

Title: Changes in the Admission Characteristics of patients admitted to a MSU: Findings from the ALACRITy study

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Changes in the Admission Characteristics of patients admitted to a MSU: Findings from the ALACRITY study

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RESULTS

INTRODUCTION

The Arnold Lodge Admissions Cohort: Reconviction and Intervening Treatment (ALACRITY) study examined the characteristics and outcomes of a cohort of 909 first admissions to Arnold Lodge Medium Secure Unit (MSU) between July 1983 and June 2013.

The purpose and function of MSU services has evolved since they were first established in the 1980s. As one of the first such services to be established, the case register at Arnold Lodge provides useful information about changes in the characteristics of patients admitted over 30 years.

METHODOLOGY

The Arnold Lodge cohort comprises 909 patients: 771 (85%) men and 138 (15%) women.

We obtained support under Section 251 of the NHS Act 2006 to use confidential patient information without their consent. This enabled us to collect data on the entire cohort.

Admission data was mainly obtained retrospectively using a proforma to extract data from case records held at Arnold Lodge. Admission characteristics included information on offending history, contact with psychiatric services, childhood history and diagnosis. Trends in the cohort are presented in 5-year bands.

- The majority of patients were admitted to Arnold Lodge from prison (n = 620, 68.2%). The mean age on admission was 30.5 years and 236 (25.9%) had a primary diagnosis of paranoid schizophrenia and 206 (22.7%) had a primary diagnosis of personality disorder.

Offending history

- There was an increase over time in the proportion of patients who had committed a 'grave' index offence (i.e. an offence for which the maximum sentence is life imprisonment such as murder, manslaughter, rape, robbery and arson) prior to admission (Figure 1).
- There was also an increase in the proportion of patients who served a custodial sentence before the age of 18 years (Figure 1) but there was no trend in age at first conviction (Table 1).
- Over time, there was an increase in the percentage of patients who had a previous conviction (Table 1). Of those that did have previous convictions, there was an increase in the mean number of previous convictions (Table 1).

Childhood history and clinical characteristics

- There was also a significant increase in the number of patients reporting childhood sexual and physical abuse.
- Over time, there was an increase in the percentage of patients who had previous contact with mental health services in childhood (Figure 2).
- There was a significant increase in the percentage of patients who had engaged in self-harm prior to admission (Figure 2).

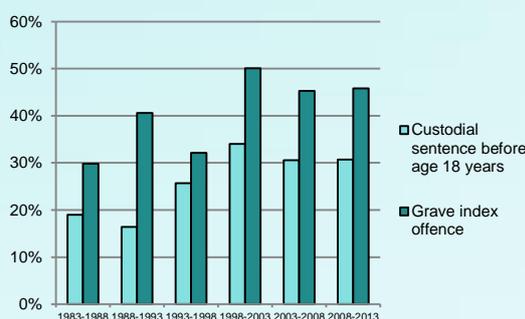


Figure 1: Percentage of patients with offending history characteristics

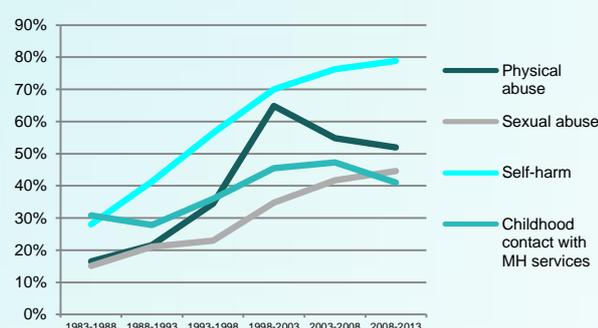


Figure 2: Percentage of patients with childhood history and clinical characteristics

	July 1983- June 1988	July 1988- June 1993	July 1993- June 1998	July 1998- June 2003	July 2003- June 2008	July 2008- June 2013	Slope (95% CI)	P Value
Mean age at 1st conviction (years)	19.1	18.3	17.6	17.4	17.6	18.4	No trend	
Mean number of convictions	5.6	5.0	7.2	8.2	9.5	10.48	.22 (.17- .31)	.001

Table 1: Mean age at first conviction and number of previous convictions

DISCUSSION

- Findings indicate that over time there was an increase in the number of patients presenting with high risk offending history and other indicators of increased complexity.
- Although our findings are limited to data from a single NHS service that serves a distinct geographical area (but that also has a number of specialist services; including for women and men with personality disorder) there is no reason to think that these findings are not representative of the wider UK picture. They are also in keeping with a previous Arnold Lodge study² and other smaller scale studies that have reported increases in severity of admissions to medium secure services over time.³
- These changes in admission characteristics are likely to reflect wider national changes in secure and general mental health service provision. Clinicians and service providers need to be aware of the increased support needs of patients who are now admitted to medium secure care.

References:

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