Exploring the lived experience of secure patients during COVID-19

Journal:	*Journal of Forensic Practice*
Manuscript ID	JFP-09-2022-0049.R1
Manuscript Type:	Research Paper
Keywords:	forensic mental health, secure care, COVID-19, lived experience, IPA, recovery

MANUSCRIPT DETAILS

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ABSTRACT:

In 2019, the world was hit by a life threatening severe acute respiratory syndrome causing a global pandemic; Coronavirus disease (COVID-19). In the UK, a nationwide â€˜lockdownâ€™ of public isolation and reduced social contact followed. We are yet to understand the experience of COVID-19 and the lockdown for forensic secure mental health patients. Aim: This study aimed to explore this phenomenon from the patientsâ€™ perspective.

A qualitative approach was taken. Semi-structured interviews were carried out with six patients from a Low secure unit in the UK, between November 2020 and March 2021.

Interpretive Phenomenological Analysis generated three superordinate themes from the data, providing insight into patientsâ€™ experience: â€˜treading waterâ€™, how they managed: â€˜learning to swimâ€™, and what was helpful during this time: â€˜in the same boatâ€™.

CUST_RESEARCH_LIMITATIONS/IMPLICATIONS__(LIMIT_100_WORDS) :No data available.

Further consideration should be given to creating a sense of safety in wards, along with ways to continue to address the power imbalance. Interestingly, social connection may be cultivated from within the hospital setting and would benefit from further research.

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This is the first study to explore secure patientsâ€™ experience of COVID-19 from the patientsâ€™ perspective, within a population often neglected within recovery research.

Abstract~~:~~

Purpose: In 2019, the world was hit by a life threatening severe acute respiratory syndrome causing a global pandemic~~; named~~ Coronavirus disease (COVID-19). In the UK, a nationwide 'lockdown' of public isolation and reduced social contact followed. We are yet to understand the experience of ~~the~~ COVID-19 ~~pandemic~~ and the lockdown ~~measures~~ for forensic secure mental health patients. **Aim**: This study aimed to explore this phenomenon from the patients' perspective. **Design**: A qualitative approach was taken. Semi-structured interviews were carried out with six patients from a Low secure ~~Hospital~~ unit in the UK, between November 2020 and March 2021. **Findings**: Interpretive Phenomenological Analysis generated three superordinate themes from the data, providing insight into patients' experience: '*treading water'*, how they managed: '*learning to swim'*, and what was helpful during this time: '*in the same boat'.* **Implications**: Further consideration should be given to creating ~~The findings demonstrate consistency with recovery literature in the forensic field~~a sense of safety in wards, along with ways to continue to address the power imbalance. ~~and suggest that patient's sense of s~~Interestingly, social connection ~~, an important aspect of recovery,~~ may be cultivated from within the hospital setting and would benefit from further research. **Originality**: This is the first study to explore secure patients' experience of COVID-19 from the patients' perspective, within a population often neglected within recovery research.

Introduction

In 2019, the world was hit by a global pandemic; Coronavirus disease 2019 (COVID-19), a life threatening severe acute respiratory syndrome. In the UK, the first confirmed cases of COVID-19 were recorded in February 2020, ~~and~~ by the following December the number of cases had risen to 1,869,670 with 64,402 fatalities (World Health Organisation, 2020) causing widespread fear and panic among the public. In response to the rising hospital admissions and deaths, the UK government enforced a nationwide 'lockdown' of public isolation and reduced physical contact, aiming to slow the spread of the virus and save lives (UK Government, 2020). Further ~~lockdowns and~~ restrictions of varying degrees continued into 2022. Whilst the lockdown was initiated as a safety measure, quarantine itself is known to be detrimental to psychological health (Brooks *et al.,* 2020).

A plethora of research looked to understand the impact of COVID-19 and the lockdown ~~measures~~ on the mental health and well-being of different groups in society, suggesting the effects would vary widely between individuals (Mancini, 2020) and ~~would~~ere ~~likely to~~ unfold over time. In the general population, common initial reactions were increased fear (Fofana *et al.,* ~~, Latif, Sarfraz, Bashir, & Komal,~~ 2020), symptoms of anxiety, depression (Rajkumar, 2020), and post-traumatic stress (Brooks *et al.,* 2020). Whilst most people were likely to demonstrate resilience and ~~experience~~ a stable pattern of adaptive functioning (Bonanno, 2004), specific groups were identified as more vulnerable to the effects of the pandemic and the ~~social distancing measures~~lockdown (Douglas *et al.,* ~~*Katikireddi, Taulbut, McKee, & McCartney*~~, 2020). A survey conducted in the initial six weeks of the first lockdown

found that those with pre-existing mental health difficulties were among the groups reporting the worst outcomes on measures of anxiety, depressionve ~~symptoms, levels of defeat, entrapment~~ and loneliness (O'Connor *et al.,* 2020). A later study of over 8 million adults in England, found that survivors of severe cases of acute respiratory infections including COVID-19, ~~(and other severe acute respiratory infections), who requiringed hospitalisation,~~ were at higher risk of receiving a neuropsychiatric diagnosis in the 12-months following their illness, ~~when~~ compared to the general population (Clift *et al.,* 2022). There are ~~F~~further studies proposing~~suggest~~~~propose~~ that survivors of COVID-19 are at risk of subsequent mental health sequalae (Mazza *et al.*, 2020; Schou *et al.*, 2021; Efstathiou et al., 2022).

One population whose experience is yet to be explored, are those residing in forensic secure care. Secure patients experience severe and enduring mental ~~health difficulties~~illness and/or personality disorder, pose a significant level of risk due to challenging or offending behaviour, and are detained in hospital settings for treatment under the Mental Health Act (MHA; The NHS Commissioning Board, 2013). ~~). Some secure patients have entered the criminal justice system due to offending behaviour, others are deemed suitable due to their level of risk~~~~level of risk they pose to themselves or to others (NHS England, 2018).~~ There are ~~different~~ several factors ~~to at play when c~~consider~~ing~~ when considering ~~exploring~~ the potential impact ~~that~~ COVID-19 may have on this population, such as~~factors include~~: ~~an~~ increased risk of transmission ~~the illness~~ (~~risk of~~ exposure due to ~~the~~ environment, ~~risk of~~ transmission due to mental health vulnerabilities, & ~~risk of~~ poorer outcomes); and ~~an~~ increased risk from ~~quarantine measures~~lockdown (~~risk of being~~ further disconnect~~ed~~ from society, impact of staff burn-out on therapeutic relationships, significance of losing community ~~leave~~access~~, & witnessing rule breaking in the population~~). Each of these will be explored further.

Risk of illness

The detention of secure patients in hospital settings poses both practical and ethical concerns during an infectious disease pandemic. On a practical level, security measures such as locked wards, secure windows and limited time in outdoor space, reduces ~~the~~ ventilation within the hospital, ~~thus~~ elevating the risk of disease transmission (Russ *et al.*, ~~, Sisti, & Wilner,~~ 2020; Zhu *et al.,* 2020). Alongside this, ~~the working~~ staff are ~~shift patterns of the hospital staff creates an environment where people are~~ repeatedly entering and ~~/ and~~ exiting for their working shifts, ~~the environment,~~ essentially 'mixing households', which ~~and further~~ increas~~es~~ing the risk of transmission. One documented outbreak in a psychiatric hospital in China affected 80 patients and staff, and highlighted further challenges of potential non-compliance with self-isolation measures (Zhu *et al.,* 2020). Feeling safe and secure within the hospital environment has been identified as a key component for patients' recovery (Lovell, *et al.*~~, Gardner-Elahi, & Callanan~~, 2020) which may be compromised given the heightened risk of COVID-19 transmission.

A~~longsides~~ the challenges posed by the ~~physical setting itself creatinges challenges~~, secure patients may also be disadvantaged by the ~~very~~ nature of their ~~mental health~~ illness. Diagnoses such as Schizophrenia and Bipolar Affective Disorder are associated with cognitive deficits, particularly in executive functioning skills such as memory, attention, planning and problem solving (Fioravanti, Bianchi, & Cinti, 2012; Torrent *et al.,* 2006). These skills are necessary to understand, remember and implement new health behaviours aimed to reduce virus transmission, such as regular hand sanitisation, social distancing and wearing masks (Shinn & Viron, 2020). Cognitive deficits in executive functioning may mean that some patients are unable to follow guidance making them more vulnerable to COVID-19 transmission.

Whilst the risk of transmitting COVID-19 appears to be high for secure patients, further evidence suggests that they may also face poorer outcomes. The higher prevalence of smoking (De Leon & Diaz, 2005), physical inactivity, unhealthy diet (Saxena & Maj, 2017) and comorbid health conditions such as diabetes (Ward & Druss, 2015) in patients with severe mental illness, increases the likelihood of poor outcomes from COVID-19 (Guan *et al.,* 2020; Vardavas & Nikitara, 2020). ~~Alongside~~ Furthermore, ~~this,~~ medical interventions may pose a serious risk of drug interactions, as many secure patients are ~~already~~ treated with complex medication regimes ~~for their mental health~~ and the treatment of COVID-19 is new and rapidly evolving (Stefana *et al.,* 2020).

The increased risk of exposure, transmission and poorer outcomes suggest that secure patients are a particularly vulnerable population living through the COVID-19 pandemic. There are further identified factors suggesting ~~that secure patients~~they may also be ~~particularly~~ vulnerable to the ~~quarantine measures imposed by the COVID-19~~ lockdown conditions due to the already limited social connections and the significant role this has in patient's recovery.

Risk from quarantine

Social connection is a fundamental human need and pertinent in secure patients recovery *(Clarke et al.,* 2016). Prior to lockdown, secure patients face significant challenges maintaining social connections, due to limited opportunities for visits and phone access; out of area placements due to bed availability; and the experience of a double stigma (mental health ~~stigma~~ and offense related stigma). Typically, secure patients report poorer-quality social networks than the general population (Simpson & Penney, 2011). Services aim to promote patients' social connection with family and friends, ~~through~~ positive relationships with staff, and, where appropriate, encouraging time spent

outside of the hospital, termed 'community leave'. These three areas of opportunity were significantly impacted during the lockdown and will be discussed further.

Contact with family and friends was significantly reduced across society, as people stayed apart ~~and~~ adhering to~~followed~~ health guidance. Where the general population quickly adapted to ~~using~~ ~~digital technologyies and~~ online means of communicating to maintain ~~their social~~ connections, secure services looked to find safe ways of introducing technology~~ies~~ to bridge the gap (Galea, Merchant, & Lurie, 2020). However, these ~~in~~ environments are governed by local policies and legal restrictions and therefore making c~~. These c~~hange~~s s to local and national policies~~ can be~~is often~~ time consuming and ~~heavily~~ dependent on available resources, and would likely have ~~have~~ taken~~n~~ longer to achieve in health settings.

Positive relationships with staff have been found to predict treatment adherence and outcomes (McGuire, McCabe, & Priebe, 2001) whilst being the main component driving patient satisfaction in secure services (Bressington *et al.*, ~~Stewart, Beer, & MacInnes,~~ 2011). Hamilton (2010) prour~~r~~posed ~~in his~~a 'boundary seesaw model' ~~that~~ in which healthy relationships are formed when the balance between treatment (care) and security (control) is maintained, specifically when staff are open, reasonable, willing to negotiate, and can maintain boundaries ~~(Hamilton, 2010).~~ . However, during times of stress, staff can experience 'burnout', a state of emotional exhaustion and compassion fatigue (Schulz, Greenley, & Brown, 1995) ~~where~~ in which staff become more risk-focussed and less empathic with ~~their~~ patients (Coffey, 1999). Research indicates that burnout is already prevalent in healthcare professionals within secure services compared to other fields of nursing (Mason, 2002). We are yet to understand whether COVID-19 has increased burnout ~~in secure staff, or~~or affected the ~~ir ability to~~ care provided ~~for patients~~ in secure settings; however, media reports ~~suggest~~ propose that COVID-19

has had a 'profound impact' on work related stress across National Health Service professionals (Parsons, 2021).

Furthermore, when drawing on studies that explore historical disasters, there is evidence that people who are unaffected by the disaster are emotionally able to provide support and aid to the affected group (Osofsky, Osofsky, & Mamon, 2020). Where COVID-19 is a global pandemic of epic proportion, this significantly limits the people who are unaffected. The staff working in secure services are simultaneously learning to ~~personally~~ navigate the pandemic personally, alongside professionally maintaining a therapeutic level of care. The introduction of protective clothing and masks to reduce the risk of virus transmission may create a further~~nother~~ barrier to connecting with patients. ~~The use of m~~Masks ~~is suggested~~were found to limit effective communication and ~~be~~ were perceived as threatening to patients ~~who may be~~experiencing emotional~~ly~~ dysregulation~~ed~~ or ~~experiencing~~ paranoia (Lancet Psychiatry, 2020).

Community leave from hospital for secure patients is often long awaited and gradually increased in duration and distance depending on the individuals' stage of recovery. It provides an opportunity to practice social skills and life skills whilst the clinical team can further assess risk (Dickens & Barlow, 2018). Leave is also important for patients emotional wellbeing, aiding their connectedness with society (Clarke *et al.*, ~~Sambrook, Lumbard, Kerr, & Johnson,~~ 2017) and signifies an important transition; ~~the patients'~~ return~~ing~~ to the community. Losing leave can be detrimental to patients' mental health and is often associated with punishment.

~~A further consideration, is the potential for secure patients to feel disconnected from the outside world, triggered by the highly publicised 'flouting' of the restriction rules by groups within society (Hills~~

& Eraso, 2021). Where secure patients are detained under the MHAental Health Act (1983), in some cases given treatment against their will, and sanctioned heavily for non-compliance. Learning of rule-breaking in society with minimal consequences may exacerbate feelings of powerlessness, oppression (Livingston & Rossiter, 2011) and lead to resentment, , an increase in challenging behaviour and potentially further polarising secure patients' from the public.

Potential Implications

Each of these factors (increased risk of exposure, transmission & poorer outcomes; increased risk froorm quarantine of social disconnect, altered relationships with staff and losing leave) has the potential to impact on patients' mental health in secure care. The impact will likely vary among patients, and some groups may be at higher risk of ; however, some groups are potentially at a higher risk of destabilisation. For example when considering those a patient with a diagnosis of Emotionally Unstable Personality Disorder, is characteristic of a fear of abandonment and, hyper responsiveness to stress, and chronic feelings of emptinessmay find and therefore the lockdown measures may be may be particularly triggering (Choi, 2020). Equally, those patients who are closer to discharge and regularly usinge extensive periods of community leave independently to access education and employmentactivities and education, may experience lockdown as more detrimental.Patients will be at varying stages of their recovery and therefore the lockdown may be experienced as more detrimental, for example those close to discharge, those who regularly use community leave independently to access meaningful activities such as college and new placements.

The lockdown is likely to increase boredom and frustration, which is shown to increase risk of aggression and violence in secure settings (Bowser *et al.,* 2018; Dickens, Piccirillo, & Alderman, 2013). This then Increased aggression and violence crcreates a cycle of negativity; impacting on peers' mental health, triggering further stress and burn-out for staff and potentially reducing progression through

~~services~~triggering further frustration. ~~Delays in patients being discharged from secure services has further systemic implications of creating a back-log of patients' potentially residing in inappropriate settings, such as prisons (G. Durcan, 2011).~~

Study Aims

This study aims to explore the lived experience of the COVID-19 pandemic in a secure hospital setting in the UK to develop a greater understanding of the impact on this population.

Methodology

Interpretive phenomenological analysis (IPA) allows for a deeper level of reflecting, by examining the interpretation of the event but also how the event is linked to 'parts of life' separated in time but ~~linked~~ with a common meaning (Smith, 2012). This ~~is a useful~~ qualitative method is useful for understanding how people make sense of ~~a~~ life experience.

Ethical Approval

Ethical approval was granted by Wales Research Ethics Committee and the Health Research Authority; REC Reference: 20/WA/0272. ~~The host N~~National Health Service (NHS)~~HS trust provided research and development approval and the University of Southampton acted as sponsor.~~

Recruiting Participants ~~in a Low Secure Service~~

A 28-bedded low secure unit (LSU) was used to recruit~~ment~~ participants. This LSU~~ow secure services~~ provides care and treatment for adults presenting with mental illness, personality disorder and neurodevelopmental disorder, linked to offending or seriously harmful behaviour and detained under the MHA~~ental Health Act (1983)~~. The~~e~~ LSU~~is unit was made up~~ consisted of three ~~separate~~ wards; two male (10- & 9-bed), one female (7-bed) with the same ~~but did not differ on~~admission ~~admission~~ criteria and~~or~~ pathway through the service. Over the lockdown, ~~The service~~the LSU attempted to ~~attempted to~~ parallel the government guidelines ~~through the lockdown period~~, but at times were stricter with restrictions~~however there were some stricter adaptations noted.~~ (~~For example,~~e.g. ~~in~~ April 2021 appropriate patients ~~were~~ granted ground leave only,~~-~~ where~~where appropriate, to meet with two visitors. At this time~~ the general public ~~were able to~~could access non-essential retail/~~ and~~ outdoor venues).

A convenience sampling method was used to recruit, ensuring the suitability, willingness and availability of participants (Etikan, Musa, & Alkassim, 2016), ~~and~~ a common method for recruiting hard to reach populations.

Six participants met the following inclusion criteria: a) aged 18+ years, b) detained under the MHA~~ental Health Act (1983)~~, c) within the service for a minimum of 6 months, d) have adequate understanding of spoken and written English, and e) have capacity to give informed consent (assessed by their Responsible Clinician). No exclusion criteria were applied.

At the time of recruitment, a total of 24 of the 28 beds were filled. Of these: *N=7* did not meet the inclusion criteria; *N=7* declined to take part; and *N=2* were unable to make pre-arranged interview times. This sample size is recommended for IPA, allowing thorough examination of data whilst avoiding data overload (Smith., 2012).

Participant Demographics

Demographics are provided in summary form to protect confidentiality of the small sample. The six participants were aged between 27 and 60 years old, the majority were male (M/F: 4/2), identifying as white British (N=5) or black British (N=1), the diagnoses were of paranoid schizophrenia (N=4), emotionally unstable personality disorder (N=1) or schizoaffective disorder (N=1). All six were sectioned under the MHA~~ental Health Act~~, sections included: 37/41 hospital order with restrictions (N=4), 47/49 removal to hospital of prisoners with restrictions (N=1), and 3 hospital order (N=1). The total length of the current secure hospital admission ranged from 4 years to 23 years. Data was not collected on those who did not participate.

Data Collection

Responsible Clinicians were contacted ~~in the first instance~~ and identified suitable participants. The study was advertised via posters and discussed in community meetings. Those eligible and interested were provided written information informing them of their right to withdraw, anonymity, and how their decision to engage would have no bearing on ~~their~~ treatment. Participants received a £10 incentive.

~~All interviews were conducted by first author (KH) who was independent of the service.~~ Three interviews were conducted in November 2020 via secure video technology. Then three further interviews ~~were conducted~~ in-person in March 2021, when restrictions allowed (these ~~these~~ participants voiced a preference for in-persons ~~did not wish to use video technology~~). ~~I~~All ~~i~~nterviews took place in a private room, were ~~were between 30 and 60 minutes in duration, were~~ ~~Each participant was provided a private room for the interview, whether in-person or via multimedia and supported by SC, who was an Assistant Psychologist within the service and known to them.~~

~~All interviews were~~ audio recorded ~~using a~~by dictaphone and stored securely. All were 30-60 minutes in duration. ~~Interviews lasted between 30 and 60 minutes.~~ Participants were advised ~~that~~ they could end the interview at any point, take a break ~~and/~~or ask questions. A ~~ll participants were~~ ~~d~~debrief~~ed~~ ~~followin~~followed.~~g interview.~~

The interview schedule consisted of six open and expansive questions (e.g., *Can you describe ~~to me~~ your experience of COVID-19, as a secure inpatient? What, if anything, has changed for you since the COVID-19 pandemic started?*). Q~~These q~~uestions were formulated specifically for this study~~and was developed~~ using the 5-step sequence by Smith, Flowers and Larkin (201209, p.61). The schedule was not intended to be prescriptive, ~~and further~~ follow-up questions were used flexibly at ~~the~~ interviewers' discretion to ~~further~~ ~~when~~ explore ~~ing~~ topics raised. ~~by the interviewee.~~

Data Analysis

Interviews were transcribed verbatim, then repeatedlyad and re-read, a process allowing the researcher to fullly immersione in the data. Analysis was conducted by hand, one transcript at a time. Exploratory comments about the descriptive, and linguistic content, and conceptual understanding were recorded in the left-hand margin of the transcript. Themes were noted in the right hand margin as they were generated and then placed (Smith, 2012). Initial themes were then written on post-it notes to create on a visual map, which could bewas reviewed and reorganised (Smith, 2012). Emergent superordinate and subordinate themes were recorded with supporting quotes from across all transcripts and then discussed with a member of the research team (CC). This process created space to consolidate patterns and map ideas, whilst remaining close to the data, which thenand aidinged the generation of the final themes.

Validity

A subset of the data was audited to ensure that interpretations were representative of the participants' responses. This audit was carried out by a member of the research team (SC) who was independent from the analysis process. All quotes were mapped onto the matching themes, demonstrating a high degree of validity.

Quality Assurance

Reflective diary excerpts were made throughout the interview and analysis process, to identify and 'bracket' any preconceptions about the narratives shared by participants, and to minimise their influence (Smith, 2012).

The research team

The first and third authors (KH, ~~a~~ Trainee Psychologist & KW, Clinical Psychologist) ~~has experience of working in secure services but~~ whereas independent from theis ~~specific~~ service ~~at the time of interviewing,~~ and unknown to ~~the~~ participants. The second and forth authors (CC, ~~a~~ Clinical Psychologist, & SC, ~~an~~ Assistant Psychologist) work within the ~~secure~~ service and ~~. CC has both clinical and research experience in this field and both~~ were known to ~~the~~ participants. ~~The third author (KW) was not known to the participants or service.~~

CC and SC supported the recruitment process due to having access to the service during lockdown. KH carried out each interview., ~~(via multimedia and face-to-face when permitted). whilst~~ SC was present with all participants through~~, in a supportive capacity, with participants through the~~ interviews ~~process,~~. as support but also ~~, as p~~Ppolicy did not permit unescorted computer use~~,~~. ~~and this was maintained for the in-person interviews for consistency.~~ KH performed the analysis and kept the reflective diary. Potential themes were shared and discussed with CC at the latter stages of analysis. SC, independent from the analysis process, carried out the validity audit. ~~This audit was carried out by a member of the research team (SC) who was independent from the analysis process.~~

Findings

Participants described their experiences of being in the secure care environment during the COVID-19 pandemic. Their accounts offered insight into how the atmosphere of the ward changed during lockdown through a collective feeling of fear and sadness.~~,~~ D~~d~~espite this, there was a sense that they needed to maintain the prior progress they had made *('treading water').* They described ways ~~that~~ they adapted to their new reality ~~and new regime in place~~ *('learning to swim').* They also identified

that feeling connected to humanity *('in the same boat')* either through relationships with staff and peers, or ~~through~~ the shared experience with the wider community, was an important factor in managing the adversity. All the themes are presented in Table. 1.1 along with ~~the~~ pseudonyms of ~~the~~ participants ~~that~~ supportinged eachthe theme.

