

## Reflections at Five Years and Post COVID-19

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Almost five years ago, the first issue of the *International Journal of Risk and Recovery* (IJRR) arrived in an already crowded medical journal market (Chaimowitz, 2018). It strove to both address key forensic psychiatry issues and to make the articles readily accessible for forensic psychiatry clinicians. The IJRR aimed to focus not only on the myriad of risk issues but also on the rehabilitation of forensic psychiatry patients and especially the application of recovery principles to this patient population (Simpson & Penney, 2011). Finding and maintaining the balance between risk and recovery was key.

And over the last five years, much—and in part little—has changed. One could argue that little really changes in psychiatry and very little in forensic psychiatry. Patients are the same, risk factors don't really change, and human behaviour hasn't changed for time immemorial. We continue to assess, predict, then manage risk under whatever legal or quasi-legal system operates in the jurisdiction we work in.

But who would have predicted COVID-19 and its impact on society, our patients, staff, and health-care (Chaimowitz et al., 2021). Apart from the fear, losses, and isolation felt by many was the fracturing of society, with hardened positions, and science questioned at multiple levels. Delusional-like beliefs entered mainstream, and the boundary between psychosis or illness and widely held beliefs blurred to an extent not seen before.

As in times of war, innovation accelerated. Virtual meetings, virtual court hearings, virtual connections, and virtual assessments rapidly became the norm. Working from home and not connecting with (or even assessing) patients in real life is the way many now practise. Psychiatry, and to a lesser extent forensic psychiatry, may never go back to fully in-person practice. The rapid availability of virtual clinics, the use of big data

and artificial intelligence, measurement-based care, electronic databases and health records, genetic testing, and speech language tools was stunning. To some extent, not being able to use patient inputs in research for several years meant a push to different approaches. This is all reflected in the type of articles published. Political events also drove a substantial movement to address longstanding gaps in addressing equity, diversity, indigeneity, inclusiveness, and accessibility (Candilis & Griffith, 2021).

Many journals were already moving to a digital format when we launched the IJRR. We published a few print issues in addition to a digital version, but COVID-19 was the death knell for print journals. Adoption of online journals, which was slow pre-COVID-19, rapidly accelerated. We are proud to say we continued to publish regularly through the pandemic and continue to maintain an open-access format. We also pivoted to using Scholastica, which has made for an easier submission and review process. The IJRR also moved to the Forensic Psychiatry Institute website, which allows us to provide articles in a mobile-friendly format and easier to find through search engines.

We readily acknowledge that the field of forensic psychiatry has much more to do. As suggested by the title of our journal, we need to keep our eyes on finding the balance between risk and recovery, as recovery is the ultimate risk mitigation destination (Shepherd et al., 2016). But there is now much more we can think about, issues of structural racism as it impacts our patients and our practices, doing what we can to protect the environment, introducing innovation into forensic psychiatry, and being much stronger advocates for the social issues that drive people into the forensic system (Chaimowitz & Simpson, 2021). Stigma continues to loom large and may in fact increase given the stresses on our system.

We are proud of what we have accomplished over the past five years. This journal will continue to provide a forum for healthy discussion, debate, and innovation in forensic mental health services by focusing on the delicate balance of risk management and recovery promotion. But more than that, our forum will include advocacy and the other socio-political key issues impacting forensic mental health.

### References

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