Title: Reconviction & readmission following discharge from a MSU: Findings from the ALACRITy study


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Conference name: Trent Study Day: Substance use and forensic mental health
Conference date: 22 November 2019
Conference location: Nottingham, United Kingdom

Additional information:
This is a conference poster presented at the Trent Study Day 2019 hosted by the Forensic Services Division of Nottinghamshire Healthcare NHS Foundation Trust and the Institute of Mental Health.

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INTRODUCTION

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

Little is known about the long term reconviction and readmission rates of patients discharged from medium security. Therefore this study sought to add to the knowledge base surrounding the outcomes of patients discharged from such services.

METHODOLOGY

- The Arnold Lodge cohort comprises of 771 (84.8%) men and 138 (15.2%) women admitted between 1983 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.
- Readmission data were obtained from clinical records for readmissions to Arnold Lodge and Rampton High Secure Hospital.
- Hospital Episode Statistics (HES) were also obtained from NHS Digital to provide information on readmissions to services (forensic and general).
- Results are reported according to the Home Office 2002 method of reporting ‘grave’ and ‘standard’; 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

**Reconviction**
- 368 (43.7%) patients received a reconviction during the follow-up period, 41 (29.7%) women and 327 (42.4%) men.
- Of these 368, 109 (29.6%) were reconvicted of a grave offence, the most common being robbery (see Table 1).
- The mean time to reconviction was 3.6 years (SD = 3.8).
- Over a quarter of patients’ first reconvictions (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.

**Readmission**
- 483 (57.3%) of patients were readmitted to psychiatric care at some point during the follow-up period, the majority of whom had been discharged to the community or prison (see Figure 2).
- Of those discharged directly to the community (n = 182), 121 (66.5%) were readmitted to psychiatric care, 41 (33.9%) of whom within the 1st year of discharge.
- Of those discharged to prison (n = 255), 135 (52.9%) were readmitted to psychiatric care.
- 193 (22.9%) were readmitted to Arnold Lodge, and 65 (7.7%) were readmitted to High Secure Care during the follow-up period.
- The mean time from discharge to readmission was 42.8 months.

**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’ first reconviction by year after discharge**

**Figure 2: Discharge location of patients readmitted to psychiatric care**

DISCUSSION

- Findings indicate that patients discharged from Arnold Lodge are at long-term risk of being reconvicted after discharge. Those discharged to the community are at particularly high risk, specifically in the 1st year. Despite a high reconviction rate for these patients, the reconviction figures for UK prisoners released from prison are greater than this (47% convicted within one year of release)³.
- Patients discharged to prison and the community are at a high risk of being readmitted to psychiatric care. Those discharged to the community are at increased risk of being readmitted within the first year of discharge.

CONCLUSION

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

References: