# TREATMENTS THAT NEVER END: EXPLORING TREATMENT OUTCOMES IN FORENSIC LEARNING DISABILITY SETTINGS

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@regalexa
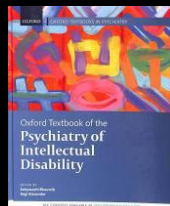
Patient heterogeneity: CB & OB

**Forensic LD: Are the patients different?
Pre and post treatment**

Why can't they all be in the community?

Heterogeneity

In-patients

Adam, 25 (in a category 2 bed)

Moderate to Severe LD, autistic traits

Severe Challenging Behaviour- people, self, property

No placements available, last 3 broke down

Secure unit In-patients (category 1)

Ben, 32

Mild LD, Co-morbid PD, PDD, ?MI, Aggression or self harm risk, repeated placement failures

Cath, 27

Mild LD, h/o abuse, severe self harm and aggression, Co-morbid EUPD, repeated placement failures

David, 46

Mild LD, entrenched risk issues in spite of treatment, constant supervision, no problems with capacity

CB & OB

- Seriousness of the act ?
- Visibility of the act?
- Visibility of disability?
- Availability of resources?
- 'Advocacy'?
- Values and attitudes

Patient heterogeneity: CB & OB

**Forensic LD: Are the patients different?
Pre and post treatment**

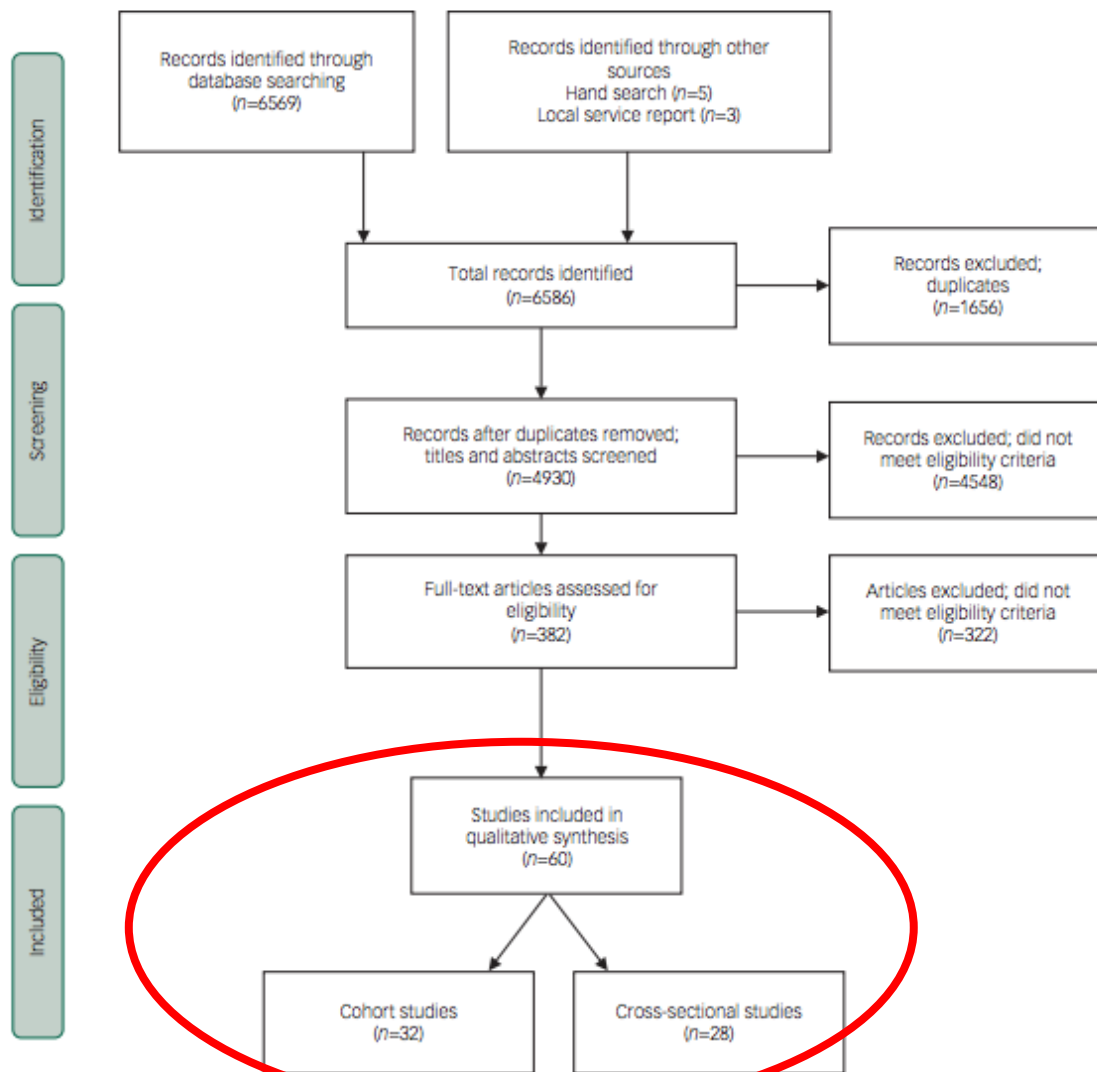**Why can't they all be in the community?**

