CHARACTERISTICS AND NEEDS OF LONG-STAY PATIENTS IN HIGH AND MEDIUM SECURE FORENSIC PSYCHIATRIC CARE: IMPLICATIONS FOR SERVICE ORGANISATION

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Long-stay study

- NIHR funded (HS&DR), < £ 700 000
- 3 years (start March 2013)
- Collaborators
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  - Vivek Furtado (quantitative)
  - Tim Weaver (qualitative)
  - Ruth McDonald (economics, service delivery)
  - Peter Bartlett (legal, ethics)
  - Jeremy Coid (epidemiology)
  - Conor Duggan (private providers)
  - Julie Hall (NHS management)
  - Eddie Kane (policy)
  - Peter Bates (service user involvement)
- Research assistants
  - Rachel Edworthy
  - Emily Talbot
  - Shazmin Mazid
  - Jessica-Rose Holley

This project was funded by the National Institute for Health Research Health Services and Delivery Research Programme (project number 11/1024/06). The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the HS&DR Programme, NIHR, NHS or the Department of Health.
Length of stay: high secure care

- 1990ies: one to two thirds of high secure patients do not need high secure care – inadequate provision of medium secure beds? (e.g. Maden et al., 1993; Reed, 1997; Dept. of Health, 2000)
- Average LoS at discharge: about 8 years – mostly to medium secure care
- Only one study on LoS in one high secure hospital based on discharge sample (Dell at al., 1987): up to 40 - 50% stay longer than 8 years; predictive factors
  - Index offence for PD patients
  - Psychopathology for mentally ill patients
Length of stay: medium secure care

- Initially recommended for LoS of up to 2 years (Butler, 1975)
- BUT: LoS increasing, 10 – 20% over 5 years (e.g. Edwards et al., 2000; Rutherford & Duggan, 2007; Jacques et al., 2010)
- Predictors of long-stay (e.g. Kennedy et al., 1995; McKenna, 1996; Shah et al., 2011)
  - Psychiatric history
  - Psychopathology
  - Offending history
  - “Restriction order”
  - Lack of provision in community
So what?

- Quality of Life
  - High secure care = highly restrictive
  - Same procedural and physical security for those just admitted and those resident for decades
  - ? Interventions offered not appropriate for long-term care

- Economic Case
  - Cost per patient in medium secure care: £175 000 per year
  - Cost per patient in HSS = £275 000 per patient/year; over 10 year period = £2.75 million
  - 1% of the entire NHS and 10% of the mental health budget (Rutherford & Duggan, 2007)
Life-long forensic care?

- Some patients may require long-term (life-long) forensic care but who are they?
  - Clinical experience: subgroups with different needs
- UK – No national strategy on management of long stay patients
- Unlike Germany, Netherlands: designated long stay units
Research questions

- What is the length of stay (LoS) profile of the current high and medium secure population in England?
- What is the estimated number of long-stay patients in these settings?
- What are the characteristics (e.g. sociodemographics, psychopathology, criminal history, risk), care pathways and needs of long-stay patients?
- What are the reasons for prolonged stay? Are there different subgroups of long-stayers?
- What are the experiences of patients of long-stay?
- What are the views of clinicians, managers, commissioners and policy makers on long-stay?
- What service models for long-stay patients exist in other countries and what can we learn from these approaches?
Overview

- Cross-sectional study (1.4.2013)
- WP 1: LoS of current population
  - Anonymised administrative data
- WP 2: Characteristics and needs of long-stayers
  - Detailed file reviews
  - Consultant questionnaires
- WP 3: Patient interviews
- WP 4: Service innovation
  - Literature review
  - Interviews
  - Focus groups
Definition

‘Long-stay’

- > 10 years: high secure care
- > 5 years: medium secure care
- > 15 years: mixed settings
### Participating units

- **All 3 high secure hospitals**
  - Broadmoor: 196
  - Rampton: 330
  - Ashworth: 190
  - Total: 716

