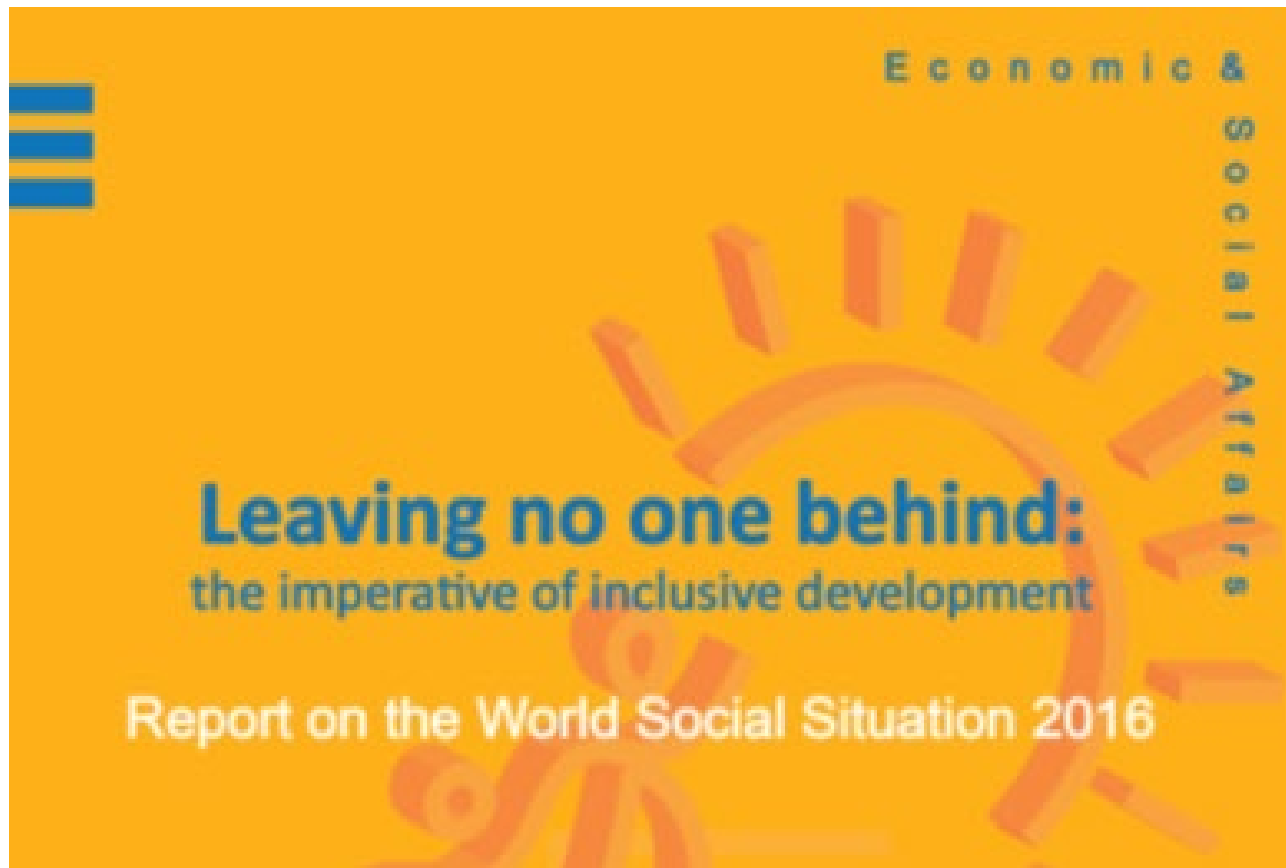


Social inclusion in an inpatient forensic psychiatry clinic with Safewards in Sweden

A qualitative interview study with patients

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Human Rights and Social Inclusion



A tentative model of values in social inclusion in psychiatric inpatient care: participation, reciprocity, and social justice, Pelto-Piri & Kjellin, 2021

Values	Service user seen as	Perspective	Goal
Participation	Patient	Patient's rights	Informed patients influencing the care given by staff.
Reciprocity	Person	Dialogical	The knowledge of both service user and staff is used to create recovery strategies.
Social justice	Citizen	Human rights	Access to user-friendly and non-discriminating services.

