



## Model of Human Occupation

### Archived List Serv Discussion

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#### Community Mental Health/Forensic

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**February 16, 2009**

Hi everyone,

I am a third year OT student in Ireland. We are currently using a problem based learning approach to learn about community practice. At the moment we are discussing community integration after discharge from a forensic unit. The hypothetical client we are discussing has been in a forensic unit for the past ten years after been found not guilty by reasons of insanity of killing his father during a psychotic episode. He is now stable and is on medication for depression.

I was wondering if anyone could recommend MOHO assessments that could be used with this client, or if anybody has worked in this area would they share their knowledge and experience?

Anne

**February 16, 2009**

Anne,

I have experience in forensics and found that prior to 'conditional release', the legal term for the terms which outline the guidelines under which the person can stay in the community, it is important to match the capacity of the individual with the demands of the environment. Make sure the placement provides him with enough opportunity to interact in satisfying ways, to achieve success and not experience frustration (too much stress) as this create problems with an individual with schizophrenia. The longer he has been locked up, the more difficult the transition will be; individuals with schizophrenia typically have poor adaptive capacity.

Make sure that there is a monitoring system in place to assure continued stability. You state that in your case the individual murdered his father. You did not mention the type of schizophrenia but I am assuming it is paranoid if he killed his father. You need to find this out. Individuals with paranoid schizophrenia have better performance skills and therefore it is even more important to have an appropriately challenging environment.

I am sure others will provide suggesting on which MOHO assessments will work. I hope my suggestions are helpful.

Patty

**February 17, 2009**

Hello

I have experiences of working in a forensic setting as an occupational therapist.

I have used the Occupational Self Assessment (OSA) with clients to help inform priorities for discharge. This is particularly useful when the MDT consider discharge issues such as, what the person will do with their time on discharge?, what support will be needed? etc. Obviously you will need to consider if the client will be able to participate with the assessment but it can be very interesting to see differences/similarities with the client and MDT discharge priorities.

For clients being discharged from a forensic setting, many of them wish to have some time to adjust to their new routine and environments -consider the issue of timing when exploring what occupations clients may be engaging in upon discharge. Also the transition process needs to be considered (particularly for those those, like your case study who have been within the forensic services for 10 years).

I hope this is helpful.

Thanks  
Claire

**February 28, 2009**

Dear Anne,

As 10 years is approx twice the current typical length of hospitalisation for NGRI (not guilty by reason of insanity) clients, both in the UK and Ireland, this man may likely have a need for intensive, skill based psychosocial rehabilitation. It will depend on why it has taken 10 years to move to this stage. Is it because he was slow to stabilize, insight and risk factors? Was it because of limited rehabilitation opportunities within the service? Was it because of political and legal factors that impede easy release? What I mean here is that it is not clear whether it was individual or system factors that have confined him for so long and this would inform what assessments to use.

In the National Forensic Mental Health Service in Ireland we use all the MOHO assessment tools as appropriate to the individual and consider that they support our work well.

We find the OPH1-11 really good to review occupational history and contextualise the person's current experience and perspective, and to orientate to future direction and goals. A collaborative relationship is promoted through OPH1-11 discussion as clients

appreciate being viewed in a holistic way as occupational beings and not primarily in terms of their index offence.

We find the OSA useful to elicit personal values and in setting priorities for change.

We find the OCAIRS Forensic useful because it captures information on roles, habits, personal causation, values, interests, goals, skills, environment and readiness for change in a nice concise manner. It is useful for the client to see this mapped out clearly as it promotes understanding of the process needed to support optimal functioning and moving forward with their individual context. As you know the client's capacity to interpret past experiences is a key factor in risk assessment and in setting therapeutic goals, so this is a very useful tool.

Forensic clients experience double whammy stigma - by both having a mental illness and from having been incarcerated in a criminal asylum. Therefore, social reintegration is a big challenge. The ACIS and the Interest Checklist are helpful in identifying needs and interests so that interaction skills, social supports, community leisure interests can be supported. At the best of times in Ireland, forensic clients find it difficult to transition into open competitive employment, also, some statutory agencies are wary when it comes to supporting forensic clients in vocational rehabilitation. Now in an economic downturn this becomes more of a challenge and volunteering offers a way of reintegrating in the community and moving to paid employment, and the UK Modified Interest checklist is useful. The WRI can be useful here also. here.

In all, the MOHO assessments are applicable because they promote an historical systems overview in evaluating current needs. This coheres with historical clinical risk assessment which is vital in supporting a client moving forward and coping with attendant stressors. Your client is making a big transition after 10 years in an institution. Last year, we moved the very first tranche of forensic clients to the first forensic community hostel in Ireland. Individuals had been discharged before. The clients who moved to this hostel had been in-patient for between 12 and 47 years, and one year on, all are well and happy and making meaningful lives. The AMPS and all the MOHO assessments listed above helped us as OTs, to deliver an appropriate service to these men.  
Best of luck with your learning.

Regards,  
Orla O'Neill