R

Identification

Records identified through database searching
(*n*=6569)

Records identified through other sources
Hand search (*n*=5)
Local service report (*n*=3)

Total records identified
(*n*=6586)

Records excluded; duplicates
(*n*=1656)

Screening

Records after duplicates removed; titles and abstracts screened
(*n*=4930)

Records excluded; did not meet eligibility criteria
(*n*=4548)

Eligibility

Full-text articles assessed for eligibility
(*n*=382)

Articles excluded; did not meet eligibility criteria
(*n*=322)

Included

Studies included in qualitative synthesis
(*n*=60)

Cohort studies
(*n*=32)

Cross-sectional studies
(*n*=28)

Fig. 1 Flow chart of study selection process.

1.

## Challenging behaviour, Offending behaviour and the "arbitariness" of the forensic label

2

"Is it learning disability or is it mental health" and the fallacy behind that question in this field.

Multiple diagnoses

❖ **Learning disability**

❖ **Autistic spectrum & other dev disorders**

❖ **Personality disorders**

❖ **Major mental illnesses**

❖ **Substance misuse/ dependence**

❖ **Physical disorders**

❖ **Psychosocial disadvantage**

3.
Pre treatment risk variables: closer to the Forensic Mental Health (PD) group
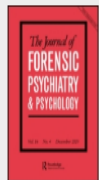
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Research Articles

Patients with personality disorders and intellectual disability – closer to personality disorders or intellectual disability? A three-way comparison

Regi T. Alexander ✉, Verity Chester, Nicola S. Gray & Robert J. Snowden

 Download citation   https://doi.org/10.1080/14789949.2012.694462

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Post Treatment Outcomes

❖ **3 superordinate domains (measures of effectiveness, measures of patient safety and measures of patient experience).**

❖ **27 subdomains**

EFFECTIVENESS (14)

- Discharge outcome/direction of care pathway
- Delayed discharge/current placement appropriateness
- Re-admission (i.e. readmitted to hospital or prison)
- Length of hospital stay
- Adaptive functioning
- Clinical symptom severity/treatment needs: patient rated
- Clinical symptom severity/treatment needs: clinician rated
- Recovery /engagement/progress on treatment goals: clinician rated
- Recovery /engagement/progress on treatment goals: patient /carer rated
- Re offending (i.e. charges/convictions) on discharge
- Offending-like behaviour (no CJS involvement) on discharge
- Incidents (violence/self-harm) (in care setting)
- Risk assessment measures
- Security need (i.e. physical/procedural/escort/leave)

PATIENT SAFETY (6)

Premature death/suicide
Physical health
Medication (i.e. PRN usage/exceeding BNF limits/side effects patient rating)
Restrictive practices (restraint)
Restrictive practices (seclusion/segregation)
Victimisation/safeguarding

PATIENT/ CARER EXPERIENCE (7)

Patient experience: involvement in care

Patient experience: satisfaction/complaints
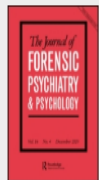
Quality of life: patient rated

