



What are we missing?

Using outcome measures to identify rehabilitation needs in a forensic psychiatric population

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Aims

- Model of Care Review
- Forensic OM project
- Discuss use of OM's to inform MoC review
- Concerns / Limitations re: OM's currently used
 - ? Applicable to forensic setting
 - ? Validity of measures – long term pts
 - ? Substance Use

Aims

- Discuss results of:
 - Factor analysis
 - Agg / Sx / Subs / Cog
- Identified different “Patient Needs” across units
- Identified common needs across unit
- Identify commonalities (i.e., areas of need on which to focus treatment).

Thomas Embling Hospital

116 bed secure hospital for patients from the criminal justice system in need of psychiatric assessment / treatment, or individuals found Not Guilty by reason of Mental Impairment.

Seven units covering acute, subacute, continuing care and rehabilitation, including a specialised 10 bed unit for female patients.

Thomas Embling Hospital

Focus of Care	Unit Name	Number of Beds	Gender
Acute	Argyle (high secure)	15	Male
	Atherton (high secure)	15	Male
	Barossa (high secure)	10	Female
Subacute / Continuing Care	Bass (medium secure)	20	Male
	Canning (high secure)	20	Male
Rehabilitation	Daintree (low – medium)	20	Mixed Gender
	Jardine (low secure)	16	Mixed Gender

Thomas Embling Hospital

Average length of stay (acute inpatient) = 73.5 days

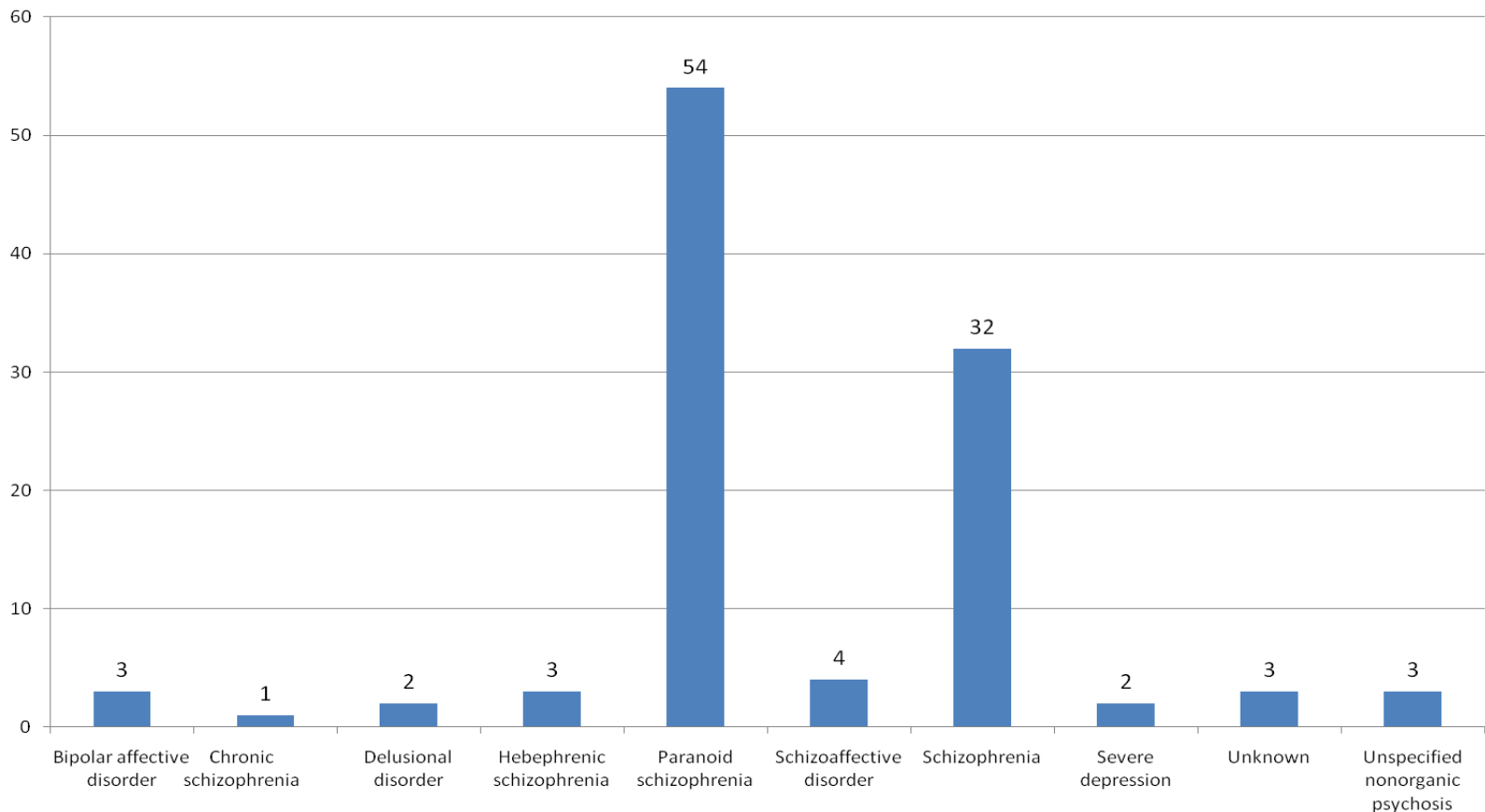
Common diagnoses: Schizophrenia and other psychotic disorders (88%), Mood Disorders, Anxiety Disorders, Substance use

86% male patients and 14% female patients.

38.3% of patient's index offence was murder and 86.9% of patient's index offence involved serious violent behaviour.

Thomas Embling Hospital: Dx

Diagnosis of patients at Thomas Embling Hospital as at 30 June 2010
(n=107)



Thomas Embling Hospital: Model of Care

Aim: review clinical pathways throughout hospital

Working Groups:

- 1) Aggression Reduction
- 2) Psycho-Social Rehabilitation (Recovery)
- 3) Dual Diagnosis (Substance Abuse)
- 4) Offence Reduction
- 5) Women's Mental Health

Ongoing process – potential for OM data to influence future decisions

Outcome Measurement at TEH

Current Measures:

- Health of the Nation Outcome Scale (HoNOS)
- Life Skills Profile (LSP-16)
- Behaviour and Symptom Identification Scale (Basis32)

Outcome Measurement at TEH

Concerns:

- ? Validity of tools within a forensic setting
- ? No assessment of Risk as an Outcome Measure
- ? Sensitivity to change for this group of patients
- ? Anchor points for items may not reflect how problematic behaviours present in a high secure setting
 - e.g. Substance Use

The background of the slide features a light blue gradient with a faint, semi-transparent image of classical architectural columns on the left side. The columns are white and have detailed capitals. The entire slide is framed by a thin brown border.

Outcome Measurement at TEH

HoNOS-Secure: Health of the Nation Outcomes Scale for Users of Secure and Forensic services (Sugarman & Walker, 2007).

HoNOS – Secure: Clinical Items

- 1 = Overactive, aggressive, disruptive / agitated behaviour
- 2 = Non-accidental self-injury
- 3 = Problem-drinking or drug-taking
- 4 = Cognitive problems
- 5 = Physical illness or disability problems
- 6 = Problems associated with hallucinations and delusions
- 7 = Problems with depressed mood
- 8 = Other mental and behavioural problems
- 9 = Problems with relationships
- 10 = Problems with activities of daily living
- 11 = Problems with living conditions
- 12 = Problems with occupation and activities

HoNOS – Secure: Security Items

A = risk of harm to adults or children

B = risk of self-harm (deliberate or accidental)

C = need for building security to prevent escape

D = need for a safely staffed living environment

E = need for escort on leave (beyond secure perimeter)

F = risk to individual from others

G = need for risk management procedures

Outcome Measurement at TEH

HoNOS-Secure: Health of the Nation Outcomes Scale for Users of Secure and Forensic services (Sugarman & Walker, 2007).

CANFOR: Forensic Camberwell Assessment of Needs (Thomas, Harty, Parrott, McCrone, Slade & Thornicroft, 2003).

CANFOR – Domains Included

Accommodation
Food
Looking after living environment
Company
Intimate relationships
Sexual expression
Self care
Daytime activities
Physical health
Child care
Basic education
Telephone
Psychotic symptoms
Information

Psychological distress
Transport
Money
Benefits
Safety to self
Safety to others
Alcohol
Treatment
Sexual offences
Arson
Drugs

CANFOR - Interview

Interviewer asks:

- Do you have a problem with ??? (e.g., Drugs)
- Have you ever had any difficulties in this area?
- Have you had any difficulties in this area in the last month?
- Do you need any help in this area?
- Are you receiving any help for these difficulties at the moment?
- Do you think that any help you are receiving is actually helping. How much??
- Overall, how satisfied are you with the help you are currently receiving for difficulties in this area?

CANFOR - Ratings

Possible ratings:

- No need = 0
- Met need = 1
- Unmet need = 2
- Not known = 9
- Not applicable = 8

Note longstanding problems with areas of need, has the underlying need been effectively addressed?

Outcome Measurement at TEH

HoNOS-Secure: Health of the Nation Outcomes Scale for Users of Secure and Forensic services (Sugarman & Walker, 2007).

CANFOR: Forensic Camberwell Assessment of Needs (Thomas, Harty, Parrott, McCrone, Slade & Thornicroft, 2003).

LSI-R: SV: The Level of Service Inventory – Revised: Screening Version (Andrews & Bonta, 1998).

Methodology

OM's collected as standard (NOCC Protocol)

Introduced Forensic OM's into TEH in May 2010

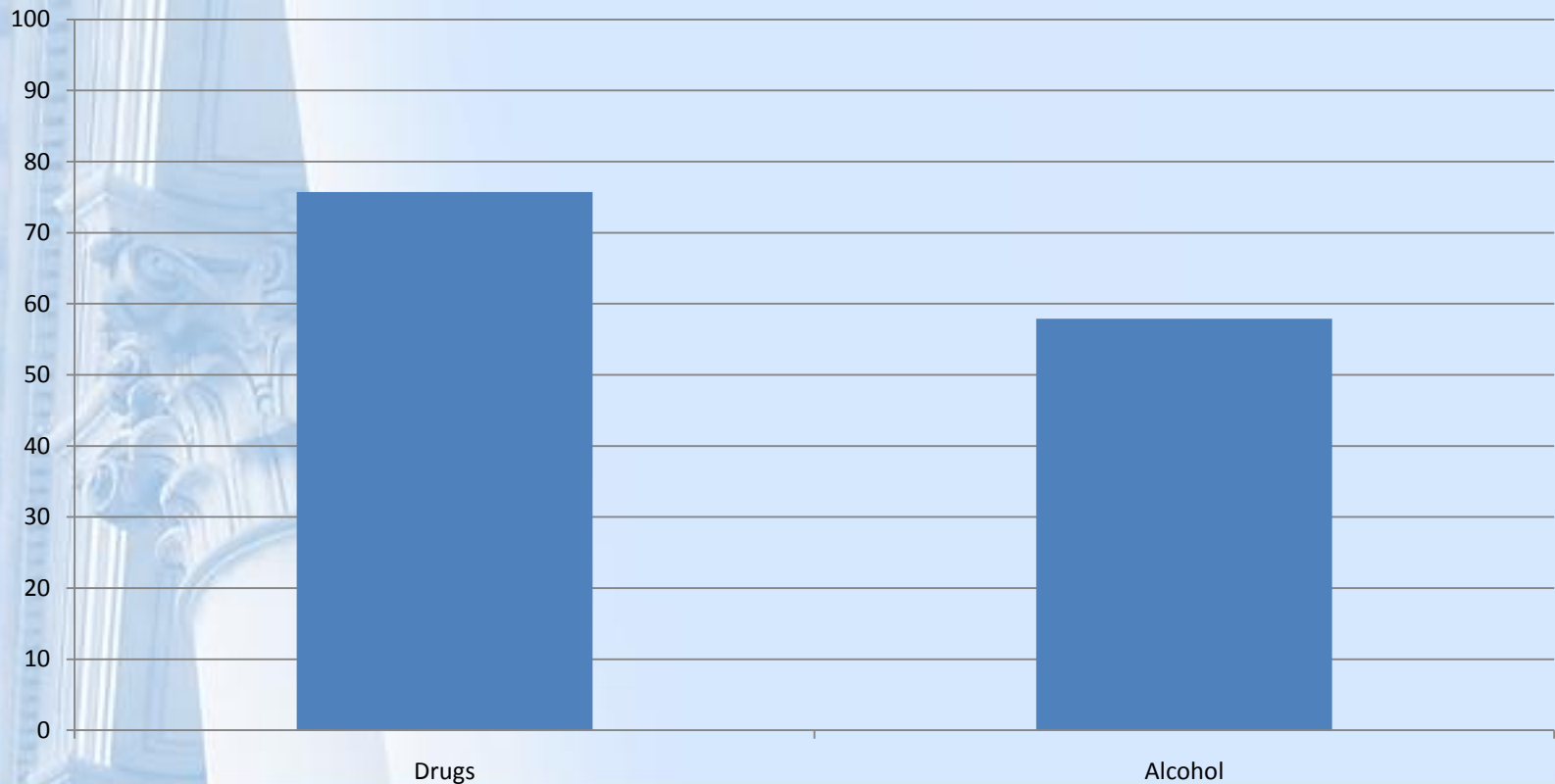
- trained 25 members of staff
- complete at same collection times as Std OM's

