25

Recovery of Persons Labeled “Not Criminally Responsible”

Recommendations Grounded in Lived Experiences

Natalie Aga, Freya Vander Laenen and Wouter Vanderplasschen

Abstract: Research on recovery in forensic contexts is scant, particularly research grounded in lived experiences of persons labeled Not Criminally Responsible. Available studies primarily focus on barriers to recovery in this context rather than the recovery process itself. This chapter fills this void, starting with a brief description of persons labeled Not Criminally Responsible. It then summarizes and discusses the overall findings of a qualitative study concerning the lived experiences of persons labeled Not Criminally Responsible and provides a comprehensive perspective on recovery, as well as recommendations for future practices.

Theoretical Background

Not Criminally Responsible: Security and Treatment Intertwined

Persons with mental illness or disabilities are entitled to support and assistance based on international standards e.g., access to services and inclusion in the community (UN 2006; WHO 2013). However, when these individuals commit an offense, they instantly become part of a dual discourse (Adshead and Sarkar 2005[BIB-001]; Niveau and Welle 2018[BIB-082]; Ward 2014[BIB-132]). The prevailing approach is not to convict these people because of their psychiatric, cognitive or developmental condition and thus not to hold them responsible for their actions. On the other hand, they are seen as a danger to society, which leads to their confinement and exclusion, aimed at protecting society. Faced with this dichotomy, most criminal justice systems give priority to the latter approach, in which “dangerousness” and “protection of society” justify legal interventions (Brown and Pratt 2000[BIB-019]; Lamb et al. 1999[BIB-063]). Consequently, these persons are legally labeled “not criminally responsible”

(NCR) and often end up in environments where the application of the above-mentioned standards is problematic (ECHR 2016; Salize et al. 2007; Zinkler and Priebe 2002[BIB-142]).

Under Belgian law, people who are considered NCR for an offense they committed due to a “mental disorder” or a disability are subjected to what is known as an “internment” measure (Vandevelde et al. 2011[BIB-129]). This measure has a twofold goal: on the one hand it focuses on the protection of society and on the other it involves the provision of appropriate treatment and care for the persons concerned (Heimans et al. 2015[BIB-052]). Individuals who are subject to an “internment” are assigned to various systems of support and care in penitentiary centers or in secure or general mental health care settings (inpatient as well as outpatient), depending on the support and degree of protection needed. Protective measures are classified as low, medium or high risk (Rowaert 2018[BIB-101]) and refer to both physical security measures to meet the estimated level of dangerousness, as well as to the risk of recidivism. Theoretically, persons assessed as “low risk” are assigned to mandatory treatment and support provided by general inpatient and outpatient services (e.g., a day care center of a general psychiatric hospital or sheltered housing). When a person is categorized as “medium risk”, treatment can be provided within a medium-security care network, accommodated within inpatient and outpatient facilities. In such settings, the focus on risk reduction is addressed more explicitly. Persons who are considered “high risk” are admitted to high-security or correctional settings, where physical security and specific precautions are prominent to prevent escape and with a clear focus on risk reduction in treatment protocols (De Clercq 2006[BIB-031]).

Currently, policy stakeholders plan to develop forensic care networks, in line with the ongoing tendency of deinstitutionalization of care in favor of community-based support in general mental health care. This should facilitate the outflow of persons labeled NCR from correctional services, as well as optimize the transfer between different treatment and support

types and between different security levels (Lauwaert et al. 2014[BIB-066]) e.g., from forensic-psychiatric units to general mental health services. Additionally, two high-security forensic-psychiatric centers have been built in Belgium and have been operational since 2014 and 2017. These centers are seen as a missing link in the Belgian forensic-psychiatric care continuum.

Recovery: a Paradigm Shift in Mental Health Care

The recovery approach originated from patient movements in the ’60s and ’70s and a growing adherence to psychosocial support within psychiatric rehabilitation and substance abuse treatment (Dekkers et al. 2017[BIB-034]; Pouncey and Lukens 2010[BIB-089]). The concept of “recovery” has recently gained considerable support in the psychiatric field, with “giving voice to the persons concerned” as one of its most salient features (Oades et al. 2005[BIB-083]; Slade 2010[BIB-111]). Transformations embedded in the recovery paradigm are currently prioritized by practice and policy initiatives (Castillo et al. 2018[BIB-023]; Compagni et al. 2006[BIB-025]). In Western welfare states, this new frame of reference in general mental health care is accompanied by a deinstitutionalization of inpatient care (Gordon and Lindqvist 2007[BIB-048]). Deinstitutionalization aims at downsizing psychiatric beds service capacity by re-allocating state subsidies (Sisti et al. 2018[BIB-109]) in favor of community-based services. It strongly promotes participation and full acceptance of persons with a mental illness in the community (Vandevelde et al. 2017[BIB-128]). As a result, mental health care has undergone profound transformations: from residential care to support at home, from medical expertise to support by experts-by-experience, from service-based to patient-driven support (Director of Mental Health 2010; Vandeurzen 2016; Mental Health Review Tribunal 2010). In addition, participation of family members and the social and informal network in the recovery process is increasingly encouraged. This shift implies an evolution away from paternalistic, institutional care and from the idea that the course of a disease is invariably linear: from

experiencing symptoms to “being in treatment” to “being cured”. Recovery highlights a more multidimensional approach, focusing on different life domains (e.g., relationships, housing, work, leisure activities) and putting well-being, self-management and social support central in care provision (Ralph and Corrigan 2005[BIB-093]; Repper and Perkins 2003[BIB-094]).

Within the recovery literature, three recovery dimensions are usually distinguished: the clinical, social and personal (Aga and Vanderplasschen 2016[BIB-003]). Clinical recovery is based on objectivity, and aims at sustained symptom reduction and restoration of former functioning by means of rehabilitation (Slade et al. 2008[BIB-113]). The clinical recovery approach is characterized by professional and expert imperatives and is traditionally practiced in specialist biomedical and/or psychiatric settings. The second dimension, social recovery, focuses on the social aspects of recovery, emphasizing the presence of social opportunities, agency and resources to achieve social goals (Slade 2009[BIB-110]). The presence of contexts that enable participation is crucial (Hopper 2007[BIB-054]; Ware et al. 2007[BIB-137]) e.g., by working on cordiality in society for persons with a psychiatric background (Kal 2001[BIB-059]). This social dimension nuances the individualistic view of the disease model and recognizes societal responsibilities as vital in the transition towards inclusive citizenship. The third dimension, personal recovery, is shaped by subjective and self-determined accounts of how a person can lead a valued life despite the presence of symptoms and difficulties caused by a psychiatric illness (Roberts and Wolfson 2004[BIB-099]; Roberts and Boardman 2013[BIB-098]; Brown and Kandirikirira 2006). This strategy is generally considered as a strengths-based approach for persons in mental health care (Farkas 2007[BIB-040]; Gagne et al. 2007[BIB-046]; Laudet 2008[BIB-065]; Vandevelde et al. 2017[BIB-128]). Researchers have differentiated this form of recovery by working towards ownership and agency, optimizing quality of life with a focus on developing meaningful relationships and competencies, and by searching for positive elements that add value for the individual (Bonney and Stickley 2008[BIB-015];

Gudjonsson et al. 2010[BIB-049]; Simpson and Penney 2011[BIB-108]; Drennan and Alred 2012[BIB-037]).

The personal recovery approach refers to a long process in which individuals work towards the realization of a dignified and satisfying life by addressing a wide range of problems in different life domains, such as work, relationships, and housing (McLellan 2002[BIB-072]; Mead and Copeland 2000[BIB-074]). According to experts-by-experience, personal recovery is supported by narratives of lived experiences (e.g., Brown and Kandirikirira 2006), so-called *recovery-stories*, written by persons with a mental illness and shared with peers. Another method of shaping the recovery process is known as *shared decision-making*, constituting an essential part of the partnership between professionals and patients (Deegan and Drake 2006[BIB-033]). Also peer-support and self-help groups are essential in providing potential for recovery (Mead et al. 2001[BIB-075]) and add to traditional care provision by reinforcing a non-patient identity.

Initiating, promoting and maintaining recovery is not a static result of professional interventions (Slade et al. 2012[BIB-114]), but rather a dynamic process directed by personal responsibilities and support from an individual's wider social network (van Gestel-Timmermans 2011[BIB-123]). Because recovery is a highly individual and subjective process (NIMHE 2005), aiming for uniformity in the elements that constitute recovery would be both undesirable and artificial (Simpson and Penney 2011[BIB-108]).

(In)compatibility: Recovery and Persons Labeled "Not Criminally Responsible"

As the recovery paradigm is amplified in government policies and mental health care practices, research on recovery and mental illness is simultaneously expanding (Bradstreet and McBrierty 2012[BIB-013]; Perkins and Slade 2012[BIB-086]). By contrast, correctional and forensic-mental health research primarily focuses on criminogenic needs and risk reduction

(e.g., Andrews and Bonta 2010[BIB-008]). The widespread Risk-Needs-Responsivity model (RNR) of Andrews and Bonta (2010[BIB-008]) is a theoretical framework that starts from a risk-oriented approach. Criminogenic needs are needs an offender wants to meet through deviant and criminal conduct. These dynamic needs correlate with recidivism and can be assessed and targeted for change in treatment programs (Latessa and Lowenkamp 2005[BIB-064]). This is a risk approach that does not focus on well-being and long-term needs of persons who offended, even though optimizing these non-criminogenic aspects could reduce the risk of recidivism (Bouman et al. 2009[BIB-016]). In summary, this rehabilitation model delineates both central causes of continued criminal behavior and defines broad principles for reducing involvement in future criminal activities (Polaschek 2012). Although this framework is based on general and cognitive social learning perspectives (Busch and Vandevelde, 2015[BIB-020]) and does not start from a retributive stance, risk management is predominant. At the same time, it is criticized for omitting the offenders' welfare and neglecting specific treatment needs (van Swaaningen 2001[BIB-127]; Bauwens and Snacken 2010[BIB-012]).

Various scholars have pointed at several incompatibilities in relation to recovery in forensic-psychiatric contexts (Andrews and Bonta 2010[BIB-008]; Dorkins and Adshead 2011[BIB-036]; Henagulph et al. 2012[BIB-053]; Mezey et al. 2010[BIB-078]; Pouncey and Lukens 2010[BIB-089]; Simpson and Penney 2011[BIB-108]; Viljoen et al. 2011[BIB-130]). This section summarizes the main findings.

First, the judicial status hinders recovery because it rigidly controls the provision of mental health support and treatment programs of forensic-psychiatric patients. These programs are primarily based on the assessed security level and are characterized by containment, coercion and detention.

Second, the unawareness of significant aspects of recovery by persons labeled NCR themselves plays a crucial role in impeding recovery (Dorkins and Adshead 2011[BIB-036]). In a

qualitative study, O'Sullivan and colleagues (2013[BIB-084]) found that these persons are not conscious of the transitional and temporary identity they have as a forensic service user and of the identity they need to (re)build after the judicial measure was adjourned. Additionally, these persons tend to be harsh on themselves, as they are legally sanctioned and limited in agency and personal choices (Ferrito et al. 2012[BIB-041]). Furthermore, their perception of the recovery process is limited to taking medication, having good relationships with staff members or other patients and residing in secure wards (Mezey et al. 2010[BIB-078]).

Third, features of inpatient settings are found to be obstacles for recovery. These settings and treatment protocols prioritize safety, control and confrontation, rather than providing a context for optimistic and hopeful approaches, such as *positive risk taking* (see 'Forensic Recovery as an Omnipresent Lived Experience' below; Corlett and Miles 2010[BIB-026]; Mezey et al. 2010[BIB-078]).

Fourth, recovery dynamics are hampered by a high level of social prejudice towards persons with aberrant behavior and identities (Casey et al. 2007[BIB-022]; Young et al. 2010[BIB-140]). The experienced public stigma together with self-abasement, both related to a clinical as well as legal label, have been shown to increase the burden of disease (Davidson et al. 2005[BIB-029]; LeBel 2012[BIB-067]; Slade et al. 2008[BIB-113]; Tew et al. 2012[BIB-118]). Focquaert (2018[BIB-042]) affirms stigmatization is a possible consequence of "being labeled" and of being an at-risk patient. She states that its internalization and consequently self-blame may result in the development of maladaptive cognitions and narratives. In turn, these types of stigma lead to discrimination against individuals in employment, housing, medical care and social relationships (Pescosolido et al. 2010[BIB-087]). This underscores the fact that in addition to the individual objectives of recovery, societally directed phenomena are omnipresent, especially within forensic-psychiatric contexts. The outside world sets the expectation that persons labeled NCR must learn to behave better and their psychiatric condition be sufficiently

improved before the measure is adjourned. However, Mezey and Eastman (2009[BIB-077]) indicate that persons who are allowed a transfer to less secure conditions have rarely "improved", but are rather deemed to be sufficiently stable to handle a minimal degree of autonomy. Yet, their intrinsic "offender identity" remains (Mezey and Eastman, 2009[BIB-077]).

A last impediment for recovery is the complexity of the criminal justice system in which a person labeled NCR is placed. Different disciplines, coming from a psychological, social or legal background, aim at different objectives within each individual "case" (Barnao and Ward 2015[BIB-011]; McNeill 2012[BIB-073]; Vandevelde et al. 2017[BIB-128]). Consequently, offending behavior and mental health problems are addressed from a blended approach to psychopathology, security and risk in daily practice (Vandevelde et al. 2017[BIB-128]).

In considering these impediments, several authors emphasize the importance of approaching the recovery paradigm differently in specific judiciary contexts and conditions (Corlett and Miles 2010[BIB-026]; Dorkins and Adshead 2011[BIB-036]; Drennan and Alred 2012[BIB-037]; Ferrito et al. 2012[BIB-041]). The overall tension between recovery and forensics is embedded in "recovering from a mental illness" and "being subjected to law enforcement and mandatory treatment" (Simpson and Penney 2011[BIB-108]), owing to the societal responsibility to reduce risks (Shepherd et al. 2015[BIB-107]). This dichotomy is described as "dual recovery" or "secure recovery" (e.g., Corlett and Miles 2010[BIB-026]; Drennan and Alred 2012[BIB-037]; Green et al. 2011[BIB-050]) and is complemented with "offender recovery" (Drennan and Alred, 2012[BIB-037]). Offender recovery is defined as "the subjective experience of coming to terms with having offended, perceiving the need to change the personal qualities that resulted in past offending – which also creates the future risk of reoffending – and accepting the social and personal consequences of having offended" (Drennan and Alred, 2012[BIB-037]: 15). These specific subprocesses are seen as major challenges when implementing recovery-oriented support with persons who have offended (Corlett and Miles 2010[BIB-026]).

In this introductory section, we explored the (in)compatibility of recovery and legal practices and attempted to link “the recovery agenda (which looks for the best in people) and the forensic agenda (which must consider the worst in people)” (Dorkins and Adshead 2011[BIB-036]: 178). We conclude that, in forensic and correctional contexts, the recovery approach is often overlooked and/or insufficiently employed for supporting persons labeled NCR. Given the enormous complexity of the legal framework and the subjective, multi-layered concept of recovery, recovery is challenged, but remains all the more relevant.

Exploring Recovery of Persons Labeled “Not Criminally Responsible” Grounded in Lived Experiences

To unfold the outlines and essential elements of recovery of persons labeled NCR, we conducted a study that explored what aspects initiate, promote and maintain the recovery process, grounded in lived experiences. Ninety-four in-depth interviews were conducted with persons currently or formerly labeled NCR. These interviews showed us how recovery is conceptualized and allowed us to determine “forensic recovery” as an additional, interrelated recovery process, besides the well-known clinical, social and personal dimensions (Aga and Vanderplasschen 2016[BIB-003]; Aga et al. 2017[BIB-004]; Aga 2018[BIB-002]). The narratives also enabled us to enhance our understanding of the needs of the population under study.

The study sample (n=94) was selected in Flanders (Belgium) and involved individuals labeled NCR for at least a six-month period and individuals whose internment measure was abrogated at least six months prior to the interview. Participants were recruited across inpatient and outpatient treatment facilities and across all security levels (low, medium, high) (Table 25.1), including a variety of approaches (e.g., criminal justice system, social welfare and mental health services, and services for individuals with intellectual disabilities). Persons for whom the measure was abrogated were also contacted. In total 94 participants were interviewed, of whom 14 were female. Their ages ranged between 19 and 68, with an average

of 42. Sixty-eight persons suffered from a psychiatric disorder and 26 participants were persons with intellectual disabilities. Twelve of these 26 persons resided in or were supported by specialized care for persons with disabilities.

To contribute to our understanding of recovery as an individual mental health phenomenon that is influenced by a range of conditions, perspectives and contexts, a qualitative research design is most appropriate (Jenkins et al. 2005[BIB-057]). A descriptive phenomenological approach was adopted throughout this research to maximize the resonance of the lived experiences (Osborne 1990[BIB-085]; Van Manen 1990[BIB-124]). As the lived experiences of recovery of persons (formerly) labeled NCR were the central focus of this study, a phenomenological approach enabled a fuller understanding of the phenomenon “recovery” and allowed the researchers to provide reflections on the uniqueness of the experiences of the study participants.

In-depth interviews were conducted, guided by a topic list used to elicit the respondents’ narratives (Kvale 1983[BIB-060]; Kvale 1994[BIB-061]; Kvale and Brinkmann 2009[BIB-062]; Spector-Mersel and Knaifel 2017; Josselson 2013[BIB-058]). This topic list consisted of open-ended questions inspired by a review of the literature on recovery in general and forensic mental health care in particular (e.g., Leamy et al. 2011[BIB-068]; Tew et al. 2012[BIB-118]). The sequence of the questions was not fixed, and the interviews were minimally structured. The interview generally started with questions concerning the actual situation of the participant, such as “How are you?” and “What makes a day a *good* day?” (Giorgio 2009) to establish an informal, comfortable atmosphere. Other questions dealt with the major factors contributing to a feeling of progress or well-being in life as well as with future aspirations (Francis 2014[BIB-043]).

Because this research was exploratory, we considered a thematic analysis to be most suitable. Braun and Clarke (2006[BIB-014]) stated that thematic analysis can be used as a

constructionist method, investigating how societal dynamics relate to factual as well as subjective actions, meanings and experiences. To enhance the rigor of this type of analysis, the principal researcher (NA) developed the topic list, administered the interviews, and read the transcriptions of all interviews.

Table 25.1 Here
Table 25. Here

The coding practices are described in four separate studies of which this chapter is a synthesis (Aga et al. 2017[BIB-004]; Aga et al. 2018[BIB-005]; Aga et al. accepted; Aga et al. submitted).

Forensic Recovery as an Omnipresent Lived Experience

This study shows that understanding recovery as a concept and an ongoing process is significant for persons labeled NCR. Results highlight the following three discernible categories: clinical, personal and social recovery. The findings are similar to research in recovery of persons in general mental health care (Leamy et al. 2011[BIB-068]; Resnick et al. 2005[BIB-095]; Repper and Perkins, 2003[BIB-094]; Ralph and Corrigan, 2005[BIB-093]). Additionally, our research points at facilitators of recovery, by indicating needs and resources that should be addressed in the process of regaining a sense of well-being and recovery (e.g., authenticity in supportive professional relationships). It has previously been argued that a broader understanding of both needs and resources can be a means to shape sustained recovery experiences (Shepherd et al. 2008[BIB-106]; Slade et al. 2014[BIB-112]). Yet, while exploring separate ingredients and discerning subprocesses, the overarching finding was that these subprocesses are interrelated and affect each other mutually and in a continuous way. The most pronounced finding was that clinical and personal dimensions were continuously affected by the social dimension of recovery. Moreover, the personal recovery dimension includes values and conditions that have no foundation without social recovery mechanisms. Generally, we argue that no single recovery subprocess is sufficient *as such*: all dimensions

are mutually supportive of one another. This is illustrated by a woman who stated that "the sum of the people I met and the events in my life I was involved in, that's me" (Participant 2, residing in prison). Consequently, discerning these subprocesses serves the goal of enhancing knowledge, but it cannot serve as a guideline for practice. Without a holistic stance and an understanding of recovery as an all-encompassing process, we devalue the overall process and reduce it to traditional clinical approaches or fragmented services (Tondora and Davidson 2006[BIB-120]; Rose et al. 1998[BIB-100]).

Besides mapping interrelated facets, we observed that recovery elements and resources are strongly influenced by and embedded in an individual's personal story and life history: how recovery is constituted and how it is layered is determined individually. Nevertheless, the results show a clear common aspect: an overall emphasis on the quality of meaningful elements. For example, "proper housing" is often described as very meaningful, but the same house or room can bring about a feeling of "being placed" or a sense of belonging in different persons. This indicates that recovery is only adequate if the quality of the various aspects of recovery is attuned to a person experiencing something as meaningful. Approaching recovery first and foremost as a personal journey requires a mind shift and attitudinal changes in supporting persons labeled NCR. It implies that a professional cannot enable recovery without an attitude of collaborating and maximally engaging with the individuals concerned (Davidson et al. 2005[BIB-029]; Rose et al. 1998[BIB-100]; Tondora et al. 2014[BIB-121]).

In the narratives, respondents paid substantial attention to the impact of the legal label. Besides its possible positive effects on recovery e.g., compelling them to access treatment and to adhere to it, the findings show that the recovery process is jeopardized by judicial constrictions and supervision. This confirms the results of a parallel study on desistance by Van Roeyen and colleagues (2016[BIB-126]; Van Roeyen 2018). Judicial control

and incapacitation are experienced as ambivalent during the implementation phase of the legal measure, being described as “lifesaving” as well as “hard to bear”. As time passes by, persons describe its damaging and traumatizing effects. Barriers to recovery are mainly the indefiniteness of the measure and the continuous feeling of being supervised. The latter is experienced as a restraint on one’s agency and choice, which are often identified as active ingredients of recovery (Brown 2018[BIB-017]; Whitley and Campbell 2014[BIB-138]). Since these findings are directly linked to the nature of criminal justice interventions, we argue that a clear distinction between a recovery approach in general and in forensic mental health care in particular is essential (Aga and Vanderplasschen 2016[BIB-003]; Aga et al. 2017[BIB-004]; Corlett and Miles, 2010[BIB-026]; Dorkins and Adshead 2011[BIB-036]; Drennan and Alred, 2012[BIB-037]; Ferrito et al. 2012[BIB-041]). This is supported by the following quote: “I have a bit the impression that […] lots of family members have another view upon me since I have been interned. And it seems like they are a bit more cautious in their words […]. Like they have the image that I will punch them in the face or so” (Participant 9, forensic residential treatment). Based on these findings, forensic recovery was added as an additional recovery dimension. It implies “the ambiguous experiences related to features of the judicial trajectory. This can be seen as an additional mechanism, besides more established recovery dimensions” (Aga et al. 2017[BIB-004]: 1). This ambiguous experience is unique to persons labeled NCR and illustrates the presence of another typifying dynamic: the impact of having offended and the accompanying distressing effect of the legal label, which simultaneously reveals the possible absence of preconditions for recovery. For example, some participants were unaware of the dual ground of their legal label and presumed they were in treatment as a punitive consequence of their offense. Considering the importance of clinical recovery and – for some persons – the need to recognize their diagnosis to enable their recovery process, we wonder how recovery can “occur” if persons are not aware of their mental health diagnosis and can

only refer to the offense. We argue that to initiate recovery it is of great importance that a person acknowledge and recognize what he or she should recover "*into*" and not "*from*" (Davidson and Roe 2007[BIB-030]). At the same time forensic recovery also highlights that particular *forensic* elements and dynamics *can* enable recovery e.g., a judicial measure can contribute to personal development when it enhances educational opportunities.

Based on our findings, forensic recovery may include but does not necessarily imply offender recovery (Drennan and Alred 2012[BIB-037]). In fact, we are of the opinion that "offender recovery" (Drennan and Alred 2012[BIB-037]) potentially describes a newly imposed, legally constructed identity which is mainly centered around the index crime, rather than representing individual pathways. Caution is needed to avoid these additional burdens if and when the recovery approach is employed in the criminal justice system. In summary, the need for forensic recovery can be considered as a consequence of persons labeled NCR being positioned between care and justice systems (Prior 2007[BIB-092]).

Due to the negative impact of the judicial constrictions and supervision accompanying an internment measure, it was perceived that personal change usually only starts when the judicial measure stops (Figure 25.1). In most of the interviews, persons mentioned being diagnosed with a psychiatric disorder or being assessed with an intellectual disability for a considerable period of time preceding the implementation of the legal label. Also, some participants were already involved in treatment or in other services prior to committing an offense. When the offense took place, the implementation of the measure helped to compel treatment that had often already been part of the individual's life to some extent. Nevertheless, the negative impact of being judicially labeled was observed in most narratives and was tangible, transcending all types of support, settings and physical security measures (low, medium, high). In general, persons described the legal process as their future/life being put "on hold" or encapsulated, which isolated them from real life. This "encapsulation"

seems to be the overall experience of interventions that target criminogenic needs and aim to reduce recidivism instead of promoting resilience and strengths.

Looking at being legally labeled as a transitional process (Figure 25.1), we observed experiences strictly limited to coercive treatment and supervision, resulting in symptom reduction and relapse prevention. This finding seems to render socially desirable behavior that is perceived as "better" by evaluators. Within a forensic context, personal recovery efforts are frequently limited to coping and complying, with self-fragmentation as a result. Moreover, offender recovery (Drennan and Alred 2012[BIB-037]) can lead to new identities of "not becoming" and of "not being a risk" in the case of our interviewees. What hinders respondents in "becoming" is e.g., not addressing trauma or developing additional trauma through coercive interventions. These are themes appointed as hindering individual recovery processes (Covington 2007[BIB-028]). Also, the narratives revealed that the number of professionals involved in one trajectory mounts quickly: criminal justice staff members, lawyers, welfare and treatment providers (e.g., for therapy, housing, work, education). Each of these stakeholders addresses – from their perspective – complex social, behavioral and health issues. This makes an attuned engagement of professional stakeholders to the personality and the context of their clients or patients very complicated. Unclear expectations from and towards professionals can compromise the recovery journey and encourage learned helplessness among the persons involved (Roberts and Wolfson 2004[BIB-099]). We summarize the above with the quote: "What I would do if the measure would stop tomorrow? Then it would truly start…" (Participant 11, forensic outpatient treatment), illustrating that these persons are encapsulated under a legal label and merely learn how to live through it rather than actively engaging in their personal recovery (Askola et al. 2016[BIB-010]; Coffey 2011[BIB-024]; Reynolds et al. 2014[BIB-096]).

Figure 25.1: Here
Figure 25.1: Here

To overcome the observed hegemony of risk orientation over care, we suggest linking rehabilitation and treatment for persons labeled NCR to their personal needs. In this respect, the Good Lives Model (GLM) of offender rehabilitation offers a promising new perspective (Maruna et al. 2004[BIB-071]). The GLM is a strengths-based approach that assists individuals who offended in developing internal and external resources/capacities to build a fulfilling and prosocial life (Ward and Maruna 2007[BIB-136]; Ward and Stewart 2003[BIB-134]; Ward et al. 2007[BIB-135]). It focuses on an individual's capacities and positive characteristics rather than on shortcomings and risks (Farrall and Maruna 2004[BIB-039]; Saleebey 2005[BIB-102]). So far, research in a forensic context linking recovery-oriented programs to mental health outcomes is non-existent. Nevertheless, an evolution towards strengths-based approaches can be observed, promoting models that reinforce individuals' recovery journeys even when a criminal justice intervention is required.

Practice and Policy Recommendations Based on Participants' Lived Experiences

In this final section, we formulate policy and practice recommendations derived directly or indirectly from the lived experiences of persons labeled NCR.

Addressing Individual Support Needs –

The recognition of victimization and a therapeutic focus on trauma are deemed to be necessary but are frequently indicated as absent. Trans-institutionalization, abuse, neglect and trauma due to committing an offense were identified throughout the stories as significant life events (Prins 2011[BIB-091]; Richards et al. 2000[BIB-097]). Addressing these obstacles can have positive outcomes on well-being, in turn reducing the likelihood of relapse. Also, narratives show that the trajectories of the studied population depend on multiple clinical evaluations often emphasizing an interdictory perspective and focusing on what the person "should not

be", namely "a risk", rather than focusing on possibilities and capacities. Such an approach coheres with being judged as "a potential danger". By framing "risk" and "risk taking" as situations that can evolve positively, this could imply that estimations can also be guided by trust and belief, values that are indicated by the participants as helpful (Stickley and Felton, 2006[BIB-116]). In order to further meet the needs of persons labeled NCR, the professional network should be unconditionally supportive and genuinely engaged. The majority of involved professionals have to evaluate the behavior and "actual situation" of the central persons for criminal justice purposes. For the patients, this often leads to distress and a feeling of being pressured to perform. This professional role is described as a conflicting ethic and is experienced as "dual" by professionals themselves (Ward et al. 2015[BIB-133]; Ward 2014[BIB-132]). To overcome this tension e.g., the number of persons who are involved in formal practices could be limited. Also, non-evaluative contacts can be increased. In relation to the latter, former personal mentors and animals are referred to as helping relationships. Former personal mentors are deemed to be non-judgmental, because of their dissociation from the criminal justice trajectory. Animals may contribute through specific animal-assisted interventions, but above all, through companionship and instigating a mutual bond.

Integrating Stagnation in Care Pathways

Persons labeled NCR are often subject to pathways in which professionals expect and evaluate progress. Both clinical and legal routes are focused on better conduct and the exclusion of deviant behavior. Places and relationships where stagnation is allowed, where persons can just "*be*", are described as helpful. This could lead to positive outcomes in relation to both legal and recovery pathways.

Increasing Awareness of the Social Recovery Dimension

This study showed that the need for social recovery has a dominant presence in all narratives, while at the same time being the most difficult dimension to initiate and maintain.

Throughout the research project, it became clear that this dimension intersects with both clinical and personal recovery. It is therefore important to increase professionals' awareness of this aspect of recovery. A chat with the person who administers medication or a silent cleaning lady are examples of "hidden" relationships that are described by the respondents as meaningful. In addition to personal relations, society also plays a leading role (Cullen et al. 2017[BIB-027]; Mezzina et al. 2006a[BIB-079], 2006b[BIB-080]; Price-Robertson et al. 2017[BIB-090]). This societal dimension requires a collaborative approach, which should promote the acceptance and social participation of the population under study and of vulnerable populations in general (Freire 1970[BIB-044]).

Using a Common Language

The broader criminological and forensic-psychiatric discourse pays little attention to a patient's perspective (Livingston et al. 2016[BIB-070]; Livingston 2018[BIB-069]; Youngs and Canter 2012[BIB-141]; To et al. 2015[BIB-119]). Taking this view seriously is an indispensable condition to implement recovery. The accessibility of language and the way in which language is used in this power-imbalanced context is an important prerequisite. This recommendation urges that the use of language be reviewed in a creative manner, aiming at providing clear and comprehensible information between services and service users.

Tackling Practical Barriers

Recovery stories from persons labeled NCR show that tackling practical obstacles is an important element in facilitating the recovery process. This is about reconsidering certain measures and procedures e.g., limited access to the internet, withdrawal of one's driver's license, correspondence in an inaccessible language, lack of information on one's own (legal and support) pathway, large distances to family and supportive persons and lack of a clear financial overview. Participants indicate that these obstructions lead to isolation. If these

practical obstacles are not addressed, they will continue to hinder the individual's change processes (McNeill 2012[BIB-073]).

Including Space and Time to Sustain Recovery

Respondents strongly emphasize the role of the environment on their well-being and recovery. "Environment" includes time as well as spatial features. Spending time in nature, tranquility, privacy and a comfortable room are mentioned as important determinants to sustain recovery. The ownership over "filling in time" is a similar area, that enhances a sense of recovery. Individuals' stories show that both elements allow people to build resilience (De Ruysscher 2016[BIB-032]; Fullilove 1996[BIB-045]; Hagerty et al. 1992[BIB-051]). These environmental aspects are underexposed within the current debate on the implementation of recovery.

Adjusting Professionals' Training Programs

Persons labeled NCR strive to lead ordinary lives. Therefore, participants indicate a need for relating to professionals as role models, assuming that professionals can rely on a robust personal and conventional framework (Jas and Wieling 2018[BIB-056]). This study also found that professionals are appreciated as persons in themselves, over and above their formal role. We argue for the integration of these findings into professionals' training programs, making a shift away from a merely "professional training" towards promoting "holistic growth as a human being".

Implementing Policies that Enable Continuity in Relationships

Currently, we observe that professional organizations and sectors exclude individuals labeled NCR because their needs are assessed as too complex and because they do not meet services' eligibility criteria. This issue reflects national policy domains (WHO 2018) that have a direct influence on creating or restricting opportunities and can tackle debilitating institutional and structural obstacles. Mental health policies encourage deinstitutionalization by the implementation of community-based initiatives and the construction of integrated care

networks. Recovery is seen as a guiding concept within these initiatives (Amering and Schmolke 2007[BIB-009]; Scott and Wilson 2011[BIB-105]). Under Belgian Law, this development is initiated by a clause of the Act on hospital legislation, the so-called “Article 107”. This is a statutory provision allowing the re-allocation of state subsidies for residential care into community-based support (See 1.2.). Due to this impulse, integrated care networks have been set up to offer “stepped care”: from high-security to low-security treatment in forensic-psychiatric settings (Lauwaert et al. 2014[BIB-066]). However, when listening to the stories of persons labeled NCR, we perceived trajectories characterized by fragmentation (Hörberg et al. 2012[BIB-055]; Schaftenaar 2018[BIB-104]), despite recent political efforts. For practice and policy, continuity means seamless and integrated transitions between different services. For persons labeled NCR, continuity of care is about experiencing continuous relationships with ongoing support from practitioners. Care systems should facilitate this continuity in their managerial thinking.

Debating Tensions

At present, security-and-cure hybridity results in the reinforcement of the legal framework. The influence of the indefiniteness of the measure’s duration, as well as the stress and stigma generated by the judicial label are legal factors that affect individuals’ well-being enormously. To meet this mixture of tensions, there are no ready-made solutions. Nevertheless, at this cutting edge, there must always be room for constructive debate, instead of further polarizing care-control ideologies. Just as the legal measure itself, the person labeled NCR seems stuck in between two mindsets. Besides a care-control duality, normativity will always be guiding systems of support for this population. Discrepancies between societal and judicial expectations and what the persons labeled NCR really expect/want/desire are omnipresent (Ward and Maruna, 2007[BIB-136]). “Oscillating between the status of patient and offender, their management still seems to be dominated by a managerial,

risk-reduction logic that threatens their reintegration within the society" (Cartuyvels and Cliquennois 2015[BIB-021]: 18). The questions here concern who determines and imposes these norms and what bounds the imposition of normativity. At present, it is "lawful behavior" that seems to be the guiding frame of reference.

Conclusion

As outlined throughout this chapter, the recovery approach is challenged within the criminal justice system, but is not incompatible with it. This statement is consistent with earlier research, pointing at the care-control ambivalence in forensic care pathways (Henagulph et al. 2012[BIB-053]; Mezey et al. 2010[BIB-078]; Viljoen et al. 2011[BIB-130]; Stuart et al. 2017[BIB-117]). Elements such as "growth", an important aspect of recovery according to the lived experiences, clashes fundamentally with a legal framework of fixed prescriptions. Any sense of growth and progress can be undermined by the obligation to "perform and conform" (To et al. 2015[BIB-119]). Yet, based on the lived experiences explored in this study, we argue that recovery is possible, on the condition that compulsory care is carefully reconsidered. A cultural transformation in favor of the recovery paradigm embedded in lived experiences is championed and requires a shift from an individualistic, punitive approach towards a rhetoric of shared responsibility on a relational, organizational and policy level.

References

BIB-001 Adshead, G., and Sarkar, S. P. (2005) "Justice and welfare: Two ethical paradigms in forensic psychiatry," *Australian and New Zealand Journal of Psychiatry* 39: 1011–17.

BIB-002 Aga, N. (2018) "Recovery of persons labeled as not criminally responsible: a qualitative study grounded in lived experiences" (unpublished doctoral dissertation), Ghent University, Ghent, Belgium.

BIB-003 Aga, N., and Vanderplasschen, W. (2016) "De Schone en het Beest: persoonlijk herstel in een forensische context," in T. Vander Beken et al. (eds), *Sterktes van mensen.*

Sterktegerichte strategieën voor het ondersteunen van mensen met een psychiatrische problematiek die strafbare feiten pleegden, Antwerpen: Maklu: 149–68.

BIB-004 Aga, N., Vander Laenen, F., Vandevelde, S., Vermeersch, E., and Vanderplasschen, W. (2017) "Recovery of offenders formerly labeled as not criminally responsible: Uncovering the ambiguity from first-person narratives," *International Journal of Offender Therapy and Comparative Criminology* 1–21.

BIB-005 Aga, N., De Landtsheer, I., Vander Laenen F., and Vanderplasschen, W. (2018) "Herstel in een forensische context: een exploratieve studie naar doorleefde ervaringen van geïnterneerde personen in een ambulant, regulier ondersteuningstraject," *Orthopedagogiek: Onderzoek en Praktijk* 57: 245–59.

BIB-006 Aga, N., Vander Laenen, F., Vandevelde, S., and Vanderplasschen, W. (accepted). "A Qualitative Inquiry on Recovery Needs and Resources of Individuals with Intellectual Disabilities Labelled Not Criminally Responsible," *International Journal of Applied Research in Intellectual Disabilities.*

BIB-007 Aga, N., Rowaert, S., Vander Laenen, F., Vandevelde, S., Vander Beken, T., Audenaert, K., and Vanderplasschen, W. (submitted) "Connectedness in Recovery Narratives of Persons Labeled Not Criminally Responsible: a Qualitative Study," *International Journal of Forensic Mental Health*.

BIB-008 Andrews, D. A., and Bonta, J. (2010) *The Psychology of Criminal Conduct*. *5th edition,* Elsevier Science.

BIB-009 Amering, M., and Schmolke, M. (2007) *Recovery. Das Ende der Unheilbarkeit,* Bonn: Psychiatrie Verlag.

BIB-010 Askola, R. A., Nikkonen, M., Paavilainen, E., Soininen, P., Putkonen, H., and Louheranta, O. (2016) "Forensic psychiatric patients' perspectives on their care: A narrative view," *Perspectives in Psychiatric Care* 54: 64–73.

BIB-011 Barnao, M., and Ward, T. (2015) "Sailing uncharted seas without a compass: A review of interventions in forensic mental health," *Aggression and Violent Behavior* 22: 77–86.

BIB-012 Bauwens, A., and Snacken, S. (2010) "Modellen van daderbegeleiding: op weg naar een geïntegreerd model?," *Panopticon* 31: 42–56.

BIB-013 Bradstreet, S., and McBrierty, R. (2012) "Recovery in Scotland: Beyond service development," *International Review of Psychiatry* 24: 64–69

BIB-014 Braun, V. and Clarke, V. (2006) "Using thematic analysis in psychology," *Qualitative Research in Psychology* 3: 77–101.

BIB-015 Bonney, S., and Stickley, T. (2008) "Recovery and mental health: A review of the British Literature," *Journal of Psychiatric and Mental Health Nursing* 15: 140–53.

BIB-016 Bouman, H. A. Y., de Ruiter, C., and Schene, A.H. (2009) "Recent life events and subjective well-being of personality disordered forensic outpatients," *International Journal of Law and Psychiatry* 32: 348–54.

BIB-017 Brown, J. (2018) "Parents' experiences of their adolescent's mental health treatment: Helplessness or agency-based hope," *Clinical Child Psychology and Psychiatry*.

BIB-018 Brown, W., and Kandirikirira, N. (2007) *Recovering Mental Health in Scotland: Report on Narrative Investigation of Mental Health Recovery*, Glasgow, Scotland: Scottish Recovery Network.

BIB-019 Brown, M., and Pratt, J. (eds.) (2000) *Dangerous Offenders: Punishment and Social Order*, London/New York: Routledge Press.

BIB-020 Busch, C., and Vandevelde, S. (2015) "De rehabilitatie van daders: Naar een integratie van het Risk-Need -Responsivity-Model en het Good Lives Model?" in C. Wittouck et al. (eds.) *Handboek Forensische Gedragswetenschappen*, Antwerpen, Apeldoorn: Maklu.

BIB-021 Cartuyvels, Y., and Cliquennois, G. (2015) "La défense sociale pour les aliénés délinquants en Belgique: Le soin comme légitimation d'un dispositif de contrôle?" *Champ Penal*, 12.

BIB-022 Casey, S., Day, A., Howells, K., and Ward, T. (2007) "Assessing suitability for offender rehabilitation: Development and validation of the Treatment Readiness Questionnaire," *Criminal Justice and Behavior* 34: 1427–40.

BIB-023 Castillo, E. G., Chung, B., Bromley, E., Kataoka, S. H., Braslow, J. T., Essock, S. M., ... and Wells, K. B. (2018) "Community, public policy, and recovery from mental illness: Emerging research and initiatives," *Harvard Review of Psychiatry* 26: 70–81.

BIB-024 Coffey, M. (2011) "Resistance and challenge: Competing accounts in aftercare monitoring," *Sociology of Health & Illness* 33: 748–60.

BIB-025 Compagni, A., Adams, N., and Daniels, A. (2006) International *Pathways* to *Mental Health System Transformation*: Strategies and *Challenges,* Sacramento: California Institute for Mental Health.

BIB-026 Corlett, H., and Miles, H. (2010) "An evaluation of the implementation of the recovery philosophy in a secure forensic service," *British Journal of Forensic Practice* 12: 14–25.

BIB-027 Cullen, B. A., Mojtabai, R., Bordbar, E., Everett, A., Nugent, K. L., and Eaton, W. W. (2017) "Social network, recovery attitudes and internal stigma among those with serious mental illness," *International Journal of Social Psychiatry* 63: 448–58.

BIB-028 Covington, S. (2007) "Women and the criminal justice system," *Women's Health Issues,* 17: 180–82.

BIB-029 Davidson, L., O'Connell, M. J., Tondora, J., Lawless, M., and Evans, A. C. (2005) "Recovery in serious mental illness: A new wine or just a new bottle?" *Professional Psychology: Research & Practice* 36: 480–87.

BIB-030 Davidson, L., and Roe, D. (2007) “Recovery from versus recovery in serious mental illness: One strategy for lessening confusion plaguing recovery,” *Journal of Mental Health* 16: 459–70.

BIB-031 De Clercq, M. (2006). “Uitdagingen in de forensische psychiatrie vanuit een mediumriskbehandelingsperspectief,” *De Orde van de Dag*, 34: 29−32.

BIB-032 De Ruysscher, C. (2016) “A place to be (me).” [Lecture] The Desistance and Recovery Academy Launch, Sheffield, UK, 14th December.

BIB-033 Deegan, P. E., and Drake, R. E. (2006) “Shared decision making and medication management in the recovery process,” *Psychiatric services* 57: 1636–39.

BIB-034 Dekkers, A., Aga, N., and Vanderplasschen W. (2017) “Herstel van verslaving: achtergrond en situering,” in W. Vanderplasschen and F. Vander Laenen (eds) Naar *een herstelondersteunende verslavingszorg, Praktijk en beleid.* Leuven/Den Haag: ACCO: 45–66.

BIB-035 Director of Mental Health (2010) Annual Report 2009, Wellington: Ministry of Health.

BIB-036 Dorkins, E., and Adshead, G. (2011) “Working with offenders: Challenges to the recovery agenda,” *Advances in Psychiatric Treatment* 17: 178–87.

BIB-037 Drennan, G., and Alred, D. (2012) *Secure Recovery: Approaches to recovery in forensic mental health settings*, London: Routledge.

BIB-038 European Court of Human Rights (ECHR) (2016) *Affaire W.D. contre Belgique.*

BIB-039 Farrall, S., and Maruna, S. (2004) “Desistance-focussed criminal justice policy research: Introduction to a special issue on desistance from crime and public policy,” *The Howard Journal of Criminal Justice* 43: 358–67.

BIB-040 Farkas, M. (2007) “The vision of recovery today: What it is and what it means for services,” *World Psychiatry* 6: 68–74.

BIB-041 Ferrito, M., Vetere, A., Adshead, G., and Moore, E. (2012) "Life after homicide: Accounts of recovery and redemption of offender patients in a high security hospital – A qualitative study," *Journal of Forensic Psychiatry & Psychology* 23: 327–44.

BIB-042 Focquaert, F. (2018) "Neurobiology and crime: A neuro-ethical perspective," *Journal of Criminal Justice.*

BIB-043 Francis, A. (2014) "Strengths-based assessments and recovery in mental health: Reflections from practice," *International Journal of Social Work and Human Service Practice* 2: 264–71.

BIB-044 Freire, P. (1970) *Pedagogy of the Oppressed*, New York: Continuum.

BIB-045 Fullilove, M. T. (1996) "Psychiatric implications of displacement: Contributions from the psychology of place," *The American Journal of Psychiatry,* 153: 1516–23.

BIB-046 Gagne, C., White, W., and Anthony, W. A. (2007) "Recovery: A common vision for the fields of mental health and addictions," *Psychiatric Rehabilitation Journal*, 31: 32.

BIB-047 Giorgio, G. (2009) "Traumatic truths and the gift of telling," *Qualitative Inquiry* 15: 149–167.

BIB-048 Gordon, H., and Lindqvist, P. (2007) "Forensic psychiatry in Europe," *Psychiatric Bulletin* 31: 421–24.

BIB-049 Gudjonsson, G., Webster, G., and Green, T. (2010) "The recovery approach to care in psychiatric services: Staff attitudes before and after training," *Psychiatric Bulletin* 34: 326–29.

BIB-050 Green, T., Batson, A., and Gudjonsson, G. (2011) "The development and initial validation of a service-user led measure for recovery of mentally disordered offenders," *Journal of Forensic Psychiatry & Psychology* 22: 252–65.

BIB-051 Hagerty, M. K., Lynch-Sauer, J., Patusky, K. L., Bouwsema, M., and Collier, P. (1992) "Sense of belonging: A vital mental health concept," *Archives of Psychiatric Nursing*, 6: 172–77

BIB-052 Heimans, H., Vander Beken, T., and Schipaanboord, E. A. (2015) "Eindelijk een echte nieuwe en goede wet op de internering? Deel 1: De gerechtelijke fase," *Rechtskundig Weekblad* 79: 1043–64.

BIB-053 Henagulph, S., McIvor, R., and Clarke, A. (2012) "Risk and recovery group for offenders with mental disorders," *Psychiatric Services* 63: 94–95.

BIB-054 Hopper, K. (2007) "Rethinking social recovery in schizophrenia: What a capabilities approach might offer," *Social Science & Medicine* 65: 868–79.

BIB-055 Hörberg, U., Sjögren, R., and Dahlberg, K. (2012) "To be strategically struggling against resignation: The lived experience of being cared for in forensic psychiatric care," *Issues in Mental Health Nursing* 33, 743–51.

BIB-056 Jas, E., and Wieling, M. (2018) "Providers' competencies positively affect personal recovery of involuntarily admitted patients with severe mental illness: A prospective observational study," *International Journal of Social Psychiatry* 64: 145–55.

BIB-057 Jenkins, J. H., Strauss, M. E., Carpenter, E. A., Miller, D., Floersch, J., and Sajatovic, M. (2005) "Subjective experience of recovery from schizophrenia-related disorders and atypical antipsychotics," *International Journal of Social Psychiatry* 51: 211–27.

BIB-058 Josselson, R. (2013) *Interviewing for Qualitative Inquiry: A relational Approach*, London-New York: Guilford Press.

BIB-059 Kal, D. (2001) *Quarter-making: Clearing the way for people with a psychiatric background*, Amsterdam, The Netherlands: Boom.

BIB-060 Kvale, S. (1983) “The qualitative research interview: A phenomenological and a hermeneutical mode of understanding,” *Journal of Phenomenological Psychology* 14: 171–96.

BIB-061 Kvale, S. (1994) “Ten standard objections to qualitative research interviews,” *Journal of Phenomenological Psychology* 25: 147–73.

BIB-062 Kvale, S., and Brinkmann, S. (2009) *Learning the craft of qualitative research interviewing* Thousand Oaks, CA: Sage Publications.

BIB-063 Lamb, H. R., Weinberger, L. E., and Gross, B. H. (1999) “Community treatment of severely mentally ill offenders under the jurisdiction of the criminal justice system: A review,” *Psychiatric Services* 50: 907–13.

BIB-064 Latessa, E. J., and Lowenkamp, C. (2005) “What works in reducing recidivism,” *U. St. Thomas LJ* 3: 521.

BIB-065 Laudet, A. B. (2008) “The road to recovery: Where are we going and how do we get there? Empirically driven conclusions and future directions for service development and research,” *Substance Use & Misuse,* 43: 2001–20.