Theme 1: Treading water

Participants described the ward atmosphere ~~of the ward~~ changing in response to the lockdown. This was influenced by three subordinate themes: *anticipated conflict ~~on the ward~~, ~~a~~ fear of the illness spreading* and ~~a sadness about what had been~~ lossst. Kate used the phrase "*treading water*" (P5, 137) which seemed to characterise the struggle ~~that~~ participants described between maintaining prior progress, whilst ~~being~~ constantly reminded of the precarious nature of the ward environment.

Sub theme: Anticipating conflict

Participants described a change in the ward atmosphere to ~~in which there was~~ a felt sense of tension. Although there were no accounts of actual violence or aggression, this was anticipated which made the ward feel unsafe:

Drew: *because of the COVID, people are getting upset over petty things, err, and err, sometimes it gets sorted out, sometimes they keep it to themselves or with their peers, and it sort'a like unbalances the ward, if you like ~~-~~(P1, 181-183)*

Amy: *things just switched and it was really hard…it's very hard being on a ward with an atmosphere (P2, 64-67)*

Drew's use of the word 'petty' implies that even minor events could be a trigger for peers, highlighting the fragility of the ward environment during this context. Drew is unsure how much detail to share about the petty things that people are upset over, ~~this is~~ demonstrated in his hesitation through his

use of the repeated filler word 'err'. Perhaps this feels too unsafe for Drew and he opts to change the focus to how the situation is managed. Although Drew is not directly involved in what he is describing in this quote, rather it is something happening around him, he implies that it still impacts on him personally. Issues experienced on the ward cannot happen in isolation, they cause a ripple effect, affecting everybody and creating an 'unbalanced ward'. This is a reflection of the small, confined ward environment, ~~where there are~~ limiting opportunities ~~ed options~~ to move away from ~~any~~ tension, instead it is endured.

Sub theme: Fear of illness spreading

Participants witnessed the virus spread through the hospital, ~~and~~ describinged their anticipation of becoming ill themselves~~a sense that they were just waiting to become ill themselves~~. Elliot recalled the sound of coughing coming from the bedrooms and the fear ~~that~~ this elicited ~~in him~~ daily~~each day~~. He was acutely aware of the seriousness of catching the virus:

Elliot: *"there was the fear of COVID hanging around all the time. I used to wake up early in the morning and I'd think; is this the day when I'm gonna get it really bad? y'know, could it possibly kill me? y'know" (P4, 83-85).*

Elliot's use of the phrase 'hanging around' depicts his ~~scribes a sense of~~ perceived inevitability that the virus will reach him; with n~~there is n~~o way of him avoiding this. His narrative of waking early to think about worst case scenarios demonstrates the level of anxiety he was experiencing about ~~catching the virus and~~ becoming ill. His use of questions illustrates his uncertainty ~~which~~ maintainined his fear.

For Mike, the illness spreading across the ward and how this was managed may have created a fear replicated at other times in his life:

***Mike**: Two of them had it on the wards and had to self-isolate, then like a week later I caught it. A few of the other guys had it. Then 8 patients (pause) EIGHT [emphasis] of us had it…So the whole ward had to go in lockdown…there was a sign by the door saying do not enter, COVID, and all that" (P3, 35-39).*

Mike expresses how he witnessed the virus spread across the ward affecting more ~~and more~~ people including himself. His emphasis on the word 'eight' (which is the majority of the 9-bed ward) implies that he too believed that virus being transmitted was ~~it was~~ inevitable ~~that the virus would reach everybody~~ and conveys his disbelief and fear. A ~~n~~ poignant part of Mike's narrative was when he spoke of the 'do-not-enter' sign on the locked door segregating the ill with the unaffected ~~ose with the virus and protecting those who were still healthy~~. He ~~-~~ expressed ~~this with~~ shock and disbelief that this was happening, appearing to find the situation surreal. He seemed uncomfortable with these emotions and composed himself when commenting ~~with his~~ "and all that" ~~comment~~. The act of being locked on the ward, segregated ~~as part of~~ with the unwell group, may link to other memories for this population. Forensic patients have often suffered multiple traumas and this experience may trigger ~~previous~~ memories of detention, past abuse or neglect creating a deeper level of fear.

Sub theme: ~~A sense of what has been lost~~ Loss

All the participants shared stories of loss. On the surface, they gave examples of losing leave from hospital, missing contact with family, losing ~~certain~~ privileges such as cooking independently and ~~,~~ ~~experiencing~~ a reduction in meaningful ~~therapeutic~~ activity ~~ies and feeling stuck in one place. , like many others experiencing lockdown in the general population.~~ However, on a deeper level, their stories stressed the significance of what these experiences had meant to them, as secure patients, who ~~had~~ were already ~~faced~~ living under restrictions prior to the pandemic.

***Elliot**: "not being able to go out to the community, that was just so, SO [emphasis] hard to take y'know. It took me YEARS [emphasis] to get unescorted community leave…and it just got cut off" (P4, 293-296).*

***Drew:** "the hardest thing is like, losing my sense of freedom, you know we can't just get the freedom" (P4, 115-117).*

Here, Elliot stresses the time it had taken him to be granted his leave from hospital through emphasising the word 'years'. Elliot's journey through the system ~~has been~~was long, from ~~taking him through~~ prison, to medium ~~secure and finally to~~then low secure. Throughout this time, he ~~has~~ worked hard to gradually gain privileges such as ~~his~~ leave, through~~, by~~ engaging in therapy and consistently following rules. Both ~~He~~ convey~~s~~ the magnitude of losing ~~his~~ leave, Elliot ~~by~~ stresse~~s~~~~ing~~ the word 'so' and linguistically through his tone dropping as he talks of his leave being 'cut off', conveying his sadness. His choice of the phrase 'cut off' also signifies how definitive this was for him; one moment he had freedom ~~it all and~~ the next it had gone, leaving a void of uncertainty of when ~~or how~~ it might return. ~~he might get this back.~~

In secure services, privileges such as leave are scaled back in response to unwanted behaviours. Patients will then be ~~and~~ required to earn this again. ~~atients can work to earn them back.~~ Leave being ~~cut off~~stopped ~~in this way~~ may be associated with punishment and under these circumstances ~~. making this more difficult for forensic patients to manage. Furthermore, in the pandemic,~~ patients no longer have ~~the~~ control to earn the~~ir~~ leave back, they are left with ~~re in~~ uncertainty. ~~about when this can happen.~~~~is is no longer in their hands.~~

Theme 2: Learning to swim

Participants described ~~them~~ adapting to the~~ir~~ new reality, whether this was by accepting the changes and finding new ways to manage, or feeling forced into compliance.

