

EVALUATING THE NORFOLK  
FORENSIC COMMUNITY  
LEARNING DISABILITY TEAM

**VERITY CHESTER**

# OVERVIEW OF AFTERNOON SO FAR

- Policy drivers for forensic ID community teams – Prof A
- Introduction to the Norfolk Forensic ID community team – Sadie
- Evaluating the outcomes from the forensic ID community team – my job
- As simple as that?
  - Outcome measurement and its challenges in inpatient/forensic ID settings/population
  - Success and challenges of measuring outcomes from the Norfolk Forensic ID community team



## Long-term outcome from a medium secure service for people with intellectual disability

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## Article

# How do we measure the treatment outcomes of patients treated within forensic/secure intellectual disability services?

Verity Chester



Researching outcomes from forensic services for people with intellectual or developmental disabilities: a systematic review, evidence synthesis and expert and patient/carer consultation

Catrin Morrissey, Nicole Geach, Regi Alexander, Verity Chester, John Devapriam, Conor Duggan, Peter E Langdon, Bill Lindsay, Jane McCarthy and Dawn-Marie Walker

## Review

### A systematic review of in-patient psychiatric care for people with intellectual disabilities and/or autism: effectiveness, patient safety and experience

Clare L. Melvin, Magali Barnoux, Regi Alexander, Ashok Roy, John Devapriam, Robert Samuel Tromans, Lee Shepstone and Peter E. Langdon

#### Background

An increasing number of children, adolescents and adults with intellectual disabilities and/or autism are being admitted to general psychiatric wards and cared for by general psychiatrists.

#### Aims

The aim of this systematic review was to consider the likely effectiveness of in-patient treatment for this population, and compare and contrast differing models of in-patient care.

#### Method

A systematic search was completed to identify papers where authors had reported data about the effectiveness of in-patient admissions with reference to one of three domains: treatment effect (e.g. length of stay, clinical outcome, readmission), patient safety (e.g. restrictive practices) and patient experience (e.g. patient or family satisfaction). Where possible, outcomes associated with admission were considered further within the context of differing models of in-patient care (e.g. specialist in-patient services versus general mental health in-patient services).

#### Results

A total of 106 studies were included and there was evidence that improvements in mental health, social functioning, behaviour and forensic risk were associated with in-patient admission. There were two main models of in-patient psychiatric care described within the literature: admission to a specialist

intellectual disability or general mental health ward. Patients admitted to specialist intellectual disability services had greater complexity, but also greater benefits, including fewer out-of-area seclusion rates.

#### Conclusions

There was evidence that admission to specialist services was associated with improvements in mental health. There was some evidence indicating that those admitted to specialist services

#### Keywords

Intellectual disability; neurodevelopmental disorders; psychiatric in-patient services; hospital.

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BJPsych Open (2017)  
3, 41–56. doi: 10.1192/bjpo.bp.116.003616

## Review

### A systematic review and synthesis of outcome domains for use within forensic services for people with intellectual disabilities<sup>†</sup>

Catrin Morrissey, Peter E. Langdon, Nicole Geach, Verity Chester, Michael Ferriter, William R. Lindsay, Jane McCarthy, John Devapriam, Dawn-Marie Walker, Conor Duggan and Regi Alexander

#### Background

There is limited empirical information on service-level outcome domains and indicators for the large number of people with intellectual disabilities being treated in forensic psychiatric hospitals.

#### Aims

This study identified and developed the domains that should be used to measure treatment outcomes for this population.

#### Method

A systematic review of the literature highlighted 60 studies which met eligibility criteria; they were synthesised using content analysis. The findings were refined within a consultation and consensus exercises with carers, patients and experts.

#### Results

The final framework encompassed three *a priori* superordinate domains: (a) effectiveness, (b) patient safety and (c) patient and

carer experience. Within each of these, further sub-domains emerged from our systematic review and consultation exercises. These included severity of clinical symptoms, offending behaviours, reactive and restrictive interventions, quality of life and patient satisfaction.

#### Conclusions

To index recovery, services need to measure treatment outcomes using this framework.

#### Declaration of interest

None.

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## RESEARCH

### Evaluation of treatment outcomes from a medium secure unit for people with intellectual disability

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## Abstract

The aim of the project was to evaluate the short-term treatment outcomes of patients treated in a medium secure service for people with intellectual disability. A total of 138 patients, 77 discharged and 61 current inpatients, treated over a six-year period were included in the

