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Clinical characteristics and outcomes on discharge of women admitted to a Medium Secure Unit over a 4-year period

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ABSTRACT

There are limited data on women in Medium Secure settings. This study aimed to address this by assessing the characteristics of 45 consecutive admissions to the female ward of a Medium Secure Unit in the United Kingdom over a four-year period. Data on demographics, clinical outcomes and from HONOS-Secure/HONOS and HCR-20 assessments were prospectively collected. Psychiatric diagnoses were recorded using ICD-10 criteria. Data on quality of life from WHO-QoL-BREF surveys were analysed. There was a high proportion of ethnic minorities (57.8%), high rates of childhood and adult abuse and low socioeconomic status. 62.2% of the patients had schizophrenia, 57.8% had multiple diagnoses. The median length of stay at discharge was 465.5 days. There were statistically significant reductions in rates of self-harm and HoNOS-Secure/HoNOS and HCR-20 scores following intervention. Scores on WHO-QoL-BREF compared favourably to a large-scale sample with mental health difficulties. Many characteristics of this sample were comparable to samples from similar populations. However the particularly high proportion of ethnic minorities suggested that the profile of our patients differs from nationwide samples. Intervention by our service was associated with reduced self-harm and improvements in well-defined clinical outcomes and quality of life measures using validated scales.

1. Introduction

In the United Kingdom (UK), the first specialised unit for forensic psychiatric patients was the Bethlem "State Criminal Lunatic Asylum", opened at St. George's Field in 1816 (Allderidge, 1974, 1997; Sarkar & di Lustro, 2011). The hospital had capacity for 45 men and 15 women and was attached to the Home Office (Allderidge, 1974). This service remained the national centre until the opening of the Broadmoor hospital in 1864 (Allderidge, 1974, 1997). Broadmoor, with its 500 beds, was seen as a humanizing institution to deliver special secure care for mentally ill, and still stands as part of the UK secure system.

Currently in the UK, forensic care is organised hierarchically in three levels: high, medium and low secure facilities (Rutherford & Duggan, 2007). Patients are admitted to a particular level of security based on forensic history, level of risk to self or others, diagnosis of a mental illness or disorder and, in some cases, notoriety (Long, Dolley, & Hollin, 2011). These units serve both criminal and civil sections of the Mental Health Act (MHA), though most patients will be under criminal sections.

The organisation of medium secure units was recommended during the 1970s, by the Department of Health and Social Security (1974a) and the Department of Health and Social Security (1974b) (Long et al., 2011). They were designed for people with a lower risk profile than those in high secure care, but still needing specialised care, for a period of no longer than 2 years (Long et al., 2011). However, development of medium secure facilities has been a protracted process. In 1992, the Reed report, sponsored by the Department of Health, called attention to the lack of hospital beds and the condition of mentally disordered offenders on remand, who were often kept in prison for long periods before assessment and treatment (Chiswick, 1992). That document was considered a landmark for changes in the UK policies for secure care (Lart, Payne, Beumont, Macdonald, & Mistry, 1999). At present, medium secure units deliver most secure inpatient care and most patients referred to forensic services will be admitted to medium secure units. There are around 3500 medium secure beds in the UK (Centre for Mental Health 2011). Medium secure care is also used as a step-down from high secure care for patients whose risk has decreased. Historically, women were segregated from male patients in UK psychiatric services. However, from the 1970s on, there was a liberal movement for "humanizing" and "normalizing" psychiatry, and, as a result, most female patients were treated on mixed wards in medium secure care, where abuse and sexual harassment were high, given their intrinsic vulnerability (McKeown, Anderson, Bennett, & Clayton, 2003; Sarkar & di Lustro, 2011). From the 1990s onwards, debate on gender issues intensified (McKeown et al., 2003). A document from the "Special Hospitals

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Services Authority Strategy" addressed the need of specific secure services for women and outlined the general principles for such services (Lart et al., 1999). Despite these developments, the care of women in medium secure services as a national policy did not arrive until 2002 (Bartlett, 2003). This acknowledged that female patients in secure care had their needs poorly met, and that they were placed in levels of security not proportional to their risk. The new directions planned the removal of 95% of mixed accommodation from the NHS trusts, and provision of women-only living spaces and lounges.

Women remain a minority in medium secure services. Data from over the last decade suggest that they account for between 8 and 16% of the medium secure population (Long, Fulton, & Hollin, 2008; Long et al., 2011; Bartlett, 2003). However, in the last decade, there has been a dramatic increase in the number of patients admitted to Medium Secure services in the United Kingdom, and for women this has been at least six-fold (Long et al., 2008, 2011; Bartlett, 2003).

In 1999, a literature review of women in all secure psychiatric settings (Lart et al., 1999) identified a paucity of data on women in medium security care. Despite the recent increases in number of female patients in secure settings, there remains a relatively small number of studies focusing on this particular population. Those that exist mostly compare characteristics of women to those of men. To date, most studies are longitudinal and of two general categories — nationwide samples over several years (for example, (Coid, Kahtan, Gault, & Jarman, 2000; Maden, Skapinakis, Lewis, Scott, & Jamieson, 2006)) and samples from single medium secure units, some of which cover more extended periods (for example Long et al., 2011; Sahota et al., 2010).

