

Sigma's 30th International Nursing Research Congress

Promoting the Well-Being of Community-Residing NCR Patients: Developing an Understanding of Their Community Circumstance

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A critical ethnography study is being conducted to develop an understanding of the circumstances of not criminally responsible (NCR) patients living in communities in Canada. The presented poster will outline the rationale, methods, and aims of this study.

In the Canadian judicial system, individuals who commit criminal acts while experiencing the symptoms of a mental disorder may be found not criminally responsible (NCR). In such instances, these persons (hereafter NCR patients) are provided treatment and recovery-oriented care in the Review Board System (RBS), the purpose of which is to reduce the risk they pose to the safety of the public and support their reintegration back into society. During this rehabilitative process, and based on what is most suitable to address each individual's unique needs, NCR patients may be detained in hospital or permitted to live conditionally in the community.

For NCR patients living in the community, the treatment provided by the RBS, along with complementary community-based services, support patients in their efforts to re-establish themselves as autonomous, responsible members of society. However, beyond these provisions, it is unclear whether community-residing NCR patients' socially-derived well-being (SDWB) sufficiently supports the intentions of this rehabilitative process. There is a lack of empirical research specifically examining the SDWB of community-residing NCR patients, which makes developing a comprehensive understanding of what is currently known about their social circumstance a challenge. Moreover, the ways in which community-residing NCR patients' SDWB may relate to their unique social location, their reintegrative process, or their attainment of stability, are also topics that have not yet been examined. Instead, the majority of the extant studies have focused on community-residing NCR patients' outcomes, and although this indicates that how these individuals manage and what they accomplish while in the community are of considerable importance, attendant findings also suggest that NCR patients experience challenges reintegrating into the community that are related to deficiencies in factors that contribute to their well-being. For example, there is a shortage of high quality and/or supportive housing (Dalton, 2005; Gustafsson, Holm, & Flensner, 2012; Riordan, Lewis, & Humphreys, 2006; Riordan, Wix, & Humphreys, 2005; Salem et al., 2015), inadequacies in the availability of substance use treatment groups (Judge, Harty, & Fahy, 2004; Riordan et al., 2006; Riordan et al., 2005), and limited opportunities for engaging in self-affirming occupation (Dalton, 2005; Lin, Kirsh, Polatajko, & Seto, 2009; McQueen & Turner, 2012; Tregoweth, Walton, & Reed, 2012). Patients also experience stigmatization and feel acutely the potential of being exposed as persons with mental illness (Livingston, Rossiter, & Verdun-Jones, 2011; Livingston & Rossiter, 2011).

Clearly, there remains a significant amount of empirical work to be done to better understand the circumstances of community-residing NCR patients, which can provide a basis for further, theoretically-guided examinations of the interplay between these individuals' SDWB and their reintegration. Therefore, to begin to address these gaps in understanding, this study is using critical ethnography (Carspecken, 1996; Madison, 2005; Thomas, 1993) and Powers and Faden's (2006) social justice theory to uncover and examine the SDWB of community-residing NCR patients in a large urban centre in southern Ontario, Canada. This study, grounded in the critical social paradigm, is gathering observational and conversational data during go-along interviews (Kusenbach, 2003) conducted in places and during activities that participants have identified as most valuable for illuminating the nature of their life

circumstances. The researcher, in addition to learning from participants, is paying specific attention to the prevailing social structures and power relationships present in the field. Data analysis will be conducted using a method that is congruent with critical ethnography, one that aims to disrupt and reinterpret accepted understandings in ways that reveal previously unseen or under-appreciated unifying concepts, puts on display the mechanisms of culturally-mediated power and oppression, and gives rise to new ways of seeing and understanding reality (Thomas, 1993). A process of reflective equilibrium (Daniels, 2001; Sherwin, 1996) will be used to examine the coherence between the theoretical perspectives assumed in this research and the findings.

Significantly, this study will contribute new knowledge regarding the circumstances and SDWB of community-residing NCR patients. Gaining this type of understanding will begin to inform our understanding of how and why supporting these individuals' SDWB might enhance their community reintegration and ultimately lead to better patient and RBS outcomes.

Title:

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Keywords:

community reintegration, not criminally responsible patients and social determinants of well-being

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Abstract Summary:

A critical ethnography study is being conducted to develop an understanding of the circumstances of not criminally responsible patients living in communities in Canada. These individuals are given treatment and services to support their reintegration into society; however, it is unclear whether their socially-derived well-being sufficiently supports their rehabilitative process.

Content Outline:

Introduction

- A critical ethnography study is being conducted to develop an understanding of the circumstances of not criminally responsible patients (NCR) living in communities in Canada.
- In Canada, NCR patients are provided with treatment and recovery-oriented care in the Review Board System.
 - The purpose of this is to reduce the risk patient pose to the safety of the public and support their reintegration back into society.
 - Based on their risk level and rehabilitative needs, NCR patients may be detained in hospital or permitted to live conditionally in the community.

Body

- NCR patients living in the community are given the treatment and complementary community-based services such that they may re-establish themselves as autonomous, responsible members of society
- It is unclear whether community-residing NCR patients' socially-derived well-being (SDWB) sufficiently supports the intentions of this rehabilitative process
- There is a lack of empirical research specifically examining the SDWB of community-residing NCR patients
 - We do not have a comprehensive understanding of their social circumstance.
 - We do not understand the ways in which community-residing NCR patients' SDWB may relate to their unique social location, their reintegrative process, or their attainment of stability
 - Extant findings do suggest that NCR patients experience challenges reintegrating into the community that are related to deficiencies in factors that contribute to their well-being.
- There remains a significant amount of empirical work to be done to better understand the circumstances of community-residing NCR patients
 - This type of knowledge can provide a basis for further, theoretically-guided examinations of the interplay between these individuals' SDWB and their reintegration
- The critical ethnography study being conducted is beginning to address these gaps in our understanding.
 - Using Powers and Faden's (2006) social justice theory, this study aims to uncover and examine the SDWB of community-residing NCR patients in a large urban centre in southern Ontario, Canada.
 - Findings will disrupt and reinterpret accepted understandings in ways that reveal previously unseen or under-appreciated unifying concepts, put on display the mechanisms of culturally-mediated power and oppression, and give rise to new ways of seeing and understanding reality (Thomas, 1993).

Conclusion

- This study will contribute new knowledge regarding the circumstances and SDWB of community-residing NCR patients
 - Findings will inform our understanding of how and why supporting these individuals' SDWB might enhance their community reintegration and may ultimately lead to better patient outcomes.

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