Title: Introduction to the updated ALACRITy study; a long-term follow-up of a Medium Secure Unit (MSU) cohort


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INTRODUCTION

The safe management and appropriate care of mentally disordered offenders (MDOs) is a concern for mental health practitioners, commissioners and the general public alike. In the UK, the provision of secure mental health care is currently undergoing significant change. Under the ‘New Care Model’, medium secure units (MSUs) will continue to provide essential care for MDOs and non-offender patients, who are not suitable for treatment in general mental health hospital or the community due to the risk they pose to themselves or to others, but who do not require the level of security provided by the high secure hospital estate.

MSUs first opened in the 1980s and there have been a number of MSU follow-up studies that have contributed to the modest literature on the outcomes of patients discharged from secure psychiatric hospital. Many of the early MSU follow-up studies were methodologically weak in that they failed to account for the time that participants were not in hospital or in prison; most focused primarily on reconviction. The original ALACRITY study of admissions to Arnold Lodge from 1983 to 2003 was one of the few follow-ups to address patients’ ‘time at risk’ in the community and consider mortality as an outcome.

As this photograph shows, Arnold Lodge MSU has changed significantly since opening in July 1983.

The unit now has seven wards providing care in three care streams: Male Personality Disorder, Male Mental Illness and Women’s services (both standard and enhanced). There is evidence that the complexity of patients admitted to the unit has increased over time, as the service has responded to changes in commissioning priorities.

AIMS OF THE STUDY

The “Arnold Lodge Admissions Cohort: Reconviction and Intervening Treatment” (ALACRITY) study examines the outcomes of a ‘first admission’ cohort of patients discharged from Arnold Lodge MSU between July 1983 and June 2013. The aim of the study is to investigate the long-term outcome of patients discharged from the unit, in terms of their re-admission to hospital, reconviction and mortality.

This series of posters describes a 30-year follow-up study of all first admissions and attempts to address some of the methodological issues of previous studies.

As this photograph shows, Arnold Lodge MSU has changed significantly since opening in July 1983.

METHODOLOGY

Design: The ALACRITY study is a retrospective, longitudinal cohort study; methods of the original study have been described previously.

Participants: All patients with a first admission to the unit between July 1983 and June 2013. The study has two distinct cohorts of patients included in the overall analysis (see Figure 1). 843 patients were discharged prior to the census date (30th June 2013) and included in the follow-up.

Data collection: Admission characteristics (such as the patients’ source of referral, diagnosis, psychiatric history) were collected from electronic and paper medical records. Conviction data were provided by the Ministry of Justice using Police National Computer records. Convictions were reported according to the Home Office method of reporting ‘grave’ and ‘standard’ offences: a grave offence is one for which the maximum sentence is life imprisonment and includes offences of murder, attempted murder, robbery, rape and arson. Mortality data, including the cause of death, were provided by NHS Digital. The Electoral Roll, LexisNexis and other search engines were used to corroborate outcome data where possible.

Data analysis: All statistical analyses were conducted on anonymised data. Descriptive statistics were used to report the admission characteristics of the cohort. Standardised Mortality Ratios (SMR) were calculated for gender, diagnosis and cause of death. Mortality data were calculated from admission to Arnold Lodge rather than discharge. Survival analyses were used to explore factors associated with time to events such as reconviction or death.

Ethical permissions: The study had Health Research Authority (HRA) ethical approval and was conducted under Section 251 of the NHS Act 2006; this approval allowed the study to use confidential patient information without consent.

FIGURE 1: ADMISSION COHORT

- 595 Admissions 1983 to 2003
  - 502 men
  - 93 women
- 314 Admissions 2003 to 2013
  - 269 men
  - 45 women
- 909 Admissions 1983 to 2013
  - 771 men
  - 138 women

COMMENTS ON THE STUDY METHODOLOGY

- MSUs provide high cost, low volume services for patients who may, for a number of reasons, be unable to engage in the process of providing informed consent to participate in research. Conducting the study with Section 251 approval allowed the entire admission cohort to be examined and reduced the bias associated with attrition from participant drop-out or refusal.
- The study was conducted during a time of preparation for the introduction of the General Data Protection Regulation in May 2018. Data sharing agreements were required for all external data providers; despite this, the research team experienced significant challenges and delays in obtaining follow-up data, especially in relation to the provision of mortality data.
- The ALACRITY study provides important data on the long-term outcomes of patients admitted to a MSU that will be of interest to clinical practitioners and commissioners of secure mental health care.

References: