

Transitioning from Secure to Community Care among People with Forensic Mental Health Needs and Problematic Substance Use: Findings from a Constructivist Grounded Theory Study

16:40 - 17:00 Wednesday, 10th June, 2026
Location Breakout 2 - New York
Theme Substance Misuse

Chloe Lavery & Maike Klein | Lancaster University

12 Transitioning from Secure to Community Care among People with Forensic Mental Health Needs and Problematic Substance Use: Findings from a Constructivist Grounded Theory Study

Chloe Lavery, Maike Klein
Lancaster University, Lancaster, United Kingdom

Abstract

Objective: Forensic mental health (FMH) service users encounter numerous barriers to recovery and successful community transition after discharge. However, little research has examined the factors that influence this transition. This study explored these factors from the perspectives of FMH service users with a history of problematic substance use. **Design:** Constructivist grounded theory was employed with the aim to generate novel, conceptual understandings about the process of transitioning from FMH hospital to the community, grounded in the perspectives and experiences of FMH service users. **Methods:** Semi-structured interviews were conducted with ten participants who all had received inpatient forensic mental health care before community transition and a history of problematic substance use. Interview data were analysed according to constructivist grounded theory principles. **Results:** Key themes included adjustment in hospital, increasing independence during transition, and connectedness, security, identity and empowerment in community living, with disempowerment and change influencing all stages. These factors influenced participants' care across different phases, functioning along a continuum. The extent to which these factors were present—or lacking—either supported or hindered their progress to the next phase of care and, ultimately, their ability to maintain community living. **Conclusions:** Transition through FMH services involves complex interactions between personal needs and systemic factors that can both enable and restrict progress. Addressing these complexities requires person-centred care, genuine empowerment and collaboration. As health psychology increasingly shifts towards addressing health inequality and least restrictive practice, such approaches are essential for developing more inclusive, independence-focused FMH services.