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The problems of offenders with mental disorders: A plurality of perspectives within a single mental health care organisation

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Abstract

Managers, doctors, nurses, occupational therapists, social workers, psychologists, unqualified staff and service users were interviewed for a qualitative study of risk management and rehabilitation in an inner city medium secure forensic mental health care unit. Different professional orientations to service user problems were identified. Doctors focused primarily on the diagnosis of mental disorder, which they managed mainly through pharmaceutical interventions. Psychologists were principally concerned with personal factors, for example service user insight into their biographical history. Occupational therapists concentrated mainly on daily living skills, and social workers on post-discharge living arrangements. Some front line nurses, held accountable for security lapses, adopted a criminogenic approach. Service users were more likely than professionals to understand their needs in terms of their wider life circumstances. These differences are explored qualitatively in relation to four models of crossdisciplinary relationships: monoprofessional self-organisation combined with restricted communication; hermeneutic reaching out to other perspectives; the establishment of interdisciplinary sub-systems; and transdisciplinary merger. Relationships between professions working in this unit, as portrayed in qualitative interviews, corresponded mainly to the first model of monoprofessional self-organisation. Reasons for restricted crossdisciplinary understanding, particularly the wide power/status differences between the medical and other professions, and between staff and patients, are discussed.

Keywords: Forensic mental health care; Professions; Cross-disciplinary relationships; Risk management; Occupational ideologies; UK

Introduction

This paper will explore professional and service user perspectives in one troubled, politically sensitive arena, that of forensic mental health care. Qualitative data obtained in a study of one UK medium secure unit will be utilised to illustrate the diversity of frameworks employed to understand service users' problems. Crucially, the images of other types of participant which respondents constructed from these frameworks will be explored. Four ideal typical models of crossdisciplinary relationships are outlined below. The paper will consider their applicability to accounts of forensic mental health care service user problems. The impact on problem definitions of social power

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differences between the medical and other professions and between staff and patients will be discussed in relation to the data analysis.

The term 'profession' will be used broadly in this paper to refer to occupational groupings which make culturally endorsed claims that their work is guided by a disciplinary knowledge base. The professions clinically involved in forensic mental health care include medicine, psychology, social work, occupational therapy and nursing. Collaborative working between professions is variously described in the literature as 'multiprofessional', 'interprofessional' or 'transprofessional', implying a progressively greater degree of synthesis. The term 'professional' can be replaced by 'disciplinary', drawing attention, respectively, to a body of practitioners and to the knowledge base which legitimates their claim to societal recognition as a profession. 'Crossdisciplinary' will be used in the present paper as a neutral term encompassing different levels of integration of professional knowledge, the focus of the paper.

A disciplinary knowledge base offers a mass of detailed, continually evolving technical knowledge underpinned by more stable, broader presuppositions about the nature of the problems which the profession is concerned with (Abbott, 1988). Disciplinary perspectives encompass multiple levels of analysis, are affected by differences between intradisciplinary schools of thought, and shift historically. Nevertheless, they are characterised by distinctive zeitgeists, which can often be evoked by a much-used phrase, such as 'disease' in medicine, 'care' in nursing, 'people' in psychology, 'daily living skills' in occupational therapy and 'environment' in social work. When members of different professions interact in the care of service users, they are exposed to, and more or less affected by, each other's discipline. Many different types of mixing of disciplinary worldview may be envisaged. Abbott's (1988) seminal analysis of professional jurisdictions provides the starting point for the present analysis. Abbott viewed professions as simultaneously interdependent and competing for power, status and resources. The tension between these two states puts relationships between professions into constant flux. Review of the theoretical literature has led the present authors to identify four ideal typical forms of relationship between professional disciplines: monoprofessional self-organisation (autopoiesis); hermeneutic reaching out; partial interdisciplinarity; and full transdisciplinary merger. These four ideal types illustrate only some of the many possibilities for one-way and multiple influence between disciplines.

Luhmann (1984/1995) emphasised the propensity for professions to evolve as separate self-organising social systems with distinctive presuppositions, identities, traditions and regulatory structures. Luhmann argued that autopoiesis enhances communication within professions at the expense of impeding that between them, generating endemic cross-professional misunderstanding. Van Loon (2002), adopting a hermeneutic approach (Habermas, 1984), considered Luhmann's view of crossdisciplinary collaboration over-pessimistic. From the perspective of 'communicative rationality', social actors are capable of viewing the world through the eyes of others via meaningful communication. This capability may be impeded by gross power differences. Leydesdorff (2003) has suggested that the approaches of Habermas and Luhmann can be combined. He argued that the interactions of separate self-organised systems can generate new autopoietic sub-systems, islands of interdisciplinarity within organisational seas of disciplinary separateness. The upper limit of disciplinary merger involves the emergence of a new 'transdiscipline' in which the separate identities of the individual professions are lost. For example, Cherin et al. (2000) argued that a transdisciplinary approach to home care for terminally ill HIV/AIDS patients enabled care workers to operate from a '*biopsychosocial perspective*'. Although presented by Cherin et al. and others as the preferred structure for crossdisciplinary knowledge, transdisciplinarity generates new issues. Firstly, disciplinary merger creates a new discipline with its own presuppositions, biases and autopoiesis. Secondly, it undermines one of the main gains of specialisation, collective grasp of a continually accumulating knowledge (Abbott, 1988, p. 179).

The present paper will not address the question of which model best depicts interdisciplinary relationships in the Unit, a task requiring extensive direct observation. Instead, the paper will consider the correspondence between participant *accounts* of service user problems to these four ideal types.

Little research on professional views of their own discipline in relation to others, and of service user views, has been undertaken in forensic mental health care. The problem(s) which these services deal with are ill defined, creating fertile ground for crossdisciplinary misunderstandings. The title of