Therapeutic Climate

Access to work/meaningful activity (where appropriate)

Level of support/involvement in community (post discharge)

Carer experience: communication with services/involvement in care

Post treatment outcomes: closer to the LD group

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Research Articles

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Regi T. Alexander ✉, Verity Chester, Nicola S. Gray & Robert J. Snowden

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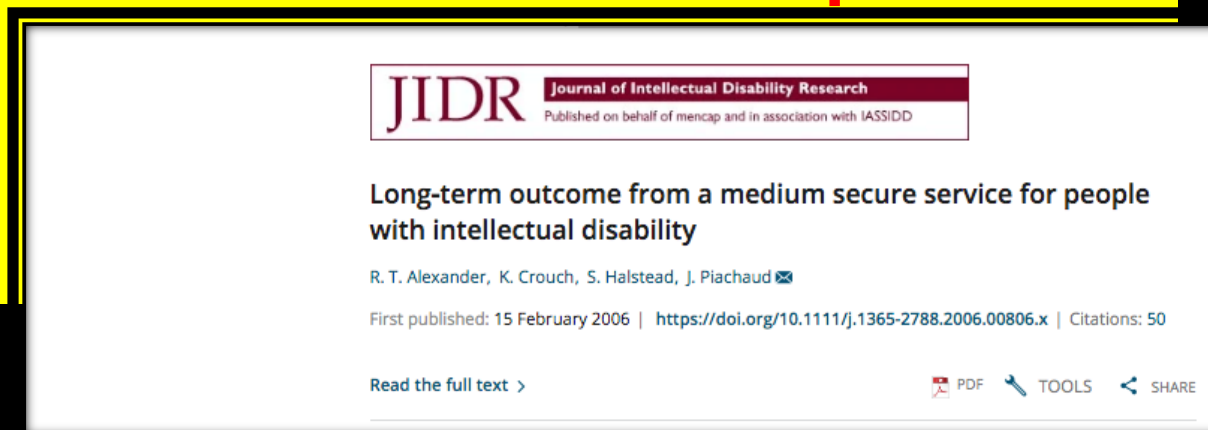
1.

Low reconviction rate, but there are significant offending like behaviours which do not proceed to conviction.

JIDR — **Journal of Intellectual Disability Research**
Published on behalf of mencap and in association with IASSIDD

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

R. T. Alexander, K. Crouch, S. Halstead, J. Piachaud ✉

First published: 15 February 2006 | https://doi.org/10.1111/j.1365-2788.2006.00806.x | Citations: 50

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

Regi Alexander, Avinash Hiremath, Verity Chester, Fatima Green, Ignatius Gunaratna, Sudeep Hoare ▾

Advances in Mental Health and Intellectual Disabilities
ISSN: 2044-1282
Publication date: 24 January 2011   [Reprints & Permissions]

ALTMETRICS
3

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 audit. Information on demographic and clinical variables was collected on a pre-designed data collection tool and analysed using appropriate statistical methods. The median length of stay for the discharged group was 2.8 years. About 90% of this group were discharged to lower levels of security and about a third went directly to community placements. None of the clinical

Related articles

Outcomes of an inner city forensic intellectual disability service
Leah Wooster et al., Journal of Intellectual Disabilities and Offending Behaviour, 2018

