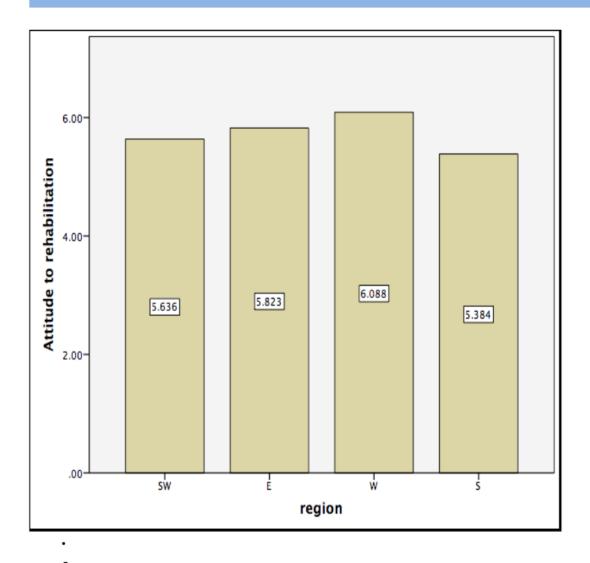
Collaborative working culture not proactively encouraged



- 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;

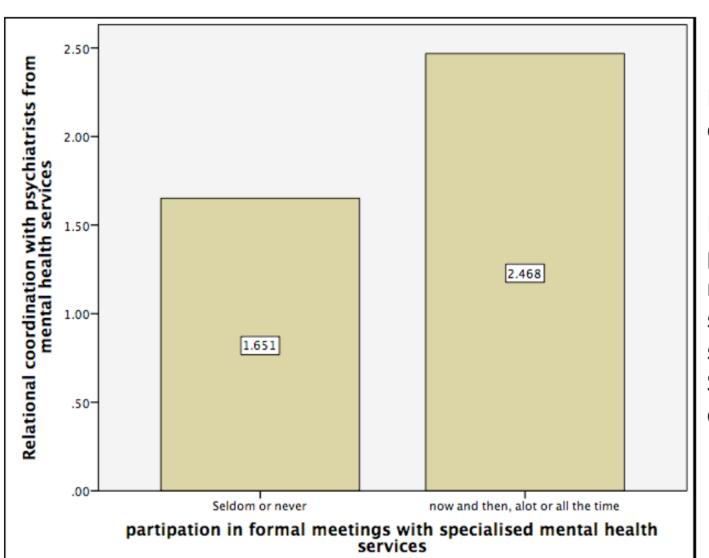
n=153).

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)



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.