- **About 2/5 of medium secure units**
  - NHS (14): 1114
  - Independent (9): 479
  - Total (24): 1593
Work package 1: Length of stay

- Average LoS admission – cut-off date (median, days) in current unit
  - High secure care: 1642
  - Medium secure NHS: 517
  - Medium secure independent: 595

- % long-stayers
  - High secure care: 24.8% (range 22.1 – 26.5)
  - Medium secure NHS: 16.8% (range 2.1 – 36.8)
  - Medium secure independent: 23.2% (range 8 – 50)
### Medium secure: Sociodemographics

<table>
<thead>
<tr>
<th></th>
<th>Long stay patients</th>
<th>Other patients</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (mean)</td>
<td>43</td>
<td>35</td>
<td>Yes</td>
</tr>
<tr>
<td>Gender (% male)</td>
<td>84.7</td>
<td>81.3</td>
<td>n.s.</td>
</tr>
<tr>
<td>Ethnicity (%)</td>
<td></td>
<td></td>
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<tr>
<td><strong>White British</strong></td>
<td>73.9</td>
<td>57.3</td>
<td>Yes</td>
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<tr>
<td><strong>Asian Bangladeshi</strong></td>
<td>.6</td>
<td>1.1</td>
<td></td>
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<tr>
<td><strong>Asian Indian</strong></td>
<td>.3</td>
<td>.9</td>
<td></td>
</tr>
<tr>
<td><strong>Asian Other</strong></td>
<td>1.2</td>
<td>1.1</td>
<td></td>
</tr>
<tr>
<td><strong>Asian Pakistani</strong></td>
<td>1.2</td>
<td>2.8</td>
<td></td>
</tr>
<tr>
<td><strong>Black African</strong></td>
<td>3.4</td>
<td>5.1</td>
<td></td>
</tr>
<tr>
<td><strong>Black Caribbean</strong></td>
<td>7.7</td>
<td>9.9</td>
<td></td>
</tr>
<tr>
<td><strong>Black Other</strong></td>
<td>1.2</td>
<td>1.7</td>
<td></td>
</tr>
<tr>
<td><strong>Chinese</strong></td>
<td>.6</td>
<td>.2</td>
<td></td>
</tr>
<tr>
<td><strong>Mixed Other</strong></td>
<td>1.2</td>
<td>.8</td>
<td></td>
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<tr>
<td><strong>Mixed White and Asian</strong></td>
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<td>.6</td>
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<tr>
<td><strong>Mixed White and Black African</strong></td>
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<td>.6</td>
<td></td>
</tr>
<tr>
<td><strong>Mixed White and Black Caribbean</strong></td>
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<td>3.0</td>
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<tr>
<td><strong>White Irish</strong></td>
<td>1.8</td>
<td>1.0</td>
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<tr>
<td><strong>White Other</strong></td>
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<td>3.6</td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
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<td>1.6</td>
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<tr>
<td><strong>Not Stated</strong></td>
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<td>8.7</td>
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### Medium secure: Legal and structural

<table>
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<th></th>
<th>Long stay patients</th>
<th>Other patients</th>
<th>Significance</th>
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<tbody>
<tr>
<td>% Independent sector</td>
<td>40.8</td>
<td>27.7</td>
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<tr>
<td>Mental Health Act Section (%)</td>
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<td>Civil Section Assessment</td>
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<td>Civil Section Treatment</td>
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<td>Forensic Section Assessment</td>
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<td>Interim Hospital Order</td>
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<td>Hospital Order with Restrictions</td>
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<tr>
<td>Hybrid</td>
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<td>Notional 37</td>
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<tr>
<td>Other</td>
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<td>1.5</td>
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<tr>
<td>Section 47</td>
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<tr>
<td>Section 47/49</td>
<td>6.1</td>
<td>13.5</td>
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<tr>
<td>Section 48/49</td>
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<td>5.1</td>
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Medium secure: Legal and structural, ctd.

<table>
<thead>
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<th>Admission Source (%)</th>
<th>Long stay patients</th>
<th>Other patients</th>
<th>Significance</th>
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<tr>
<td><strong>Community</strong></td>
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<td>4.7</td>
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<tr>
<td><strong>High Secure Unit</strong></td>
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<td>5.8</td>
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<tr>
<td><strong>Low Secure Unit</strong></td>
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<tr>
<td><strong>Medium Secure Unit</strong></td>
<td>41.4</td>
<td>14.1</td>
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<td><strong>Psychiatric Intensive Care</strong></td>
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<td>5.1</td>
<td></td>
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<tr>
<td><strong>Other Psychiatric</strong></td>
<td>2.1</td>
<td>4.0</td>
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<tr>
<td><strong>Prison</strong></td>
<td>15.3</td>
<td>48.0</td>
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<tr>
<td><strong>Unknown</strong></td>
<td>9.5</td>
<td>9.0</td>
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</tbody>
</table>
Work Package 2:
Characteristics and needs

- File review
  - Start date of continuous medium or high secure care
  - Movements between forensic services and within institutions
  - Clinical diagnosis, including substance misuse and personality disorders
  - Offending history, including index offence
  - Current risk and change in risk using the HCR-20
  - Incidents and episodes of seclusion
  - Treatment started and completed and timing of those interventions
  - Current physical health issues
  - Current medication
  - Contact with family or others outside institution
  - Any referrals since admission to other psychiatric institutions and outcome
  - Any Mental Health Review Tribunals and outcome
Work Package 2: Characteristics and needs

- Consultant questionnaires
  - Security, dependency, treatment and political needs using a visual analogue scale developed by Shaw et al. (2010)
  - RC’s view on future placement needs in two and in five years’ time
  - RC’s view on need for life-long secure care
  - Current problems preventing transfer or discharge
Observations so far

- Information very difficult to get hold of
- High number of incidents within institutions
- Different groups of long-stayers
- Significant group with no recent (2 yrs)
  - Significant serious incidents
  - Non-compliance
  - Treatment
- Many ward changes
- Frequent tribunals with negative outcome
- Sizeable proportion of unsuccessful referrals
- Most have contact to family
Work package 4: Service innovation

- Literature review
- 18 international interviews
- 17 interviews senior clinicians/commissioners UK
- 3 focus groups mental health professionals
- 2 focus groups nurses high secure care
- 2 workshops

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International service models

- Dutch TBS – similar to hospital order
- Special long-stay order
  - 6 years in TBS
  - 2 different treatment units
  - Poor chance of discharge
  - Clinical team applies
  - Dutch Council for Placement of TBS patients
  - Minister of Safety and Justice decides
- About 10-15% of total forensic population in long-stay (about 160 long-stay patients)
- About 10% subsequently back to main-stream TBS
- After 6 years – only 2/3 funding
TBS long stay goals

“Normal” TBS:
Safety for society

Treatment to reduce risk of recidivism

Resocialization to a situation with optimal autonomy

“Longstay” TBS:
Safety for society

Treatment to stabilize mental health

Optimal quality of life with optimal autonomy within institution
Senior clinicians/commissioners: Themes

- Factors preventing step down/discharge
  - Patient characteristics
  - Organisational issues (MoJ, siloed working, communication)
  - Perverse incentives
  - Custom & practice
  - Idiosyncrasies of teams

- Medical model
  - Disorder – cure – discharge

- Reluctance to accept ‘defeat’

- Importance of hope
Senior clinicians/commissioners: Themes

- Reluctance to accept term/concept of ‘long-stay’
- ‘Language games’ (long-stay in disguise)
  - Slow stream
  - Rehabilitation
  - Continuing care
  - Enhanced recovery
  - Personality focused recovery service
- Objections to ‘long-stay units’
  - Fears about ‘warehousing’
  - Staff and patient moral
- Some positive examples with ‘long-stay’ wards
  - Smaller
  - Staff specifically interested in this group
  - High profile – staff aware
  - Less change on ward
  - Positive patient experience - improvement
Any questions?