Outcomes of an inner city forensic intellectual disability service
Leah Wooster, Journal of Learning Disabilities and Offending Behaviour, 2018
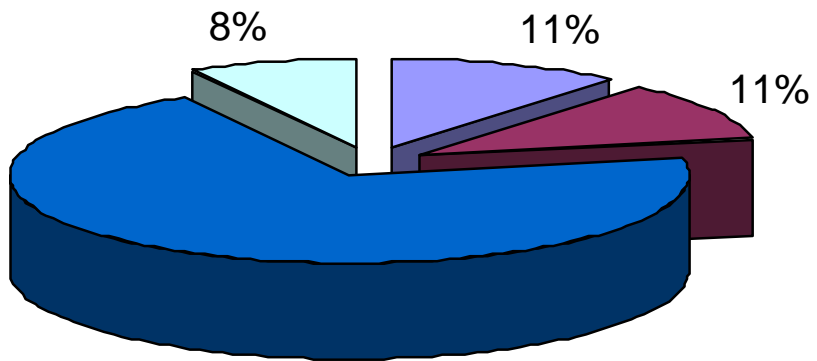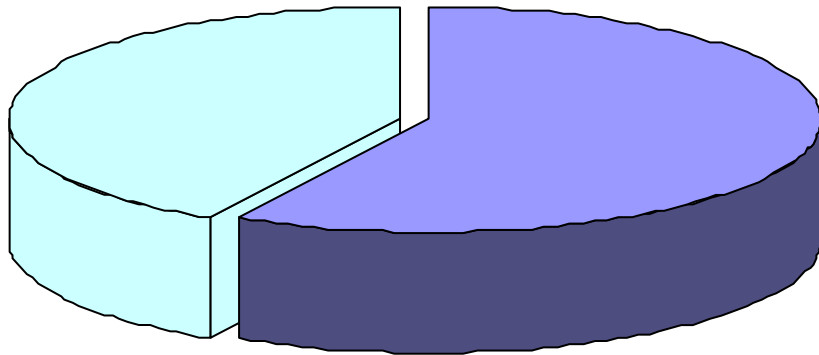
Offending-like behaviour

2.

PCL-R Factor 1 scores are inversely related to positive treatment outcomes.

Implications for treatment: target personality dimensions like deficient affective experience before other offence focused therapies.

3.
LONG STAYS- VERY LONG STAYS

Long-stay patients with and without intellectual disability in forensic psychiatric settings: comparison of characteristics and needs

Verity Chester, Birgit Völlm, Samuel Tromans, Chaya Kapugama and Regi T. Alexander

Background

In recent years, concerns have been raised that too many patients stay for too long in forensic psychiatric services and that this is a particular problem in those with an intellectual disability.

Aims

To compare the characteristics, needs, and care pathways of long-stay patients with and without intellectual disability within forensic psychiatric hospital settings in England.

Method

File reviews and questionnaires were completed for all long-stay patients in high secure and a representative sample of those in medium secure settings in England. Between-group analyses comparing patients with and without intellectual disability are reported.

Results

Of the 401 long-stay patients, the intellectual disability and non-intellectual disability groups were strikingly similar on many sociodemographic, clinical and forensic variables. The intellectual disability group had significantly lower lengths of stay, fewer criminal sections, restriction orders and prison transfers, and higher levels of behavioural incidents and risk assessment scores.

Conclusions

In spite of similar offence histories and higher risk levels, those with intellectual disability appear to be diverted away from the criminal justice system and have shorter lengths of stay. This has implications about the applicability of the Transforming Care programme to this group.

Keywords

Learning disability; mentally disordered offenders; forensic mental health; forensic psychiatry; in-patient services; transforming care.

Method

Participants

Stratified, cluster sampling frame
23 MSUs(14 + 9)
40% of MSUs in England

N= 401
335 & 66

All three high secure units in England
took part.

Results (4):

Table 3: Offending histories and sentencing outcomes

	ID				Non-ID				Statistics
	N	n	%^{a} or median/ mean (SD)^b	Range^b	N	n	%^{a} or median/ mean (SD)^b	Range^b	
Category of offender									
Violent	66	37	56.1%		335	195	58.2%		n.s.
Sexual	66	7	10.6%		335	16	4.8%		n.s.
Mixed	66	12	18.2%		335	76	22.7%		n.s.
Other	66	5	7.6%		335	24	7.2%		n.s.
Non-offender	66	5	7.6%		335	24	7.2%		n.s.
Severity of offending									
Score 0	58	20	34.5%		306	87	28.4%		n.s.
Score 1	58	24	41.4%		306	123	40.2%		n.s.
Score 2	58	12	20.7%		306	65	21.2%		n.s.
Score 3	58	2	3.4%		306	31	10.1%		n.s.
Total number of offences [median(IQR)] [mean (SD)]	66		10.00 (20.00) 15.30 (19.84)	0 to 118	329		9.00 (20.00) 15.27 (18.63)	0 to 130	n.s.

