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A long-term follow-up study of patients discharged from a Medium Secure Unit: Preliminary reconviction rates after discharge

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INTRODUCTION

The Arnold Lodge Admissions Cohort: Reconviction and Intervening Treatment (ALACRITY) study examined the outcomes of a cohort of 550 first admissions discharged from Arnold Lodge Medium Secure Unit (MSU) in Leicester between July 1983 and June 2003. The original ALACRITY study¹ found that almost one half (48.7%) of patients were reconvicted of an offence at some point during the follow-up period. The average length of follow-up was 9.4 years.

Little is known about the long term reconviction rates of patients discharged from medium security. Therefore the original follow-up was extended by 10 years. Patients admitted between July 2003 and 30th June 2013 were added to the cohort to examine the reconviction rates of a more contemporary cohort.

METHODOLOGY

- The Arnold Lodge cohort comprises 502 (84.4%) men and 93 (15.6%) women admitted between 1983 and 2003, and 269 (85.7%) men and 45 (14.3%) women admitted between 2003 and 2013.
- 843 patients were discharged prior to the census date, 30th June 2013.
- Section 251 support was obtained to permit the use of confidential patient information without consent.
- Police National Computer conviction data were obtained from the Ministry of Justice and matched to individual patients.
- Results are reported according to the Home Office 2002 method of reporting 'grave' and 'standard' offences allowing for comparisons to be made to the original and contemporary cohort. A grave offence is any offence for which the maximum sentence is life imprisonment and includes offences of murder, attempted murder, robbery, rape and arson.

References:

- ¹Davies, S., Clarke, M., Hollin, C., & Duggan, C. (2007). Long-term outcomes after discharge from medium secure care: a cause for concern. *British Journal of Psychiatry*, 191, 70-74.
- ²Prison Reform Trust (2013). Prison: the facts. Bromley Briefings Summer 2013. www.prisonreformtrust.org.uk/Portals/0/Documents/IPrisonthefacts.pdf.
- ³Gibbon, S., Huband, N., Bujkiewicz, S., Hollin, C.R., Clarke, M., Davies, S., & Duggan, C. (2013). The influence of admission characteristics on outcome: Evidence from a medium secure forensic cohort. *Personality and Mental Health*, 7, 1-10.

RESULTS

Original cohort:

July 1983 – 30th June 2003

- The previous study reported that 264 (48.7%) of discharged patients were reconvicted prior to 30th June 2003¹.
- A further 48 patients were reconvicted during the additional follow-up period to 30th June 2013, 10 (20.8%) of whom were reconvicted for a grave offence.

Contemporary cohort:

July 2003 - 30th June 2013

- Of the new cohort (n = 314), 252 patients were discharged prior to the census date.
- 56 (22.2%) were reconvicted, 39 (69.6%) of whom were reconvicted within 2 years after discharge.
- Of those that were reconvicted, 12 (21.4%) were reconvicted of a grave offence.

30 year admission cohort (July 1983 – 30th June 2013)

- 368 (43.7%) were reconvicted during the follow-up period.
- Of these 368 patients, 109 (29.6%) were reconvicted of a grave offence, the most common being robbery (see Table 1).
- Nearly one third of women (n = 41, 29.7%) were reconvicted during the follow-up period; 42.4% (n = 327) of men were reconvicted.
- The most common reconviction was for ABH/Assault, n = 150 (40.8%).
- The mean time to reconviction was 3.6 years (SD = 3.8).
- Over a quarter of patients 1st reconviction (n = 96, 26.1%) occurred within the 1st year after discharge (See Figure 1).
- Of the patients discharged directly to the community (n = 181), 103 (56.9%) were reconvicted during the follow-up period; 42/181 (23.2%) were reconvicted within the 1st year.

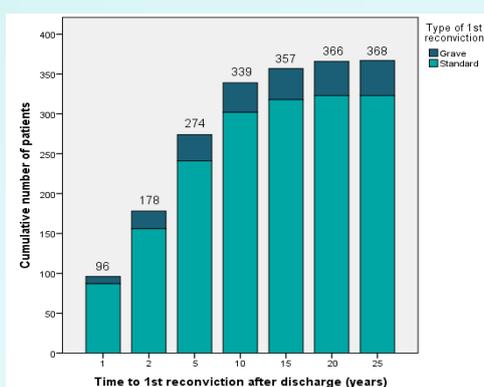


Figure 1: Cumulative number of patients 1st reconviction by year after discharge

Table 1: Number of patients reconvicted for a grave offence (n = 109)

Grave offences	n	%
Robbery	46	42.2
Arson	30	27.5
Section 18 Wounding	20	18.3
Attempted murder/murder	7	6.4
Rape	6	5.5

DISCUSSION

- Findings indicate that patients discharged from Arnold Lodge are at long-term risk of being reconvicted after discharge. Reconviction is most likely to occur within the first 5 years after discharge.
- The additional follow-up period for the original cohort admitted between July 1983 and June 2003 demonstrates the need for even longer term follow-up. Despite a high reconviction rate for patients discharged directly to the community, the reconviction figures for released prisoners within one year of release are higher – 47%².
- Further trend analysis should be conducted to examine whether more recent admissions are at risk of being reconvicted earlier after discharge³. Mortality data and readmission data are needed to further contextualise the reconviction findings and calculate time at risk.

CONCLUSION

- Patients discharged from medium secure care remain at long-term risk of being reconvicted after discharge, highlighting the need for long-term support.