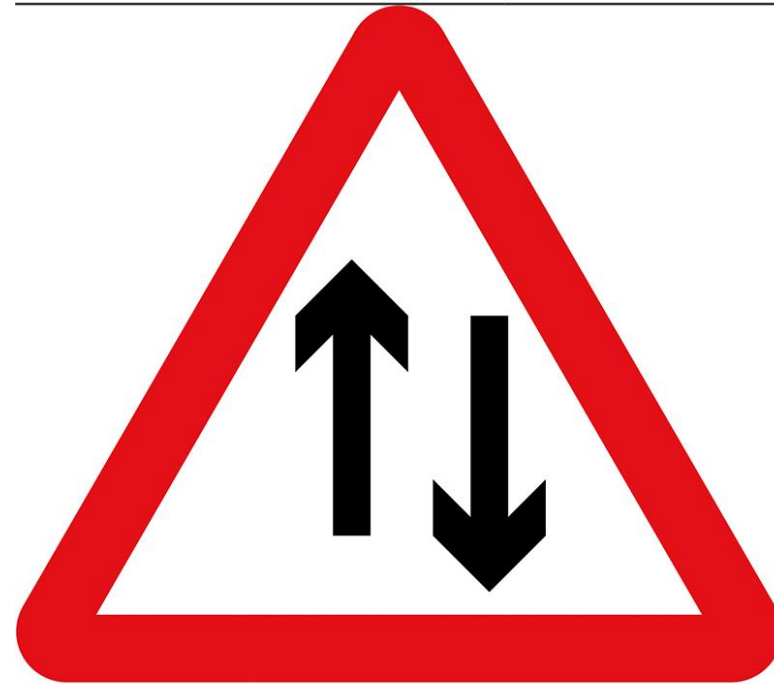
# HOW DO WE MEASURE OUTCOMES IN COMMUNITY FORENSIC ID

## **Inpatient Forensic ID**

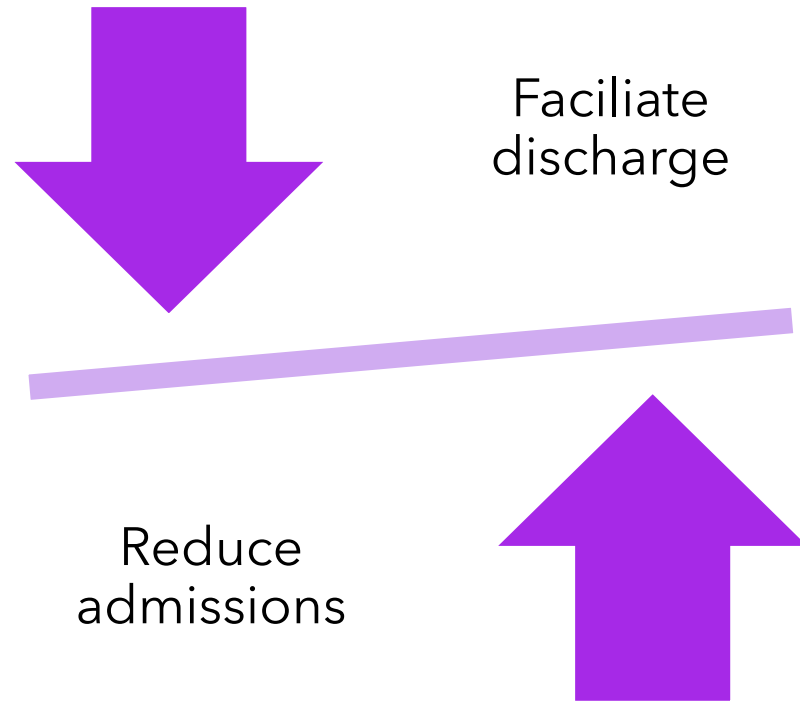


## **Community Forensic ID**

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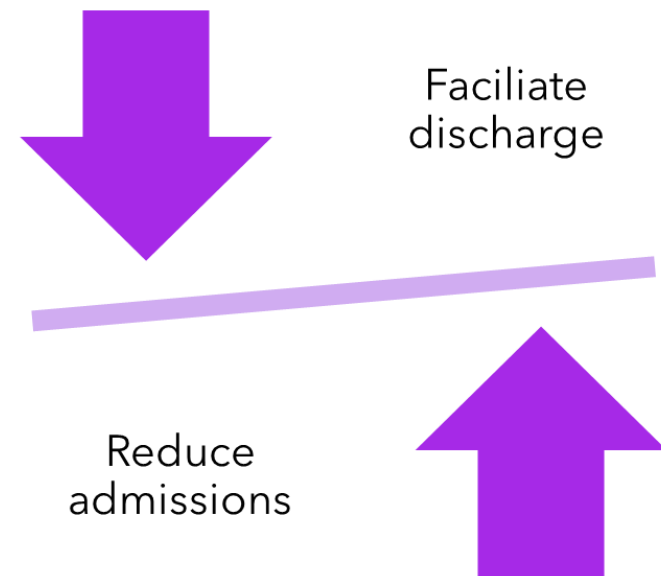


# AIMS OF FORENSIC COMMUNITY ID TEAMS



# ACHIEVING THESE AIMS

- Teams achieve these aims through a combination of:
  - Clinical and forensic patient assessment
  - Clinical and forensic individual/group therapy or treatment
  - Consultancy and training with other involved services to support patients



# MEASURING OUTCOMES

- In measuring treatment outcomes in this field, as elsewhere in mental health, there are two key questions (Brugha & Lindsay, 1996).
  1. First, is the treatment carried out to an adequate standard as defined by standards of regulatory or professional bodies (e.g. RCPsych, NMC, CQC, etc.), and are patients receiving appropriate assessments and treatments? (Process outcomes)
  2. Second, does such treatment actually work? (Outcome outcomes)
    - the short term (at the point of discharge from the treatment setting)
    - or the long term (after a period of post-discharge follow-up)



# HOW HAVE COMMUNITY FORENSIC ID TEAMS MEASURED OUTCOMES?

Authors	Publication Year	Length of follow up	Location	n	Outcome measures
Lindsay et al.	2006	12	Scotland	247	<ul style="list-style-type: none"> <li>• Reoffending</li> </ul>
Benton & Roy	2008	3	Birmingham	113	<ul style="list-style-type: none"> <li>• Actual/prevented admissions to inpatient services</li> <li>• Cost effectiveness</li> <li>• Reoffending</li> </ul>
Wheeler et al.	2009	2	North East of England East of England East Coast of Scotland	237	<ul style="list-style-type: none"> <li>• Reoffending</li> </ul>
Dinani et al.	2010	8	Avon	365	<ul style="list-style-type: none"> <li>• None</li> </ul>
Alexander & Devapriam	2012	0	Leicester, Leicestershire and Rutland	0	<ul style="list-style-type: none"> <li>• None</li> </ul>
de Villiers & Doyle	2015	10	Fife	134	<ul style="list-style-type: none"> <li>• Number of discharges</li> </ul>
Browning et al.	2016	1	Birmingham	70	<ul style="list-style-type: none"> <li>• Reoffending</li> </ul>





# WHAT DID SERVICES MEASURE?

## Process outcomes

- Improved links with other services
- Stakeholder feedback
- Activity - number of appointments, number of professionals involved, etc.

## Outcome outcomes

- Prevented\*/actual Readmissions
- Discharges
- Reoffending

\*How can we measure whether an admission was truly prevented, e.g. the patient would have been admitted if not for the input of the community forensic LD team?

# WHAT DIDN'T SERVICES MEASURE?

- Ongoing physical/mental health
- Patient and carer rated outcome measures on domains important to them
- Patient and carer satisfaction with service



# WHAT OUTCOMES MATTER TO PATIENTS AND CARERS?

Patients and carers had very different perspectives on treatment outcomes compared to clinicians.

Article

## Treatment outcomes from forensic intellectual disability services: The perspectives of patients and their family/carers

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University of Nottingham, UK

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Lincolnshire Partnership NHS Foundation Trust, Lincoln, UK; University of Nottingham, UK

Date accepted: 6 August 2017

### Abstract

**Introduction:** Research investigating the treatment outcomes of forensic intellectual and developmental disability (FIDD) services has largely focused on the perspectives of clinicians and researchers. This study sought the perspectives of patients and family/carers on the outcomes important to them. **Methods:** Semi-structured consultation groups were conducted with patients in FIDD services ( $n = 21$ ) and family carers ( $n = 6$ ). Interview data were content analysed, and outcomes identified fell into three main domains (effectiveness, safety and patient experience). **Results:** The consultations identified outcome domains not considered in the published literature. Patients and carers also had differential perspectives on treatment outcomes commonly reported within literature. Illustrative quotes are used to evidence the domains. **Discussion:** This study is the first to investigate the outcomes of relevance to patients and their families. These views have been incorporated into an outcomes framework which will form the foundation of future prospective outcome studies.

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Journal of Intellectual Disabilities  
2019, Vol. 23(4) 473–485  
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DOI: 10.1177/1744629517728841  
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SAGE



When asked what outcomes were important, clinicians and academics talked about mental health, risk, behaviour and reoffending.

## Review

# A systematic review and synthesis of outcome domains for use within forensic services for people with intellectual disabilities<sup>†</sup>

Catrin Morrissey, Peter E. Langdon, Nicole Geach, Verity Chester, Michael Ferriter, William R. Lindsay, Jane McCarthy, John Devapriam, Dawn-Marie Walker, Conor Duggan and Regi Alexander

### Background

There is limited empirical information on service-level outcome domains and indicators for the large number of people with intellectual disabilities being treated in forensic psychiatric hospitals.

Within each of these, further sub-domains emerged from our systematic review and consultation exercises. These included severity of clinical symptoms, offending behaviours, reactive and restrictive interventions, quality of life and patient satisfaction.

### Aims

This study identifies the outcome domains to be used to measure service-level outcomes.

### Method

A systematic review of the literature was conducted which met eligibility criteria. A content analysis was conducted and consensus was reached on the final framework.

### Results

The final framework of outcome domains: (a) et

## HEALTH SERVICES AND DELIVERY RESEARCH

VOLUME 5 ISSUE 3 JANUARY 2017  
ISSN 2050-4349



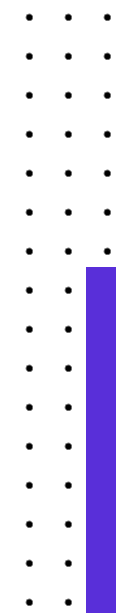
### Researching outcomes from forensic services for people with intellectual or developmental disabilities: a systematic review, evidence synthesis and expert and patient/carer consultation

Catrin Morrissey, Nicole Geach, Regi Alexander, Verity Chester, John Devapriam, Conor Duggan, Peter E Langdon, Bill Lindsay, Jane McCarthy and Dawn-Marie Walker

**Table 7** Initial framework of outcome domains and sub-domains

	Number of studies
Effectiveness	
Discharge outcome/direction of care pathway	26
Delayed discharge/current placement appropriateness	6
Length of hospital stay	22
Readmission (i.e. readmitted to the same setting)	4
Clinical symptom severity (clinician rated)	16
Clinical symptom severity/treatment needs: patient rated	6
Treatment response/engagement	5
Treatment need	2
Reoffending (i.e. charges/reconvictions)	18
'Offending-like' behaviour (which did not result in charges)	5
Risk assessment measures	12
Incidents (violence/self-harm)	14
Security need	2
Other	3
Total	139

Patient safety	
Restrictive practices (restraint/relocation/locked areas/intensive observations)	12
Restrictive practices (seclusion/segregation)	9
Medication (i.e. PRN usage/exceeding BNF prescribing limits)	3
Physical health	1
Premature death/suicide	1
Total	26
Patient experience	
Quality of life	4
Therapeutic milieu	3
Patient experience: involvement	1
Patient experience: satisfaction/complaints	3
Total	11



When asked what outcomes were important, patients and their families/carers talked about a “good and healthy life” with meaningful involvement in the community, jobs, relationships, pets.

Article

## Treatment outcomes from forensic intellectual disability services: The perspectives of patients and their family/carers



Journal of Intellectual Disabilities  
2019, Vol. 23(4) 473–485  
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## Theme 1: A taste of freedom

*Trying new things.* Most participants felt there was an opportunity within their community order to try new things: for example joining classes and groups, and enjoying holidays:

**P:** Well, it's easier from my, it's easier for me, eh? It just [...] makes it a lot easier for me as well to, to go out and do things th

**I:** Right. What kinds

**P:** Well, I do a lot of

*Having my own*  
participants de  
living, usually a

You've got y

*Doing my own thing.* Participants also expressed a sense of autonomy and choice in their daily lives, which they viewed very positively:

**I:** [...] so when you go to the discos are you with staff?

**P:** No, no I'll go there myself so I will (Participant 9: line 363).

## Theme 4: Loneliness

A fourth prevailing theme was that of loneliness. Participants described extremely limited social networks and difficult family relationships, leaving them feeling isolated and lonely:

[...] I'm on websites like Facebook, I'm trying to find pals cause I no get very many, I just [...] I lied, I did say earlier that I didnae want pals, but I'm trying to find friends (Participant 2: line 1588).

[...] my brother's always sadly let me down when every time he's been at a CPA meeting – eh, he's always had some sort of, this and the next thing, of problems he cannae make [...] I think I packed in the swimming at the [place name] 'cause I [...] my original plan was to go and see my mum after that, but that all fell through – she had her own problems, she couldnae see me (Participant 9: line 811).

Participants described difficulties in maintaining the relationships they did have, due to staff presence:

## et? The views of people with learning disability on forensic

... for people with learning disability (LD) and recently new legislation has meant that the use of this paper is to qualitatively explore both a chance to work in partnership to a herable group heard.

... were conducted with ten participants ages, index behaviour, and time spent on qualitative phenomenological analysis.

... a taste of freedom, not being in control, Participants described positives about

... current community rehabilitation model has been made for improvements to the current pathways out of the system; increasing

... ers to voice concerns; empowering staff teams via extensive training and addressing internalised stigma to promote community integration.

... the first piece of work evaluating compulsory community forensic care for people with service users. It highlights difficulties with the system which could lead to model.

... community rehabilitation, Compulsory treatment order (CTO), forensic analysis (IPA), Learning disability (LD), Forensic (Scotland) Act (2003)



# SO HOW DID WE MEASURE OUTCOMES FOR THE NORFOLK TEAM?

- We planned outcome research to collect data on “the usual” suspects:
  - Clinical/forensic data - diagnoses/behavioural/forensic histories
  - Direction of care pathway, i.e. actual/ prevented discharges and admissions
  - Risk data
  - Reoffending
- And a more holistic overview of patient’s lives:
  - Patient social, residential, occupational status
  - Ongoing physical and mental health as rated by clinicians, patients and carers
  - Patient and carer satisfaction with service



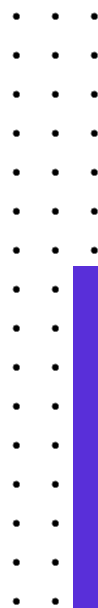


# PATIENT AND CARER OUTCOME AND EXPERIENCE MEASURES

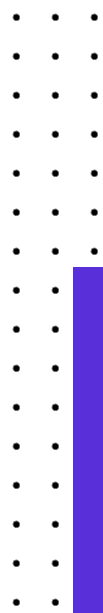
- Patient Reported Outcome Measures (PROM)
- Patient Reported Experience Measures (PREM)
- Carer Reported Outcome Measure (CAROM)
- Carer Reported Experience Measure (CAREM)



The Clinical Global Impressions Scale (CGI) Busner & Targum, 2007)	The CGI measures a) severity of psychopathology and (b) change from the initiation of treatment on a similar seven-point scale.	Patient rated (PROM) Carer rated (CAROM) Clinician rated
Camberwell Assessment of Need: Forensic Version (CANFOR) (Thomas & Slade, 2021)	The CANFOR is a tool for assessing the needs of people with mental health problems who are in contact with forensic services. Individual needs are assessed in 25 areas of life, spanning health, social, clinical and functional domains.	Clinician rated
Health of the Nation Outcome Scales Learning Disability (HONOS-LD) (Roy, Matthews, Clifford, Fowler, & Martin, 2002)	The HONOS-LD is an outcome measure designed for use with people with a learning disability with mental health needs.	Clinician rated



Friends and Family Test	The Friends and Family Test (FFT) asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience.	Patient rated (PREM) Carer rated (CAREM)
The PREM-LD	The PREM-LD is a one-item questionnaire which asks the patient to answer, "How do you feel about your treatment in this service? The response format is a three point likert scale, from "good" to "all right" to "bad". The Likert scale is accompanied by faces with a smiley face outlined in green for "good", a neutral face outline in amber for "all right" and a sad face outlined in red for "bad".	Patient rated (PREM)
The CAREM-LD	The CAREM-LD is a one-item questionnaire which asks the carer to answer, "How do you feel about your relative / friend's treatment in this service?"	Carer rated (CAREM)



# RESULTS

- In its first year, the NFC-LD service has supported 58 patients.
- The current caseload is 38, and 20 patients have been discharged.
- A further 11 patients were signposted to a more suitable service.
- The clinical characteristics are very typical of the forensic ID cohort.

Variable	Sub-variable	n (%)
<b>Sex</b>	Male	53 (91)
	Female	5 (9)
<b>Age (Years)</b>	Mean	37
	Range	19 - 64
<b>Ethnicity</b>	White British	57 (98)
	Other*	1 (2)
<b>Relationship status</b>	Single	49 (85)
	In a relationship	9 (15)
<b>Clinical Diagnosis</b>	No LD	3 (5)
	Borderline	3 (5)
	Mild	50 (86)
	Moderate	2 (3)
	Autism	25
	ADHD	4
<b>Self harm risk</b>	Mental illness	37
	Substance misuse	23
	Personality Disorder	18
	Current	14
<b>Suicide risk</b>	Historical	13
	Current	7
<b>Suicide risk</b>	Historical	9
	Current	7

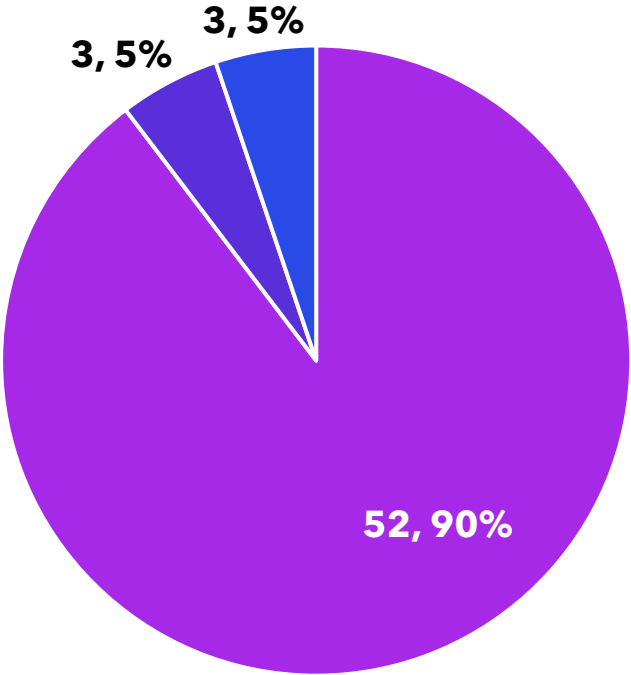


# FORENSIC CHARACTERISTICS

Offence type	n	%
Violence against the person	41	71
Sexual	33	57
Property Damage	35	60
Theft	10	17
Fraud		
Police/prison Offences	13	22
Drug related behaviours	16	28
Gun/offensive weapon	14	24
Public order offences	25	43
Vehicle/driving Offence	5	9
Arson/Fire Setting	11	19
Other Offences	4	7



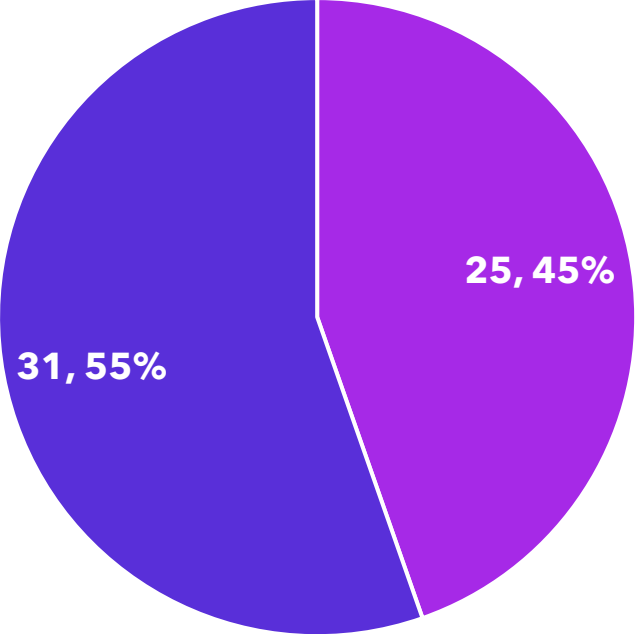
# EMPLOYMENT AND EDUCATION



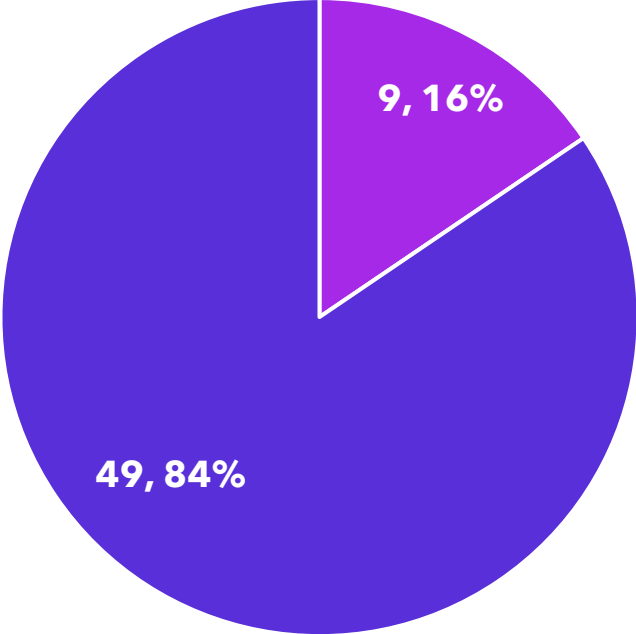
■ Not in any education or employment   ■ Education   ■ Voluntary role



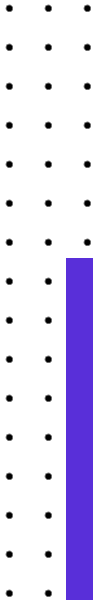
# RELATIONSHIP INFORMATION



■ Carer identified   ■ No carer identified

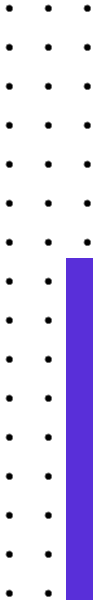
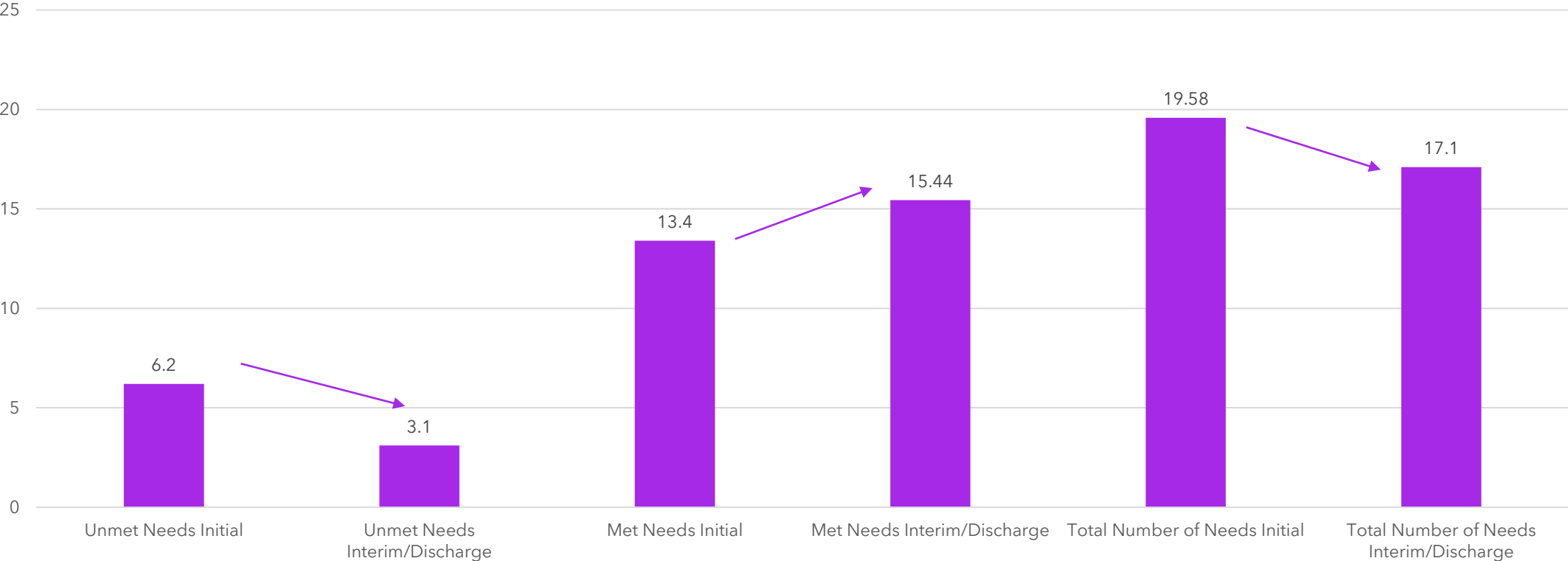


■ In a relationship   ■ Single



# RESULTS

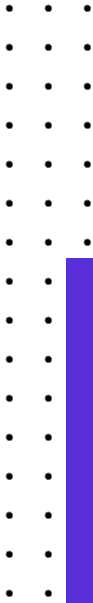
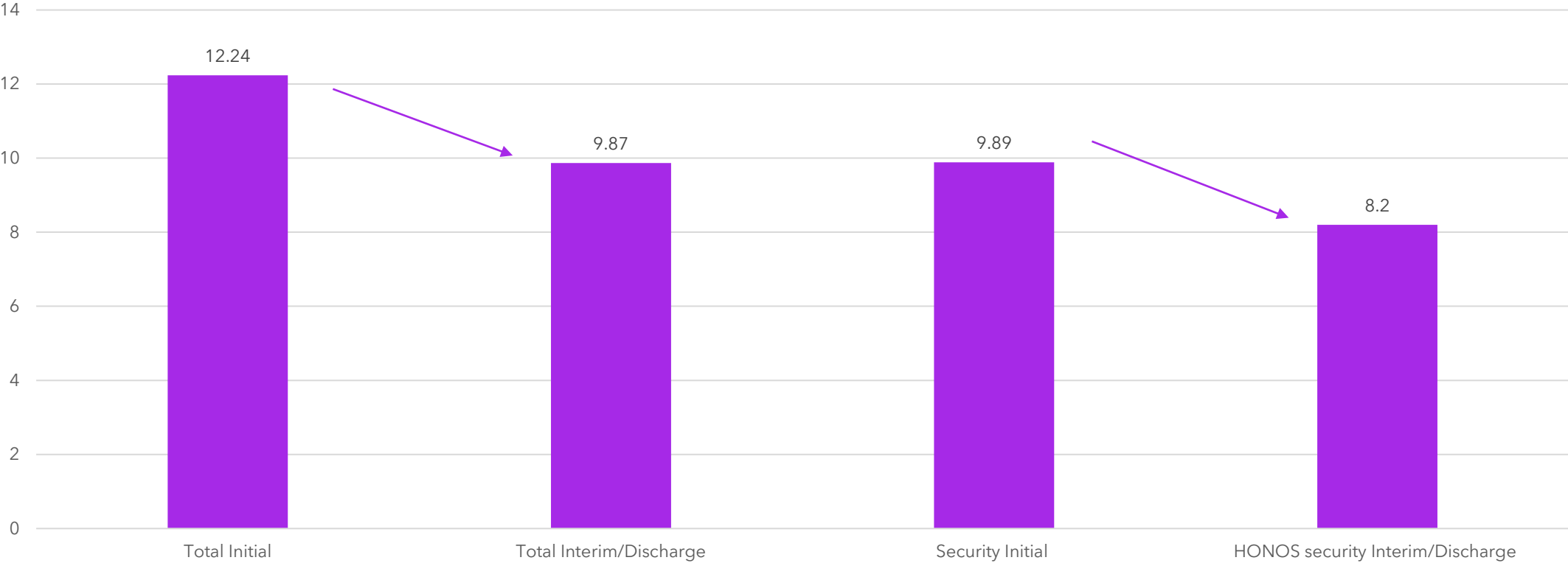
CANFOR



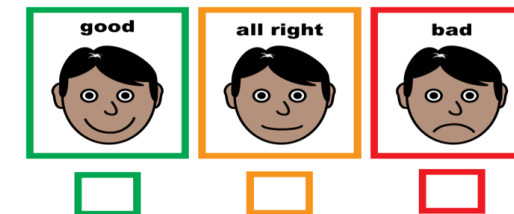


# HONOS

## HONOS

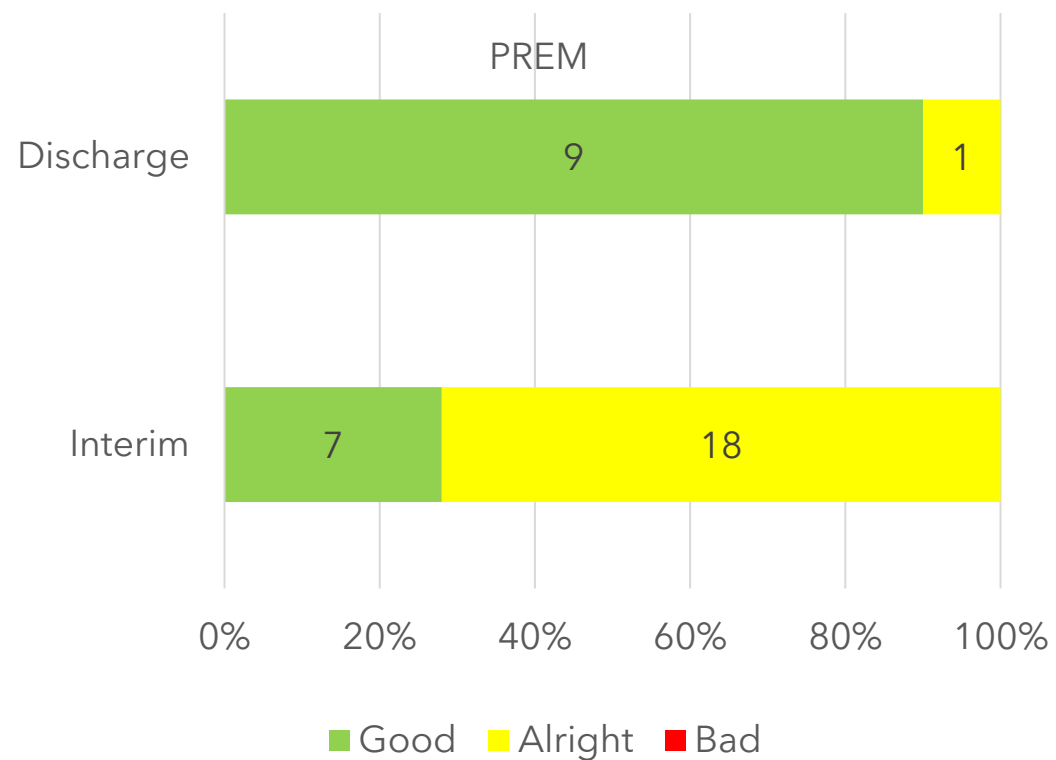


How do you feel about your treatment in this service?

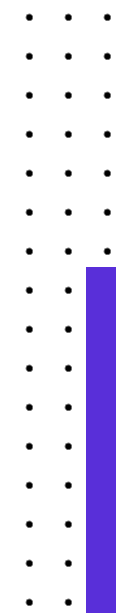
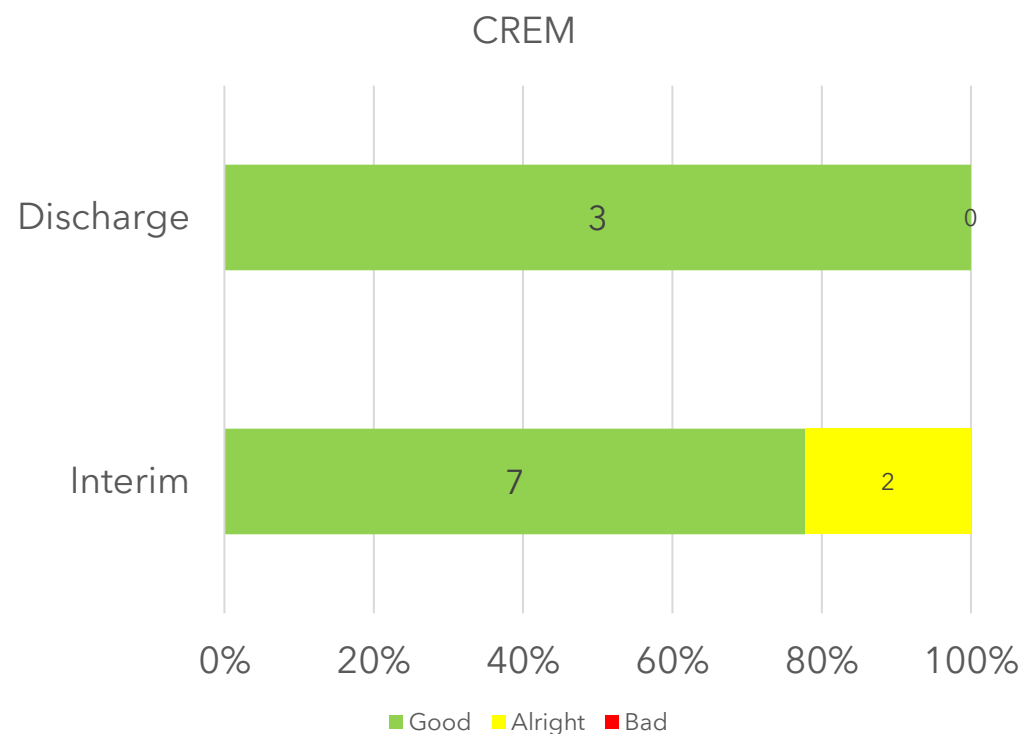


# EXPERIENCE

## Patient rated



## Carer rated



# SUMMARY AND CONCLUSIONS

- We need research to investigate how to measure the outcomes of patients cared for by forensic community intellectual disability services.
- Initial analysis shows positive clinical outcomes in terms of reduced symptomatology on the HONOS
- An reduction in unmet need and an increase in met needs on the CANFOR
- Positive experiences reported by patients and carers



# NEXT STEPS

- Some work to do in supporting patients live.
- Increased focus on improving educational and work outcomes?
- Increased focus on social outcomes? Support for activities, nightlife?



Add comment...



Add comment...



# THANK YOU!

- Any questions?
  
- [V.chester@nhs.net](mailto:V.chester@nhs.net)

