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

Ms Jodie Westhead1,2, Dr Martin Clarke2, Dr Ruth Hatcher1 & Dr Lucy McCarthy2
1University of Leicester, 2Nottinghamshire Healthcare NHS Foundation Trust

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 only 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 secure care. 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.

RESULTS

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

<table>
<thead>
<tr>
<th>Grave offences</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robbery</td>
<td>46</td>
<td>42.2</td>
</tr>
<tr>
<td>Arson</td>
<td>30</td>
<td>27.5</td>
</tr>
<tr>
<td>Section 18 Wounding</td>
<td>20</td>
<td>18.3</td>
</tr>
<tr>
<td>Attempted murder/murder</td>
<td>7</td>
<td>6.4</td>
</tr>
<tr>
<td>Rape</td>
<td>6</td>
<td>5.5</td>
</tr>
</tbody>
</table>

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

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.

References: