

A CASE STUDY EXPLORING FORENSIC MENTAL HEALTH CARE USERS' OCCUPATIONAL ENGAGEMENT IN EASTERN CAPE, SOUTH AFRICA

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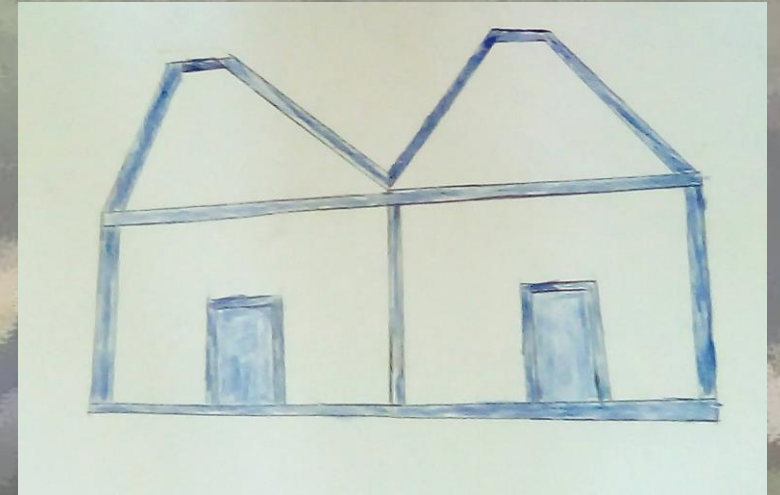
INTRODUCTION

- Forensic mental health (FMH): Interface of law and psychiatry (Swanepoel, 2015)
- Dual objective:
 - Treat and rehabilitate the forensic mental health user (FMHU) (O'Connell & Farnworth 2007)
 - Safely integrate into a community
- Forensic psychiatry vs. FMH
 - Forensic psychiatry – medical/illness model
 - FMH – rehabilitative/health model (Rogers & Soothill, 2008)



FORENSIC MENTAL HEALTH IN S.A.

- Mental Health Care Act 17 of 2002, Chapter IV:
Informed by the Criminal Procedures Act 51 of 1977
sections 77, 78 & 79
- Research in Gauteng:
At time of admission to FMH system, 59% of FMHUs had a known psychiatric history and 71% had a history of substance abuse (Marais & Subramaney 2015)
- Clinical services managed by health establishment:
Behaviour Modification Programme (BMP) => Leave of Absence (LoA)
- Rehabilitation interventions:
Substance Abuse Treatment Unit, OT, MDT groups i.e. insight-oriented, life skills, anger management, BMP information sessions, health talks



EASTERN CAPE, S.A.

- Second largest province in South Africa with a population over 6 million
- Rural farming province with two porting metropolitan municipalities along the Indian ocean (StatSA, 2016)
- Inequitable distribution of mental health services due to legacy of segregation of resources (Sukeri et al., 2014)

Homeland states:

- Eastern region less developed (Transkei)
- Central region (part Free State) & Western region more developed (Ciskei)



FROM INSTITUTION TO COMMUNITY: THE CHALLENGE OF TRANSITIONING

- Eastern Cape: High levels of poverty and inequality
43.3% poverty intensity in 2016, reflecting increase of 2% since 2011 (StatSA, 2016)
- Coping with poverty and with a psychiatric disability are conflated experiences
Dealing with deprivation, adversity and enduring financial constraints (Duncan, et al., 2011)
- FMHUs are at increased risk of sliding into (or remaining in) poverty
Increased health expenditure, lost income and/or employment, reduced productivity and social exclusion due to stigma (Flisher, et al., 2007)



RESEARCH PROBLEM

- Inadequate preparation for community living
 - Follow-up aftercare is seldom mandated
 - No set tariff for the length of detention, unlike prisoners (Coffey, 2013)
- Very little research in S.A. regarding outcomes for FMHUs
 - Duration of hospitalisation and discharge
 - Reclassification details
 - Rate of abscondment
 - Relapse, re-hospitalisation and recidivism rates



(Marais and Subramaney, 2015)

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RESEARCH QUESTION

How do FMHUs experience engaging in occupations when transitioning from a secure forensic health establishment to living in a community for predetermined periods in the Eastern Cape, South Africa?



RESEARCH DESIGN

- Qualitative, explorative instrumental case study positioned in social constructivism
- FMHUs' occupational engagement during the forensic LoA process
- Case study (Yin, 2003): FMHUs' actions and situations, as bounded in context (Eastern Cape), time and phenomenon (initial forensic LOA)
 - Role players:
FMHUs as the main participants, health establishment
MDT and clinical notes, FMHUs' custodians



SELECTION CRITERIA

- **FMHU:**
 - Admission date, first LoA, accessibility, mental state
- **Key-informant:**
 - MDT who work directly with FMHUs in the recruitment ward
 - Custodians of FMHUs in the community
- **Documents:**
 - FMHU clinical files with forensic observation report, social work report, record of in-patient intervention (psychopharmacy, rehabilitation) and custodial LoA report



PARTICIPANT PROFILE

Participant	Forensic LoA: return from	Substance use	Gender	Age	Highest level of education	Community
Anga	1 month	Cannabis, ethanol, methaqualone, methamphetamine use disorder, since early teens	M	22	Grade 10	East London: Township
Bulelani	3 months	Cannabis, ethanol, methaqualone, methamphetamine, volatile inhalants use disorder, since mid-teens	M	25	Grade 12	Port Elizabeth: Township
Cebo	6 months	Cannabis use in full remission (> 1 year); last used before the offence	M	36	Grade 9	East London: Peri-urban

DATA ANALYSIS

- Data analysis follows the process for thematic analysis:
 - Coding, identifying mutually exclusive & inclusive categories, and discovering themes and sub-themes (Creswell, 1998)
- Goal of analysis:
 - To develop the essential structure of FMHUs' occupational engagement during forensic LoA developed by Colaizzi (1978)
- Goal of this study is not to identify individual variation but rather to elicit and describe those aspects of the phenomenon that are common to all



PROVISIONAL INSIGHTS

- ***Accessibility of resources***

Cebo's sister:

“yes, sometimes his dates are around the twentieth..., and there isn't money yet at that time.”



PROVISIONAL INSIGHTS

Engaging with friends

Anga:

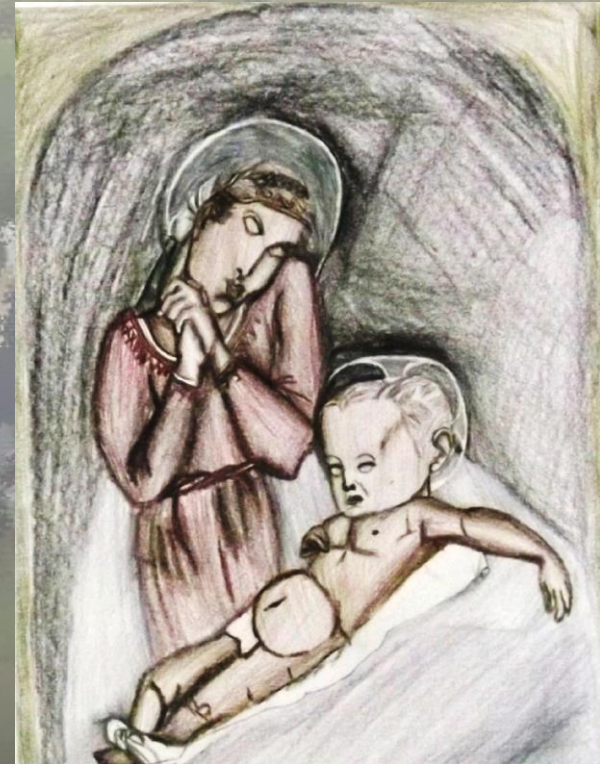
“Most of them offered me weed, I told them I can’t do weed, so they just gave me money, like R50, be safe, and then left me again.”



PROVISIONAL INSIGHTS

Engaging with family

Bulelani: "They feel happy that they see that I'm busy with school..., I don't smoke..., I'm back on time at home ..., everything, you see..., no they are alright staff."



ENKOSI

Thank you

SIYABULELA

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Friends & Fam

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