Sub theme: Riding the wave – accepting the changes and finding new ways to manage.

Participants expressed that they had accepted the new rules and ~~the~~ new way of living, despite this being difficult, and were finding ways to manage ~~the lockdown~~:

***Drew**: "I arranged a thing called the three-week challenge, and err, it was for patients and staff to join in…they had to walk around the courtyard, doing laps…the gist of it was to build up ourselves, for physical and mental health wellbeing…I did posters to like, let people know…and with the help of the OT staff, we did the challenge, so like ——yeah, I got a, they do this gold star awards thing here and, I got a gold star for that" (P1, 124-130).*

Drew became animated when ~~he~~ shar~~inged~~ his narrative about his three-week challenge. He demonstrates pride through ~~his~~ repeated use of the pronoun 'I' to show what he accomplished. Drew's account shows ~~that~~ he successfully ~~was able to~~ found~~ind~~ an activity that was ~~that was~~ meaningful to him. This~~, with some guidance from the staff. This~~ filled his time ~~through lockdown with something that~~and provided ~~gave him aa~~ sense of purpose and accomplishment, which was positive for him. Meaningful activity ~~When activities were meaningful, participants engaged and this~~ improved the experience of lockdown~~. for them.~~ This was echoed by other participants:

***Amy**: "I bought a series …we were watching that together me and one of my friends…that was all good" (P2, 73-75).*

Not all participants reported that they were able to find something to engage in meaningfully. Here, Kate shares that despite her efforts she felt unsatisfied with her~~the~~ options ~~she had~~:

***Kate**: "I was trying to keep as busy as I could, there's only so much you can do when there's no groups. I mean I'm part of the newsletter group and I've never had a discussion with any of the rest of the group because they're male and from another ward" (P5, 116-118).*

Here, Kate comments that despite being part of a group, she still experienced being an outsider due to ~~the~~ restrictions regarding ~~with the~~on ~~-~~mixing of wards. Kate's quote is explicitly different to Amy and Drew, who both form closer connections to others ~~people~~ through their chosen activities. ~~(Amy watching TV with her friend, and Drew arranging the three-week challenge with staff for others people to take part).~~ In contrast, Kate's activity highlights the isolation she is experiencing, she is ~~having to do the~~ working alone with no communication. This implies that social connections are important in making activities more meaningful for patients.

Su~~b~~n theme: Caught in a rip tide – forced to comply

Participants ~~also~~ reflected on a~~a~~ power dynamic between staff and patients, in which the patients expressed powerlessness to oppose any rules because the consequences of doing so would be detrimental ~~for them~~:

***Amy:** "because of my past I have to have my door open, obviously if we got COVID, they'd be funny about that… she was like – if you refuse…you'll end up in seclusion" (P2, 45-51)*

***Elliot**: "you feel reluctant to make a complaint, so, basically all the staff here have got power over you. You're pretty powerless. If a staff member said something, to do something y'know, you can ~~chose~~choose not to do it but that will go against them and if you go against the staff, it acts as a black mark against you… ~~and (pause) it might end up on (electronic notes system). It can work against you so~~ you've got to be so careful how you tread. You have to just accept it, there's no use complaining. But I fully understand why they put these restrictions in place. It was for our safety as much as anybody else's (P4, 134-140).*

Amy and Elliot reflects on having ~~the notion that he has~~ little freedom to make choices in this environment. ~~That h~~Elliot~~He~~ is always considering the consequences of his actions and therefore the choices he makes are not his own. In this quote, as Elliot explores the notion of having an opposing view to ~~the staff~~staff, he uses the pronouns 'you', 'they' and 'them', effectively distancing himself from this viewpoint. However, he changes to use the first-person narrative at the end when he talks about fully understanding authoritative decisions, aligning himself with this viewpoint. In this way Elliot expresses his powerlessness to oppose staff decisions or rules. Elliot also comments:

***Elliot**: "I realise that we are forensic patients and (pause) we've got a lot of restrictions on our freedom, y'know on our lives basically" (P4, 122-123).*

In this quote Elliot's expression of the term 'forensic patients' carries negative connotations in terms of a wider societal context. His tone drops and he pauses, he appears to convey the meaning that as a forensic patient he is of little worth and therefore it is understandable that he will be treated differently to the rest of society. Elliot is referring to the double stigma carried by secure patients of both mental health ~~stigma~~ and offence related stigma. In this sentence Elliot was speaking about ~~he is referring to when the f~~the first lockdown end~~inged an~~for the public ~~d people were starting to go out~~ but restrictions were yet to lift in ~~the~~ hospital. At this point secure patients were being treated differently to the rest of society however Elliot felt unable to refute this, for fear of this jeopardising his progress, instead he felt~~els~~ forced to comply.

Theme 3: In the same boat

Participants described the positive effect of feeling connected to other people through the pandemic. Bert referred to this as: *"everybody is in the same boat…~~it's~~ probably a good place to be…surrounded by other people"* (P6, 70-77) which was echoed by other participants.

Sub theme: Feeling cared for by staff

Participants shared accounts of ~~the~~ times ~~that~~ they felt cared for by ~~the~~ the staff. For Elliot, the level of care ~~he~~ received, given the context of a pandemic, came as a surprise to him:

***Elliot**: "before this blew up I said in a patient community meeting – what happens if somebody gets it on the ward? Will the staff not want to come in, you know, to care for us? And ~~actually~~actually, it was the exact opposite…the staff were wearing masks, almost like a chemical suit…going in to the bedrooms to deal with the patients who were self-isolating. It was quite frightening" (P4, 25-31).*

Elliot's use of the phrase 'blew up' implies the level of destruction he was anticipating. ~~with the pandemic approaching.~~ His main concern was not having the staff ~~to~~ care ~~for them.~~ ~~that there would be nobody to care for them.~~ He appears to find it difficult to ask about this care in the meeting, demonstrated through his slight hesitation ~~in his sentence~~. Perhaps, as a man of his age it is difficult to ask for ~~this~~ care, for others to know he needs ~~this~~ care. ~~.~~ This highlights the significant role that ~~the care~~ staff have in forensic patients' lives; they are dependent on staff care.

As Elliot gave his account of the staff being 'the exact opposite' of 'not wanting to care', this suggests that the care received was viewed positively. Elliot describes the staff wearing protective clothing and going into isolated areas, there is a tone of admiration ~~for the staff~~, particularly when he recognises his own fear in this context.

Sub theme: Pulling through together

Participants described feeling connected to others through the shared experience of the pandemic and the lockdown:

***Drew**: "everyone sort'a like got together and did their lockdown, stayed at home…that really surprised me, like, the country was sort'a like undivided…everyone sort'a like pulled together and understood, and stayed at home. I think that was really positive, the whole country to like do something like that, felt like we were all connected." (P1, 240-244)*

Despite the lockdown involving segregation within society, Drew uses phrases such as; 'got together', 'pulled together' and 'undivided' to describe his perception of the lockdown. Drew has been detained for many years, disconnected from society. However, through the experience of the lockdown he has witnessed how society joined him in ~~this~~ detention and he expresses ~~that he feels really~~ positivity~~e~~ that the whole country did this. Through this experience he feels more connected to society. This has a powerful effect on Drew who later described how this connection has changed his general perception of society:

***Drew**: "when this is ~~over~~over, I'll think to myself, I'm lucky to be alive. Lots of other people are lucky to be alive, err, y'know, it's something that, isn't gonna be forgotten in a hurry. It's something that is making me feel a bit more considerate with people, so I'll be that way. Like we've got this understanding with other people" (P1, 223-227).*

This is a significant shift for Drew, he expresses that he will make a conscious effort ~~firstly~~ to remember this sense of connection but also to actively be more considerate with people. Feeling a sense of connection to the community is documented as an important factor in secure patients' recovery, it seems the shared experience of the pandemic and lockdown measures ~~have~~ helped to foster this sense of connection with society.

Discussion

The purpose of this study was ~~is research aimed~~ to understand the experience~~s~~ of the COVID-19 pandemic from the perspective of a group of secure patients, detained in a low secure hospital. ~~Six patients volunteered to take part in semi-structured interviews to~~and share their experience. ~~The transcripts of these interviews were analysed using Interpretive Phenomenological Analysis which generated three main themes.~~ The findings ~~se themes~~ offer insight into how the ward environment was experienced ~~through lockdown~~ (*treading water*); how patients ~~reportedly~~ managed ~~the experience~~ (*learning to swim*); whilst highlighting what was helpful during this time (*in the same boat*).

Interpretation of main findings

The findings of this study imply that the pandemic and the lockdown measures did have a considerable impact on these patients, which then affected the general ward milieu and created an environment that no longer felt as safe as it once did. Early literature exploring the effects of COVID-19 and the lockdown identified people with pre-existing mental health disorders as a vulnerable group in the wake of the virus (O'Connor et al., 2020). Several other factors suggested that this specific population

could be at risk from the virus and the lockdown measures (Russ *et al*., 2020; Zhu *et al*., 2020). However, through this study, patients demonstrate a remarkable level of resilience through the pandemic, in how ~~the way that~~ they managed ~~their~~ personal reactions ~~feelings~~ of anxiety and loss, whilst simultaneously managing the change in the ward atmosphere.

It is interesting to consider the way that this group of patients were accepting of, and able to adapt to ~~the new regime in place and were accepting of~~ the new 'normal', which included restrictions on daily activities, leave and isolating on single wards or in rooms if symptoms were present. ~~It was suggested that p~~Previous ~~ast~~ experiences in more secure institutions may have prepared this population for ~~a~~ lockdown measures. Alternatively, the lengthy process through secure care to reach this point may have created a determination to maintain ~~the~~ progress and not sabotage this~~made and not behave in any way that would undo this~~. Low secure is often the final step before transitioning into the community and often patients have waited a long time to reach this ~~place~~. Despite there being a sense that other peers may not be coping well and may be on the precipice of conflict, there were no~~minimal~~ accounts of actual reported violence or aggression on the wards, suggesting that all patients were in fact, managing the changes well.

The alternative idea to patients accepting the changes, was that patients followed the new regime due to lack of choice~~because they felt they had no other choice~~. This raises interesting questions about the notion of recovery in secure services and how successful services have been, in imbedding principles of recovery into practice. Empowerment, self-advocacy and working in partnership are all central to fostering the recovery approach within mental health services (Roberts & Boardman, 2013) however, there are ~~have always been~~ongoing challenges to implementing this way of working in forensic settings, whilst balancing risk management (Livingston et al., 2012). These two somewhat opposing concepts can cause tension and affect patient choice. This current study suggests that there

was~~is~~ a notable power imbalance between staff and patients ~~, particularly evident~~ throughout the pandemic, as~~and that during this time~~ patients reported having ~~feeling that they had~~ve ~~very~~ little choice and felt~~were~~are ~~forced in~~to comply~~iance~~. However, ~~This~~ this could have been ~~be~~ a reflection of the circumstances; with new government guidelines for all to follow, rather than a general view. Alongside this, patients also reported that the level of care they experienced from the staff was a main positive factor~~r for them~~, suggesting that ~~although part of~~ the experience of forced~~was that patients felt forced to~~ compliancey ~~, this~~ did not affect the quality of the care received ~~for those patients~~ or the relationships ~~that they had~~.

The importance of feeling safe and secure on the ward was highlighted as a key finding. The model proposed by Lovell *et al*. (2020) suggests that safety and security is developed through two core aspects: the environment (~~,~~ with clear boundaries and routine) and connectedness with staff. This current study also highlighted that the emotions experienced by peers on the ward was ~~also~~ prominent in determining the ward milieu which impacts on experienced~~feelings of~~ safety ~~and security~~.

Finally, the sense of social connection was found to be prominent for these patients through the pandemic. Social connection is recognised as an important aspect in secure patients recovery (Clarke *et al*., 2017). D~~, this study reports that d~~espite the isolation ~~measures~~ and ~~the mi~~minimised social contact, patients felt an increase in their experienced connectedness to the wider community. These social connections may have developed through: a sense of shared adversity, or the general population experiencing incarceration and aligning with secure patients' experience. At present, the factors ~~which are~~ contributing to the increase in experienced social connection between secure patients and the wider community~~,~~ are unknown. However, this suggests that social connections may

be developed creatively, perhaps through mirroring of~~r~~ events happening outside of the hospital setting, particularly at~~in~~ times when patients do not have access to community leave.

Strengths and limitations

This is the first study to explore secure patients' experience of COVID-19 from the patients' perspective~~, within a population often neglected within recovery research (Smith, 2011)~~. The IPA methodology allowed for an in-depth exploration of the lived experience of a small group of specific people ~~within a specific service~~, which was the aim of this study. Interviews were participant-focussed with open and expansive questions. The small 'concentrated' sample size allowed thorough examination of data whilst avoiding data overload (Smith, 2012). C~~The c~~onvenience sampling was appropriate for recruiting ~~a~~ a typically hard~~-~~to~~-~~reach population. A reflexive diary aided the ~~was kept to~~ identification~~y~~ of potential researcher biases for further consideration and an independent audit of themes increased ~~the~~ validity ~~of findings~~. A further unanticipated strength was the use of online video interviews, which allowed us to reach participants who preferred to maintain safe distance at a time of uncertainty ~~during the COVID-19 pandemic~~.

There were also limitations to note; a time delay between interviews was unavoidable when adhering to COVID-19 restrictions. The interview format varied (face-to-face & online) ~~which~~ potentially impact~~ing~~ed on engagement, data collection and findings. ~~COVID-19 is an ongoing pandemic, and therefore t~~The~~i~~s study provides a snapshot from within an~~the~~ experience ~~of COVID-19,~~ rather than a reflection on, and ~~following the~~an ~~experience; experience~~ may differ at another ~~different~~ time point~~s. patients' experience may change as the pandemic continues.~~

Implications ~~for practice~~~~Clinical implications and future research~~

~~As mentioned, the COVID-19 pandemic is ongoing, therefore these findings are particularly timely in terms of how we may be able to better support forensic secure patients through this uncertain time. However, it is acknowledged that patients' lived experiences and needs may change as the pandemic progresses and post-pandemic further qualitative research will be needed to address these questions.~~

- The expressed emotions of peers on the ward was found to be prominent in determining the ward milieu and sense of safety. ~~A sense of safety on~~These ~~participants referred to the importance of security and safety within the ward environment~~was highlighted as fundamental~~, which also supports the assertions of the recovery model. The emotions experienced by peers on the ward was found to be prominent in determining the ward milieu.~~ Perhaps there is a need for services to give more consideration to patient-mix on wards within secure services. Alternatively, to consider ward design and size, to cultivate ~~where there can be~~ space for patients to have opportunities to distance ~~from each other. Therefore, if these factors are integral to recovery and alluded to in the lived experiences of patients it is important for services to explicitly consider this. Further research should look to explore how we can maintain safety and security on the wards particularly in times of adversity.~~
- The ~~re continues to be a reported~~ power imbalance between staff and patients in secure settings continues to be prevalent, services must continue to promote principles of recovery in these services. ~~, and a felt sense that patients were forced to comply with rules. Services are required to continue to find ways for secure patients to feel empowered.~~ Initiatives such as patient-led service development groups may be useful in developing the ~~the~~ patients' voice. Research should look to explore the impact of such initiatives.

The sense of connection to the general public was prominent. A previous assumption may have been that social connection occurs via physical distance (community leave) and mixing with

the public. However, social connection increased with the shared experience of COVID-19. Perhaps services could think creatively about ways to potentially increase connection through mirroring and recreating positive events and activities in society for patients within the hospital.

~~A further important finding was that patients feel reportedly more connected to the general public since the COVID-19 pandemic. Social connection for forensic secure patients' is documented as an important feature in recovery particularly when reintegrating back into the community. It may be assumed that these connections are created via physical distance (having community leave) and communication with people outside of hospital, however this study demonstrates that the connection can increase with a shared experience.~~ Future research should aim to explore factors ~~which~~ increasinge a sense of connection with the aim of ~~between secure patients and the general population, with the aim for services to~~ promotinge this in services. ~~continuing.~~

Table 1.1 Superordinate and subordinate themes with the participants who supported these themes

Superordinate Theme	Subordinate Theme	Participants supporting the theme
Treading water	- Anticipating conflict	Drew, Amy, Elliot, Kate,
	- Fear of illness spreading	Drew, Mike, Elliot
	- ~~A sense of what has been l~~Losst	Drew, Amy, Mike, Elliot, Kate, Bert
Learning to swim	-Riding the wave: accepting the changes and finding new ways to manage	Drew, Amy, Mike, Elliot, Kate, Bert
	- Caught in a rip tide: forced to comply	Drew, Amy, Elliot, Kate, Bert
In the same boat	- Feeling cared for by staff	Drew, Mike, Elliot, Bert
	- Pulling through together	Drew, Amy, Mike, Elliot, Bert

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