Collate data – investigate via Factor Analysis / and descriptive statistics

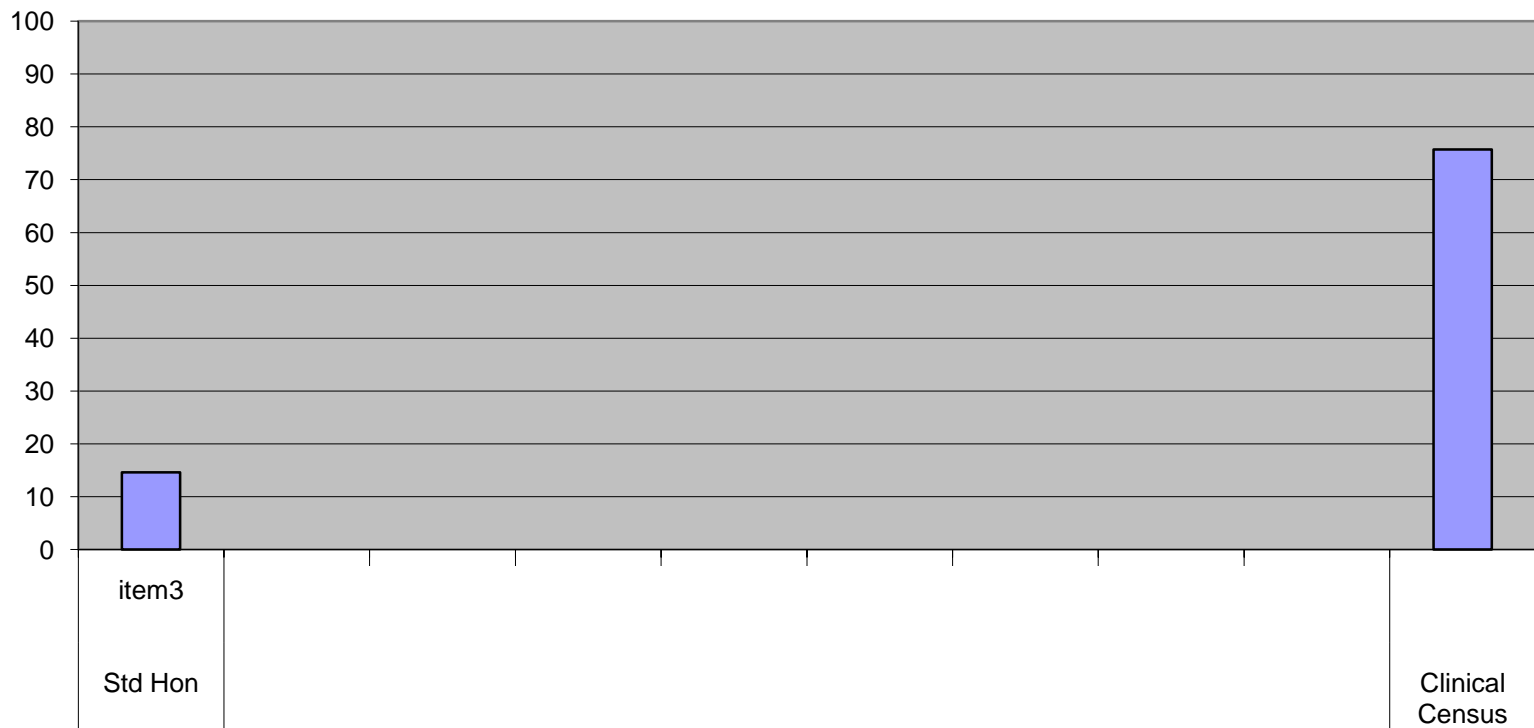
- SPSS / Microsoft Excel

Substances

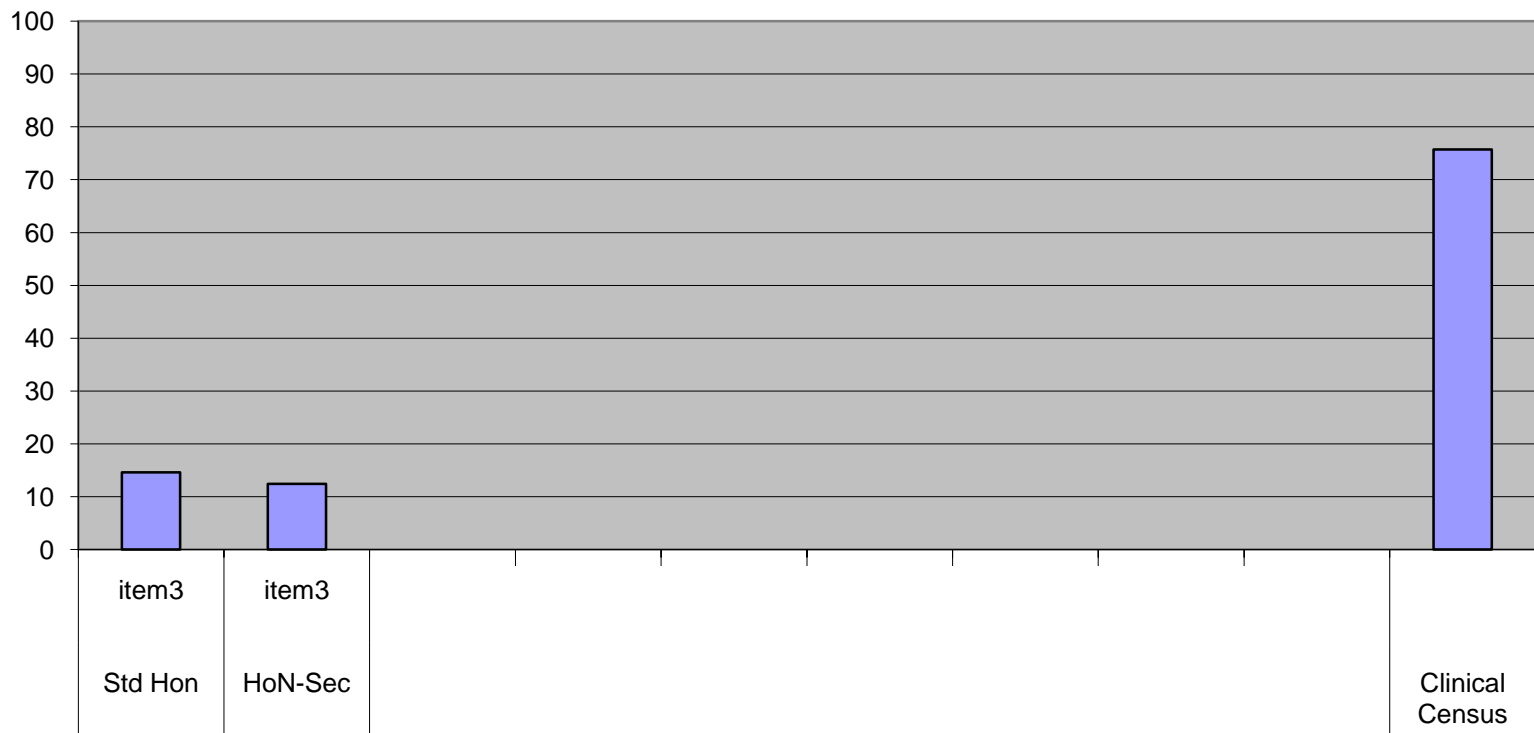