Methods

- A clinic is a Swedish County with 4 wards with the capacity of 34 patients.
- A medium-security ward and three low-security wards.
- The study included 8 male patients. There were three female patients, but they were not fit to participate.
- The average length of interviews were 35 min (23-50 min).
- Qualitative content analysis.

Preliminary results

Patient perceptions of Safewards (4-5 intervention/ward)

Interventions	Patients perceptions
Discharge messages	Those who had noticed the intervention considered it positive
Know each other	Experienced positively, good for those who are not socially skilled
Clear mutual expectation	Contributes to a better ward. Are followed by everyone. But not developed by those who are in the ward now
Mutual help meeting	There is a meeting, however, with limited participation in decisions and with no support mentioned
Soft words	The staff communicate in a good way with patients
Bad news mitigation	Staff presented negative information in a good way even though sometimes the staff gave bad news out in the ward which was not appreciated
Calm down methods	It was appreciated by most of the patients, but they wished that the staff could offer it more instead of patients having to ask for it
Talk down	Staff were seen using calm methods to defuse situations

Preliminary results

Social inclusion

Values	Themes
Participation in care	The doctor decides the content of the care without listening Experience of limited participation in everyday decisions The desire to be involved in development work
Reciprocal relations	The staff is available and has a positive attitude Fellow patients show care and consideration Withdrawal and avoid interaction
Social justice	Boredom and low mood in the department The desire for dignified, equal and safe care Rehabilitated but still locked in

Participation in care

The doctor decides the content of the care without listening

- The doctor has a plan, a plan that cannot be influenced by the patient's thoughts and opinions.
- Patients have noticed that events are reported to the doctor by staff, it creates a feeling of being constantly observed.

Participation in care

Experience of limited participation in everyday decisions

- Participation in everyday decisions is limited to a weekly meeting routine, where they get to
 - choose activities for the weekend,
 - which toppings for their sandwiches,
 - what coffee bread they want.

Participation in care

The desire to be involved in developing the ward

- The patients have several ideas about how to improve care and the atmosphere in the ward,
- For example, that the design of the shared expectations: the shared expectations are positive and contribute to a better atmosphere, but they feel a frustration that they were not involved in the process of creating them.

Reciprocal relations

The staff is available and has a positive attitude

- Staff was described as positive and accessible.
 - Strive to create a supportive environment for the patients
 - Try to promote participation in activities.
- Staff actively listen to patients with respect, which contributes to an atmosphere of understanding and empathy.
- Staff can be stressed and therefore not be able to maintain the same level of support, which can create anxiety and insecurity in patients.

Reciprocal relations

Fellow patients show care and consideration

- The patients show an empathetic and considerate attitude towards each other.
- The Know each other intervention is good for those with less social skills so that they can also feel involved.
- The patients are aware of each other's needs and feelings and there is a mutual understanding and concern between them.

Reciprocal relations

Withdrawal and avoid interaction

- Patients withdraw and avoid interaction with both staff and fellow patients.
- Some patients choose to remain isolated in their rooms, which can lead to feelings of loneliness.

Social justice

Boredom and low mood in the ward

- The ward is characterized by a general feeling of boredom and lack of activity.
- Most days are monotonous and uneventful, only occasional days are perceived as meaningful.
- A daily routine is characterized by drinking coffee, taking medication and smoking, where the days flow together without any variation.

Social justice

The desire for dignified, equal and safe care

- Patients thought that the ward is generally a safe place, some patients thought that they felt safe compared to their life outside the ward.
- The shared expectations contribute to this feeling of safety. Without a clear structure for what is allowed and prohibited, it can be difficult for patients to navigate and feel safe.

Social justice

Rehabilitated but still locked in

- Patients described a frustrating situation where both they and the doctor consider them ready to be discharged but are prevented by the lack of available housing and support.
- They feel that their opportunity to reintegrate into society is delayed and it also puts the patients at risk of becoming institutionalized.

Preliminary conclusions

- The implementation of Safewards on the ward has been positively received by patients.
- There is a lack of opportunities to participate in decisions about care and everyday life.
- Reciprocal relations with staff and other patients were describe positively.
- Lack of social justice and the violation of patient's rights by still being locked in after fulfilled rehabilitation.
- Further action is needed to address social inclusion in forensic psychiatry.

Discussion

- Is these results interesting enough to be a publication or should it be integrated into a case study about implementation of Safewards (with interviews of staff, doctors and managers)?
- What do you think about our model for social inclusion?