BIB-066 Lauwaert, F., Mattheeuws, K., and De Deygere, M. (2014) “Het schakelteam internering: Naar een completer en dynamisch zorglandschap voor geïnterneerden,” *Panopticon* 35: 237–41.

BIB-067 LeBel, T. P. (2012) “Invisible strips? Formerly incarcerated persons’ perceptions of stigma,” *Deviant Behavior* 33: 89–107.

BIB-068 Leamy, M., Bird, V., Le Boutillier, C., Williams, J., and Slade, M. (2011) “Conceptual framework for personal recovery in mental health: Systematic review and narrative synthesis,” *The British Journal of Psychiatry,* 199: 445–52.

BIB-069 Livingston, J. D. (2018) "What does success look like in the forensic mental health system? Perspectives of service users and service providers," *International Journal of Offender Therapy and Comparative Criminology* 1: 1–21.

BIB-070 Livingston, J. D., Crocker, A. G., Nicholls, T. L., and Seto, M. C. (2016) "Forensic mental health tribunals: A qualitative study of participants' experiences and views," *Psychology, Public Policy, and Law* 22: 173.

BIB-071 Maruna, S., Immarigeon, R., and LeBel, T. (2004) "Ex-offender reintegration: Theory and practice," in S. Maruna and R. Immarigeon (eds) *After crime and punishment*, Cullompton, UK: Willan: 3–27.

BIB-072 McLellan, A. T. (2002) "Have we evaluated addiction treatment correctly? Implications from a chronic care perspective," *Addiction* 97: 249–52.

BIB-073 McNeill, F. (2012) "Four forms of 'offender' rehabilitation: Towards an interdisciplinary perspective," *Legal and Criminological Psychology* 17: 18–36.

BIB-074 Mead, S., and Copeland, M. E. (2000) "What recovery means to us: Consumers' perspectives," *Community Mental Health Journal* 36: 315–28.

BIB-075 Mead, S., Hilton, D., and Curtis, L. (2001) "Peer support: A theoretical perspective," *Psychiatric Rehabilitation Journal* 25: 134–41.

BIB-076 Mental Health Review Tribunal (2010) Annual Report of the Mental Health Review Tribunal, Sydney: Mental Health Review Tribunal.

BIB-077 Mezey, G. C., and Eastman, N. (2009) "Choice and social inclusion in forensic psychiatry: Acknowledging mixed messages and double think," *The Journal of Forensic Psychiatry and Psychology* 21: 683–96.

BIB-078 Mezey, G. C., Kavuma, M., Turton, P., Demetriou, A., and Wright, C. (2010) "Perceptions, experiences and meanings of recovery in forensic psychiatric patients," *The Journal of Forensic Psychiatry & Psychology* 21: 683–96.

BIB-079 Mezzina, R., Davidson, L., Borg, M., Marin, I., Topor, A., and Sells, D. (2006a) "The social nature of recovery: discussion and implications for practice," *American Journal of Psychiatric Rehabilitation* 9: 63–80.

BIB-080 Mezzina, R., Borg, M., Marin, I., Sells, D., Topor, A., and Davidson, L. (2006b) "From participation to citizenship: How to regain a role, a status, and a life in the process of recovery," *American Journal of Psychiatric Rehabilitation* 9: 39–61.

BIB-081 National Institute for Mental Health in England (NIMHE) (2005) NIMHE guiding statement on *recovery.*

BIB-082 Niveau, G., and Welle, I. (2018) "Forensic psychiatry, one subspecialty with two ethics? A systematic review," *BMC Medical Ethics*, 19: 1–10.

BIB-083 Oades, L., Deane, F., Crowe, T., Lambert, G. W., Kavanagh, D., and Lloyd, C. (2005) "Collaborative recovery: An integrative model for working with individuals who experience chronic and recurring mental illness," *Australasian Psychiatry,* 13: 279–284.

BIB-084 O'Sullivan, M., Boulter, S., and Black, G. (2013) "Lived experiences of recalled mentally disordered offenders with dual diagnosis: A qualitative phenomenological study," *Journal of Forensic Psychiatry & Psychology* 24: 403–20.

BIB-085 Osborne, J. W. (1990) "Some basic existential-phenomenological research methodology for counsellors," *Canadian Journal of Counselling and Psychotherapy* 24: 2.

BIB-086 Perkins, R., and Slade, M. (2012) "Recovery in England: Transforming statutory services?" *International Review of Psychiatry* 24: 29–39.

BIB-087 Pescosolido, B. A., Martin, J. K., Long, J. S., Medina, T. R., Phelan, J. C., and Link, B. G. (2010). "'A disease like any other'? A decade of change in public reactions to schizophrenia, depression, and alcohol dependence," *American Journal of Psychiatry,* 167: 1321–30.

BIB-088 Polaschek, D. L. (2012) “An appraisal of the risk–need–responsivity (RNR) model of offender rehabilitation and its application in correctional treatment,” *Legal and Criminological Psychology* 17: 1–17.

BIB-089 Pouncey, C. L., and Lukens, J. M. (2010) “Madness versus badness: The ethical tension between the recovery movement and forensic psychiatry,” *Theoretical Medicine and Bioethics* 31: 93–105.

BIB-090 Price-Robertson, R., Obradovic, A., and Morgan, B. (2017) “Relational recovery: Beyond individualism in the recovery approach,” *Advances in Mental Health,* 15: 108–20.

BIB-091 Prins, S. J. (2011) “Does transinstitutionalization explain the overrepresentation of people with serious mental illnesses in the criminal justice system,” *Community Mental Health Journal,* 47: 716–22.

BIB-092 Prior, P. M. (2007) “Mentally disordered offenders and the European Court of Human Rights,” *International Journal of Law and Psychiatry* 30: 546–57.

BIB-093 Ralph, R. O., and Corrigan, P. W. (2005) *Recovery in mental illness: Broadening our understanding of wellness*, Washington: American Psychological Association.

BIB-094 Repper, J., and Perkins, R. (2003) *Social inclusion and recovery: A model for mental health practice*, London: Baillière Tindall.

BIB-095 Resnick, S. G., Fontana, A., Lehman, A. F., and Rosenheck, R. A. (2005) “An empirical conceptualization of the recovery orientation,” *Schizophrenia Research* 75: 119–28.

BIB-096 Reynolds, L. M., Jones, J. C., Davies, J. P., Freeth, D., and Heyman, B. (2014) “Playing the game: Service users’ management of risk status in a UK medium secure forensic mental health service,” *Health, Risk & Society,* 16: 199–209.

BIB-097 Richards, J. M., Beal, W. E., Seagal, J. D., and Pennebaker, J. W. (2000) “Effects of disclosure of traumatic events on illness behavior among psychiatric prison inmates,” *Journal of Abnormal Psychology*, 109: 156.

BIB-098 Roberts, G., and Boardman, J. (2013) "Understanding 'recovery'," *Advances in Psychiatric Treatment,* 19: 400–409.

BIB-099 Roberts, G., and Wolfson, P. (2004) "The rediscovery of recovery: Open to all," *Advances in Psychiatric Treatment,* 10: 37–48.

BIB-100 Rose, D., Ford, R., Lindley, P., and Gawith, L. (1998) *In Our Experience: User Focused Monitoring of Mental Health Services,* London: Sainsbury Centre for Mental Health.

BIB-101 Rowaert, S. (2018) *Supporting Family Members of Mentally Ill Offenders. A Strengths-Based Approach,* Gent: Orthopedagogische reeks.

BIB-102 Saleebey, D. (2005) *The Strengths Perspective in Social Work Practice (4th Ed.),* Boston: Pearson Education, Inc.

BIB-103 Salize, H. J., Dreβing, H., and Kief, C. (2007) *Mentally Disordered Persons in European Prison Systems.* Needs, *Programmes* and *Outcomes,* (EUPRIS), European Commission.

BIB-104 Schaftenaar, P. (2018) *Contact gezocht. Relationeel werken en het al.ledaagse als werkzame principes in de klinische forensische zorg*. Amsterdam: SWP.

BIB-105 Scott, A., and Wilson, L. (2011) "Valued identities and deficit identities: Wellness Recovery Action Planning and self-management in mental health," *Nursing Inquiry* 18: 40–49.

BIB-106 Shepherd, G., Boardman, J., and Slade, M. (2008) *Making Recovery a Reality*. London: Sainsbury Centre for Mental Health.

BIB-107 Shepherd, A., Doyle, M., Sanders, C., and Shaw, J. (2015) "Personal recovery within forensic settings: Systematic review and meta-synthesis of qualitative methods studies," *Criminal Behaviour and Mental Health* 26: 59–75.

BIB-108 Simpson, A. I. F., and Penney, S. R. (2011) "The recovery paradigm in forensic mental health services," *Criminal Behaviour and Mental Health,* 21*:* 299–306.

BIB-109 Sisti, D. A., Sinclair, E. A., and Sharfstein, S. S. (2018) "Bedless Psychiatry—Rebuilding Behavioral Health Service Capacity," *JAMA psychiatry,* 75: 417–18.

BIB-110 Slade, M. (2009) *Personal Recovery And Mental Illness. A Guide For Mental Health Professionals*, Cambridge*:* Cambridge University Press.

BIB-111 Slade, M. (2010) "Mental illness and well-being: The central importance of positive psychology and recovery approaches," *Health Services Research*, 10: 26.

BIB-112 Slade, M., Amering, M., Farkas, M., Hamilton, B., O'Hagan, M., Panther, G., ... and Whitley, R. (2014) "Uses and abuses of recovery: implementing recovery-oriented practices in mental health systems," *World Psychiatry* 13: 12–20.

BIB-113 Slade, M., Amering, M., and Oades, L. (2008) "Recovery: An international perspective," *Epidemiologia e Psichiatria Sociale* 17: 128–137.

BIB-114 Slade, M., Williams, J., Bird, V., Leamy, M., and Le Boutillier, C. (2012) "Recovery grows up," *Journal of Mental Health,* 21*:* 99–104.

BIB-115 Spector-Mersel, G., and Knaifel, E. (2017) "Narrative research on mental health recovery: Two sister paradigms," *Journal of Mental Health* 1–9.

BIB-116 Stickley, T., and Felton, A. (2006) "Promoting recovery through therapeutic risk taking,". *Mental Health Practice* 9: 26–31.

BIB-117 Stuart, S. R., Tansey, L., and Quayle, E. (2017) "What are the barriers to recovery perceived by people discharged from a medium-secure forensic mental health unit? An interpretative phenomenological analysis," *Journal of Theoretical & Philosophical Criminology* 9(1): 1–31

BIB-118 Tew, J., Ramon, S., Slade, M., Bird, V., Melton, J., and Le Boutillier, C. (2012) "Social factors and recovery from mental health difficulties: A review of evidence," *British Journal of Social Work* 42: 443–60.

BIB-119 To, W. T., Vanheule, S., De Smet, S., and Vandevelde, S. (2015) “The treatment perspectives of mentally ill offenders in medium-and high-secure forensic settings in Flanders,” *International Journal of Offender Therapy and Comparative Criminology* 59: 1605–22.

BIB-120 Tondora, J., and Davidson, L. (2006) *Practice Guidelines for Recovery-Oriented Behavioral Health Care,* Connecticut: Connecticut Department of Mental Health and Addiction Services.

BIB-121 Tondora, J., Miller, R., Slade, M., and Davidson, L. (2014) *Partnering for Recovery in Mental Health: A Practical Guide to Person-centered Planning*, Hoboken-Oxford: John Wiley & Sons.

BIB-122 United Nations (UN) (2006) *Convention on the Rights of Persons with Disabilities* [A/RES/61/106].

BIB-123 van Gestel-Timmermans, J. A. W. M. (2011) *Recovery Is Up to You. Evaluation of a Peer-run Course*, Ridderprint: Ridderkerk.

BIB-124 Van Manen, M. (1990) *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*, London: Althouse.

BIB-125 Van Roeyen, S. (2018) “Een ander leven. Een belevingsonderzoek rond desistance bij personen met een psychiatrische problematiek die strafbare feiten plegen.” Doctoral dissertation,

BIB-126 Van Roeyen, S., Van Audenhove, S., Vanderplasschen, W., and Vander Laenen, F. (2016) “Het desistance proces van wetsovertreders met een psychiatrische problematiek gehypothekeerd door de internering” in T. Vander Beken et al. (eds) *Sterktes van mensen. Sterktegerichte strategieën voor het ondersteunen van mensen met een psychiatrische problematiek die strafbare feiten pleegden*, Antwerpen, Belgium: Maklu: 123–48.

BIB-127 van Swaaningen, R. (2001) "Criminaliteitsbeleid en risicobeheersing," in E. Lissenberg et al. (eds) *Tegen de regels IV: een inleiding in de criminologie,* Nijmegen: Ars Aequi Libri: 277–92.

BIB-128 Vandevelde, S., Vander Laenen, F., Van Damme, L., Vanderplasschen, W., Audenaert, K., Broekaert, E., … and Vander Beken, T. (2017) "Dilemmas in applying strengths-based approaches in working with offenders with mental illness: A critical multidisciplinary review," *Aggression and Violent Behavior* 32: 71–79.

BIB-129 Vandevelde, S., Soyez, V., Vander Beken, T., De Smet, S., Boers, A., and Broekaert, E. (2011) "Mentally ill offenders in prison: The Belgian case," *International Journal of Law and Psychiatry* 34: 71–78.

BIB-130 Viljoen, S., Nicholls, T., Greaves, C., de Ruiter, C., and Brink, J. (2011) "Resilience and successful community integration among female forensic psychiatric patients: A preliminary investigation," *Behavioral Sciences and the Law*, 29: 752–70.

BIB-131 Vandeurzen (2018, 18 September) *Vlaams Actieplan Geestelijke Gezondheid, Strategisch plan 2017–2019.*

BIB-132 Ward, T. (2014) "The dual relationship problem in forensic and correctional practice: Community protection or offender welfare?" *Legal and Criminological Psychology* 19: 35–39.

BIB-133 Ward, T., Gannon, T. A., and Fortune, C. A. (2015) "Restorative justice-informed moral acquaintance: Resolving the dual role problem in correctional and forensic practice," *Criminal Justice and Behavior* 42: 45–57.

BIB-134 Ward, T., and Stewart, C. A. (2003) "The treatment of sex offenders: Risk management and good lives," *Professional Psychology: Research and Practice* 34: 353.

BIB-135 Ward, T., Mann, R. E., and Gannon, T. A. (2007) "The good lives model of offender rehabilitation: Clinical implications," *Aggression and Violent Behavior* 12: 87–107.

BIB-136 Ward, T., and Maruna, S. (2007) *Rehabilitation,* London and New York: Routledge.

BIB-137 Ware, N. C., Hopper, K., Tugenberg, T., Dickey, B., and Fisher, D. (2007) "Connectedness and citizenship: Redefining social integration," *Psychiatric Services* 58: 469–74.

BIB-138 Whitley, R., and Campbell, R. D. (2014) "Stigma, agency and recovery amongst people with severe mental illness," *Social Science & Medicine* 107: 1–8.

BIB-139 World Health Organization (WHO) Regional Office for Europe (2018) European Health Report 2018. *More than numbers – evidence for all. Highlights*.

BIB-140 Young, S., Chick, K., and Gudjonsson, G. (2010) "A preliminary evaluation of reasoning and rehabilitation 2 in mentally disordered offenders (R&R2M) across two secure forensic settings in the United Kingdom," *The Journal of Forensic Psychiatry & Psychology* 21: 336–49.

BIB-141 Youngs, D., and Canter, D. V. (2012) "Narrative roles in criminal action: An integrative framework for differentiating offenders," *Legal and Criminological Psychology* 17: 233–49.

BIB-142 Zinkler, M., and Priebe, S. (2002) "Detention of the mentally ill in Europe – a review," *Acta Psychiatrica Scandinavica* 106: 3–8.

Figure 25.1: The course of transitions when labeled NCR

Table 25.1 Sample characteristics of the study participants (n=94)

Sex		Male	79
		Female	15
Age		[18–20]	1
		[21–30]	10
		[31–40]	28
		[41–50]	35
		[51–60]	15
		[61–70]	5
Security level –	High	Prison	15
Treatment facilities	Medium	Forensic psychiatric center	12
	Low	Forensic inpatient	19
		Forensic outpatient	14
		General inpatient	10
		General outpatient	13
		Formerly interned	11
Experiences of incarceration		Yes	86
		No	7
		Unknown	1