Clinical Census Data: Percentage of patients at TEH who have substance abuse issues as at July 2010 (n=107)



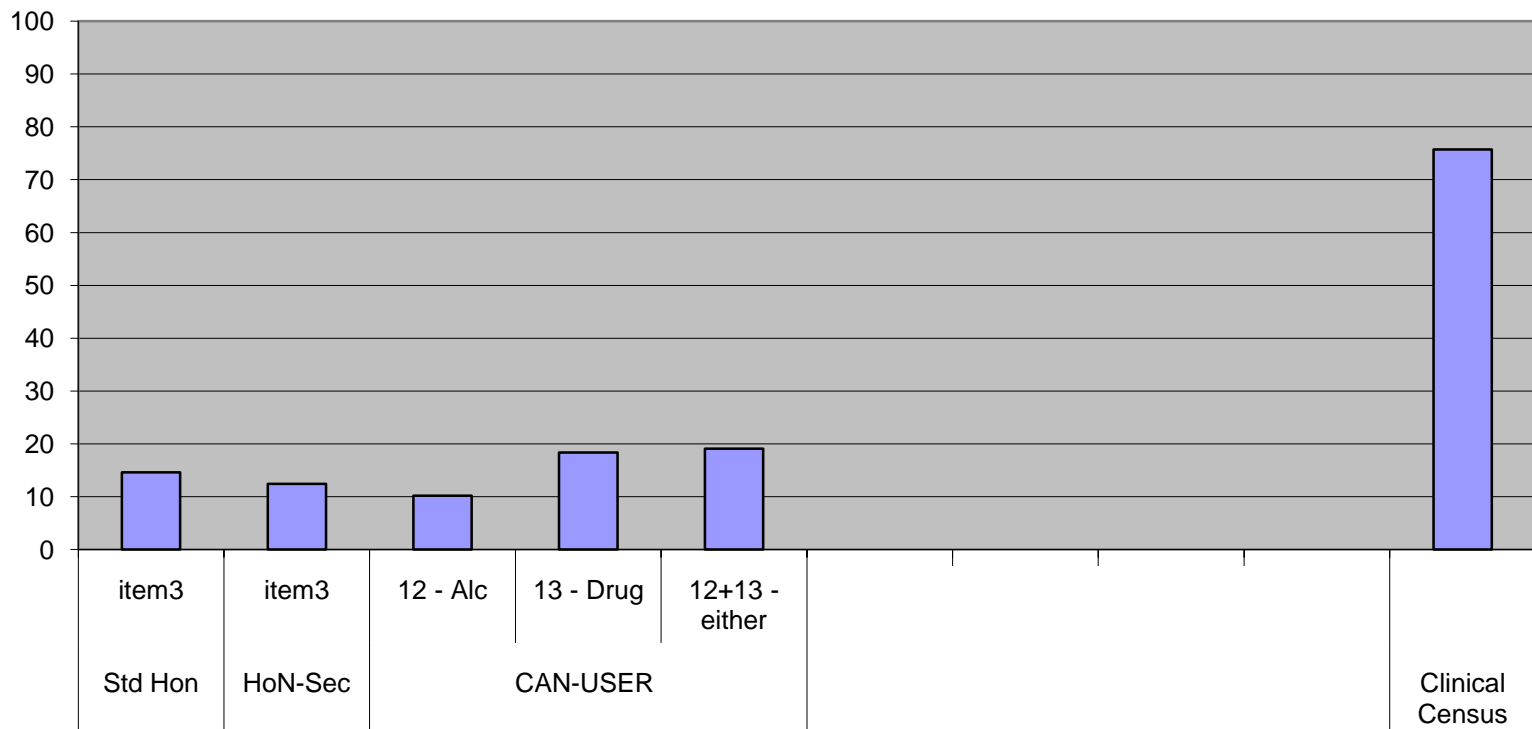
Substances: % of pop identified by measure



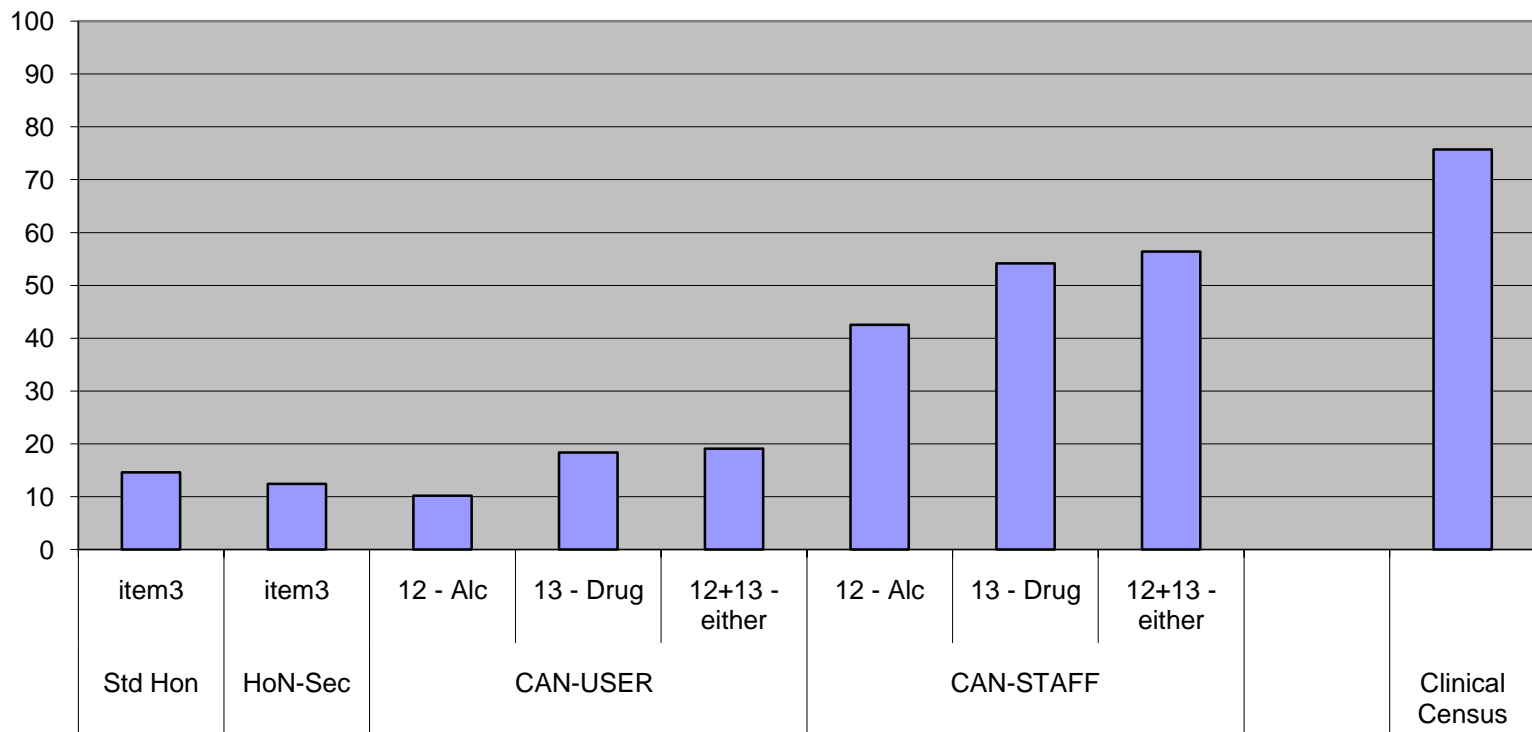
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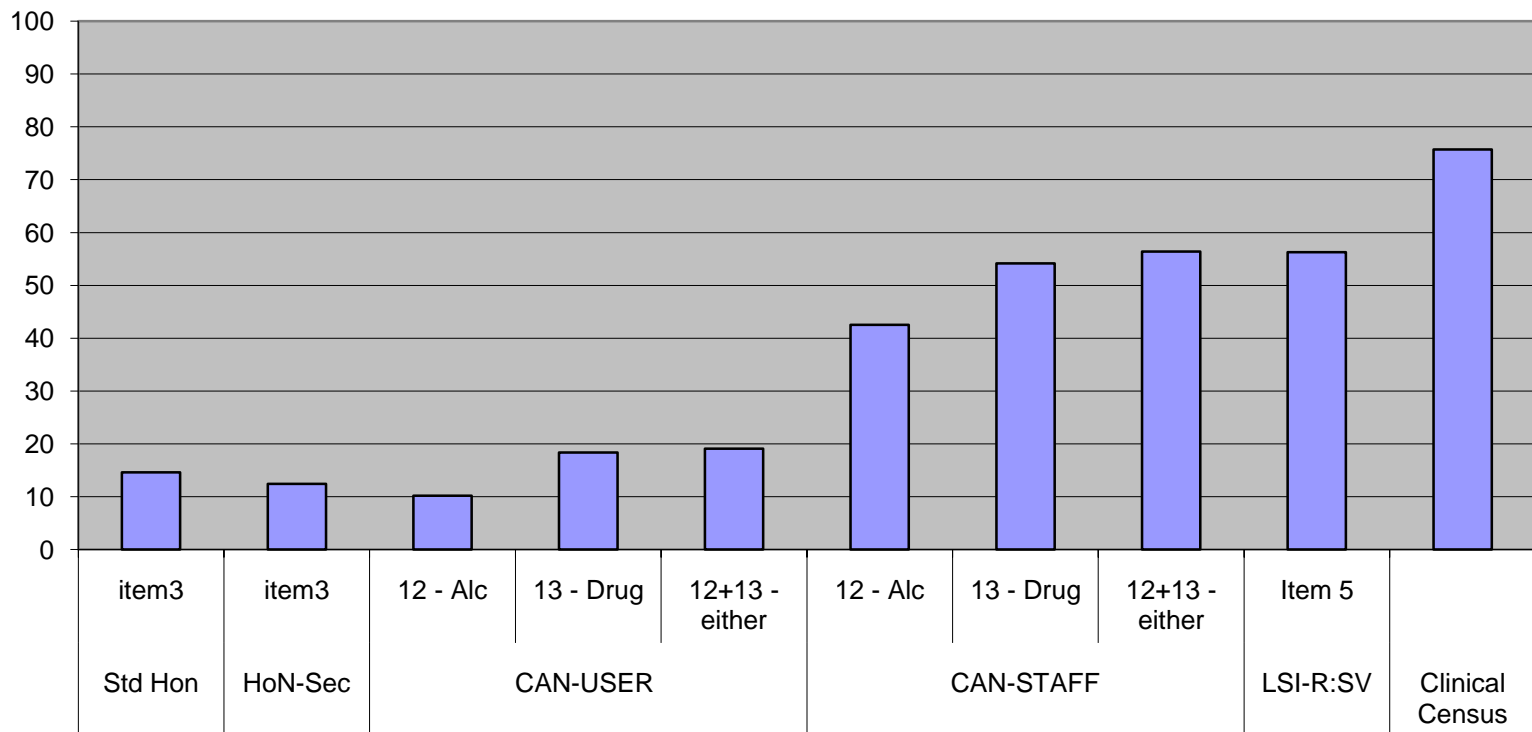
Substances: % of pop identified by measure



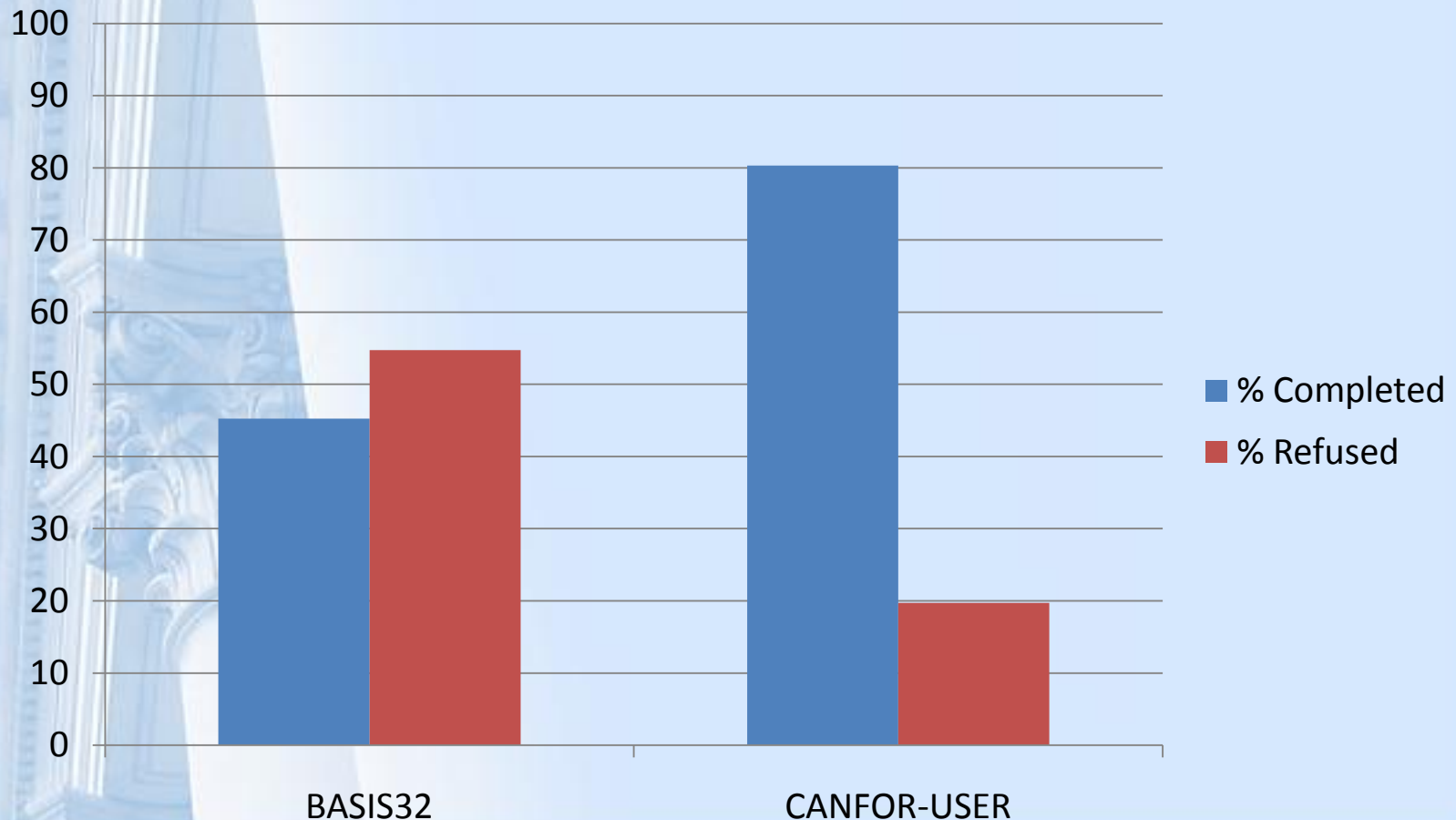
Substances: % of pop identified by measure



Substances: % of pop identified by measure



Consumer rated measure: Response rate



Factor analysis

Draw on large pool of local OM data already collected

Conceptually interested in four domains

- Aggression
- Symptomatology
- Substance Use
- Cognitive Problems

Explored whether existing scales could be utilised to develop a “need profile” for these areas.

Results: Factor Analysis

Rotated Component Matrix ^a

	Component			
	Aggression	Symptoms	Cognitive	Substance Use
HS_1 - Aggression	0.877			
HS_A - Risk of harm to others	0.820			
LSP_7 - Violence to others	0.778			
CFOR_11 - Safety to others	0.752			
CFOR_7 - Psychotic Symptoms		0.902		
HS_6 - Hallucinations / Delusions		0.833		
HS_7 - Depressed Mood		0.875		
CFOR_9 - Psychological Distress		0.840		
HS_4 - Cognitive Problems			0.712	
HS_10 - Problems with ADL's			0.772	
LSP_1 - Conversation			0.589	
LSP16 - Work Capability			0.584	
CFOR_S_12_13_b - Drug & Alcohol Needs				0.980

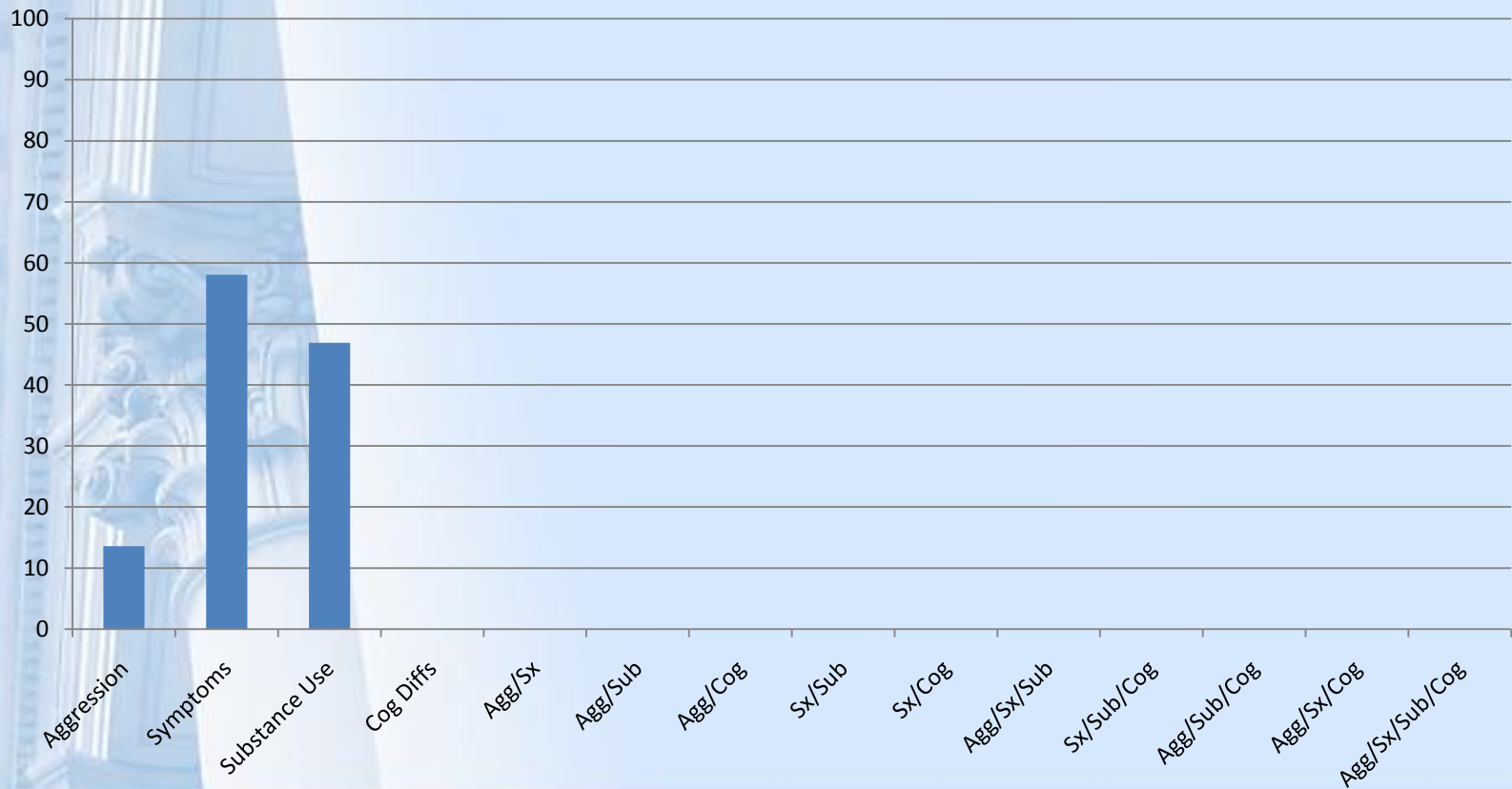
Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 5 iterations. Factor Loadings <0.3 are not displayed