1.1. Forensic characteristics

Women in medium secure services are more likely than men to be referred from civil UK NHS mental health facilities than transferred from prison or criminal courts (Coid et al., 2000; Maden et al., 2006). They are also more likely than men to be referred on a Civil Section of the UK Mental Health Act as opposed to a Criminal Section (Coid et al., 2000; Long et al., 2011; Sarkar & di Lustro, 2011). In terms of index offence, they have been shown to be more likely than men to have a history of arson or criminal damage but less likely to have past violent offences and less likely to have a history of sexual offences. Their targets for violence are much more likely to be part of their social relations, such as partner, children, family and health care staff (Sarkar & di Lustro, 2011).

1.2. Clinical characteristics

Compared with men, women in medium secure services are more likely to have been victims of physical and sexual abuse and domestic violence. They are more likely to have a primary diagnosis of Personality Disorder, mainly Borderline (DSM-IV-TR) or Emotionally Unstable (ICD-10) Personality Disorder (Coid et al., 2000; Maden et al., 2006). The rate of primary diagnosis of Borderline Personality Disorder has been reported as being as high as 65.5% (Long et al., 2011). Women have higher rates of self-harm (Coid et al., 2000; Maden et al., 2006; Sahota et al., 2010). In previous studies, they were less likely to have a history of substance misuse or dependence than men (Coid et al., 2000; Maden et al., 2006; Sahota et al., 2010), although rates of alcohol misuse or dependence did not vary significantly from men in the two largest studies (Coid et al., 2000; Maden et al., 2006). A more recent study reported high rates of polysubstance use (Long et al., 2011).

The largest studies have reported high rates of Axis I disorders. Maden et al. (2006) reported a rate of diagnosis on discharge of 52% for schizophrenia (compared with 68% for men) and 15% for 'depression/neurosis' (compared with 12% men) in a one-year longitudinal nationwide sample. Coid et al. (2000) reported rates of diagnosis for first admissions to be 41% for schizophrenia (vs 64% for men, OR 0.39), 18% for other psychotic illness (vs 16% for men) and 33% for depression (vs 17% for men, OR 2.47).

1.3. Outcomes

Length of stay for females in medium secure settings varies considerably across studies. Sahota et al. (2010) reported a median figure of 228 days (n = 93), while Maden et al. (2006) reported a median of 259 days (n = 116). A more recent study reported longer periods of stay (mean of 19.52 months — Long et al., 2011). Women stay in secure psychiatric services up to four times longer than those with mental health difficulties sentenced to prison for similar crimes (Aitken & Logan, 2004; Long et al., 2008). Reoffending rates for women are lower than for men, except for arson (Coid, Hickey, Kahtan, Zhang, & Yang, 2007; Maden et al., 2006). No study was identified which used change in the rate of self-harm following admission as an outcome measure. These studies refer to samples of discharged patients.

Long et al. examined changes in 'Health of the Nation Outcomes Scale — forensic version' (HoNOS-Secure) scores during stay in a Medium Secure setting using a 'best practice' programme for women (Long et al., 2008). Statistically significant improvements over the course of admission were found in all areas, as measured by the 12 items on the scale. The predictive validity for violence of the 'Historical, Clinical and Risk Management' scale (HCR-20) has been established in female patients in Medium Secure settings (Gray et al., 2003). However, no previous studies were identified using HCR-20 scores specifically as an outcome measure in this population. Neither were any studies identified using the World Health Organization Quality of Life scale in its short version (WHO-QoL BREF) as an outcome measure in a similar sample. This scale has been shown to have good to excellent psychometric properties of reliability and performs well in preliminary tests of validity (Skevington, Lotfy, & O'Connell, 2004).

1.4. The present study

The present study aimed to describe the demographic and clinical characteristics of a sample of female patients in a London Medium Secure Unit, adding information were knowledge is still limited and opening a discussion over this challenging clinical population based on a series of standard and widely used tools and indexes.

2. Materials and methods

2.1. Ethics

Ethical approval for this project was sought and obtained from the South London and Maudsley Trust Research and Ethics Committee. Clinical data including HoNOs and HCR 20 are collected routinely and are mandatory data for the Trust. Consent was therefore not required for this part of analysis. All patients gave consent to be interviewed for WHO-QoL-BREF, which was given to them prior to discharge, when all patients had capacity to consent. For final statistical analysis, all merged data were anonymised by the first author.

2.2. Study setting — Spring Ward

Spring Ward is the female Medium Secure ward of the South London and Maudsley Foundation (SLaM) Trust which opened in 2008. The service covers a population of 1,090,544 people from four London Boroughs (Southwark, Lambeth, Lewisham and Croydon), approximately 50% of which is female (London, M. o., 2011). Spring Ward contains 16% of the beds within the Medium Secure Unit, and this is proportional to the estimated percentage of female patients in Medium Secure settings (Long et al., 2008, 2011; Bartlett, 2003).

Spring Ward employs a multidisciplinary bio-psychosocial approach to support women in their pathway of recovery and reintegration into