Results (4):

Number of offences [mean(SD)]									
Against the person	65		5.06 (10.77)	0 to 82	331		2.96 (3.34)	0 to 15	n.s.
Sex offences	66		0.94 (2.27)	0 to 13	332		0.91 (2.38)	0 to 20	n.s.
Property offences	65		3.26 (6.17)	0 to 33	330		2.77 (4.68)	0 to 33	n.s.
Theft and kindred offences	66		2.94 (5.78)	0 to 33	329		4.56 (8.91)	0 to 75	n.s.
Fraud and kindred offences	66		0.03 (0.17)	0 to 1	331		0.38 (1.96)	0 to 26	Z=-2.32 p=0.020
Police/prison/court offences	66		1.15 (4.13)	0 to 26	332		0.98 (2.13)	0 to 18	n.s.
Drug offences	66		0.06 (0.30)	0 to 2	331		0.32 (1.09)	0 to 9	Z=-2.23 p=0.026
Gun/offensive weapon offences	66		0.12 (0.33)	0 to 1	332		0.48 (1.13)	0 to 10	Z=-2.63 p=0.009
Public order offences	66		0.76 (2.27)	0 to 16	330		0.64 (1.31)	0 to 11	n.s.
Vehicle/driving offences	66		0.24 (0.77)	0 to 4	331		0.85 (3.05)	0 to 29	n.s.
Other offences	66		0.56 (2.65)	0 to 18	332		0.48 (2.57)	0 to 27	n.s.
Any convictions	66	61	92.4%		335	311	92.8%		n.s.
Age at first conviction [mean (SD)]	59		20.29 (8.45)	10 to 56	306		19.94 (8.12)	10 to 55	n.s.
Ever had a custodial sentence	65	28	43.1%		325	194	59.7%		Z=-6.10 p=0.014
Age at first custodial sentence [mean (SD)]	28		19.89 (3.59)	15 to 29	194		21.55 (5.12)	14 to 43	n.s.

Results (2): LOS

Table 1: Length of stay

	ID				Non-ID				Statistics
	N	**n**	**% ^{a} or median / mean (SD)^b**	**Range ^{b}**	**N**	**n**	**% or median / mean (SD)^b**	**Range ^{b}**	
Length of stay (months) - continuous care									
[median (IQR)]	66		132.2 (130.9)	13.7 to 505.3	335		162.5 (137.3)	60.2 to 651.0	Z=-2.31 p=0.021
[mean (SD)]	66		152.5 (98.4)		335		179.4 (105.4)		
Length of stay (categories) - continuous care									
5 -10 years	66	29	43.9%		335	115	34.3%		n.s.
>10 to 20 years	66	29	43.9%		335	149	44.5%		n.s.
>20 to 30 years	66	4	6.1%		335	49	14.6%		n.s.
>30 years	66	4	6.1%		335	22	6.6%		n.s.
Length of stay (months) - current unit									
[median (IQR)]	66		61.0 (87.2)	4.3 to 440.4	335		61.8 (78.8)	1.2 to 471.5	n.s.
[mean (SD)]	66		80.3 (75.6)		335		77.7 (69.4)		
Length of stay (categories) – current unit									
<5 years	66	31	47.0%		335	161	48.1%		n.s.
5-10 years	66	19	28.8%		335	104	31.0%		n.s.
>10 to 20 years	66	15	22.7%		335	61	18.2%		n.s.
>20 yrs	66	1	1.5%		335	9	2.7%		n.s.

Patient heterogeneity: CB & OB

**Forensic LD: Are the patients different?
Pre and post treatment**

Why can't they all be in the community?

Discussion

Secure unit In-patients (category 1)

Ben,

Cath,

David, 46

- **Better trained community teams**
- **Better community options**
- **A willingness to tolerate more risks** *(not just applicable to the treating team but to everyone involved)*

Mild LD, entrenched risk issues in spite of treatment, constant supervision, no problems with capacity

"Why can't they be in the community?"

Discu...

Clarification on continuous supervision vs de-facto detention

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The need for an honest discussion about vexing issues

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David, 46

Mild LD, entrenched risk issues in spite of treatment, constant supervision, no problems with capacity

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