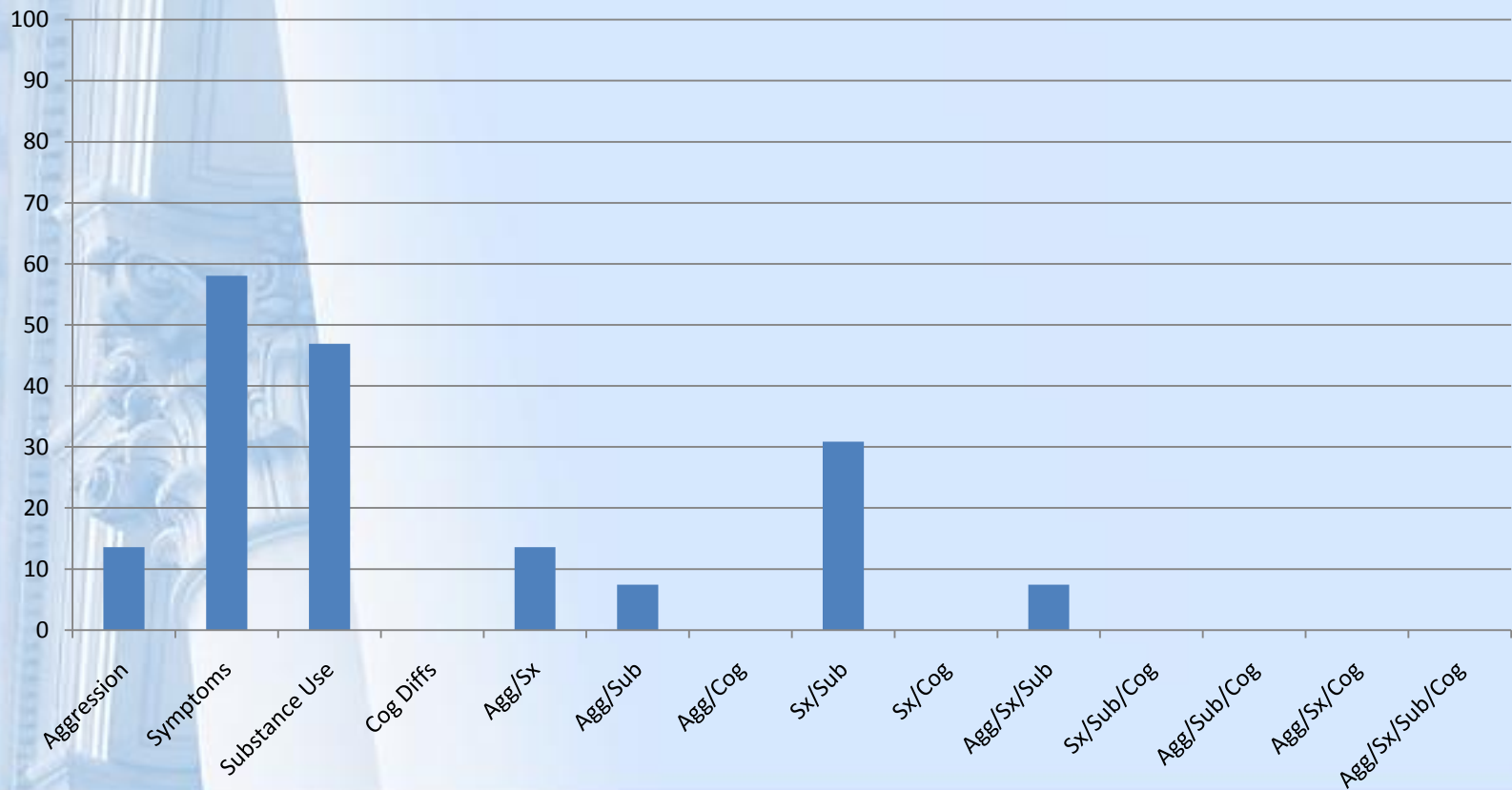
Results: Needs Domains

Percentage of Continuing Care Patients with the Current Needs of Aggression, Symptoms, Substance Use (n= 81)



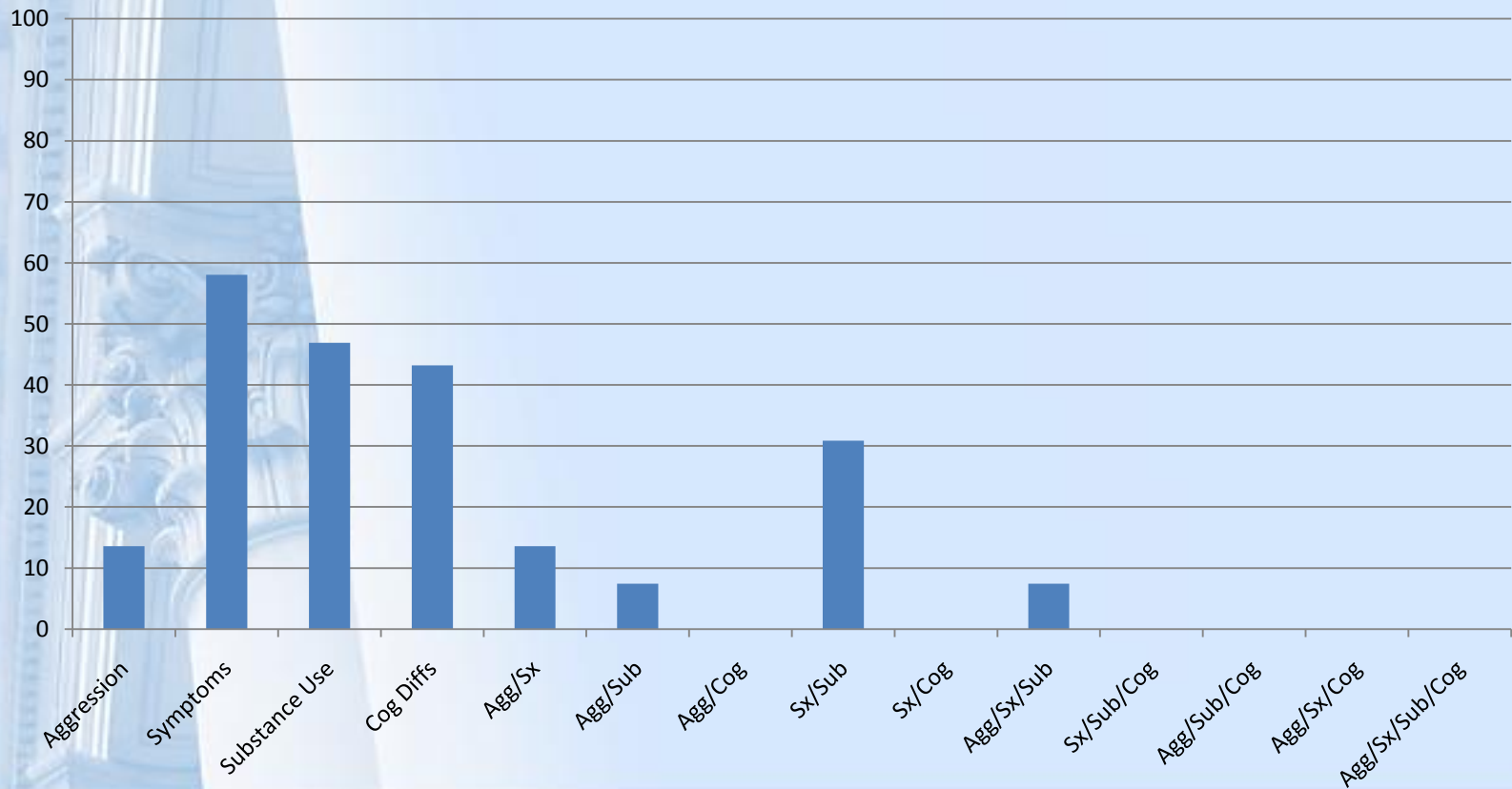
Results: Needs Domains

Percentage of Continuing Care Patients with the Current Needs of Aggression, Symptoms, Substance Use and/or Cognition= 81)



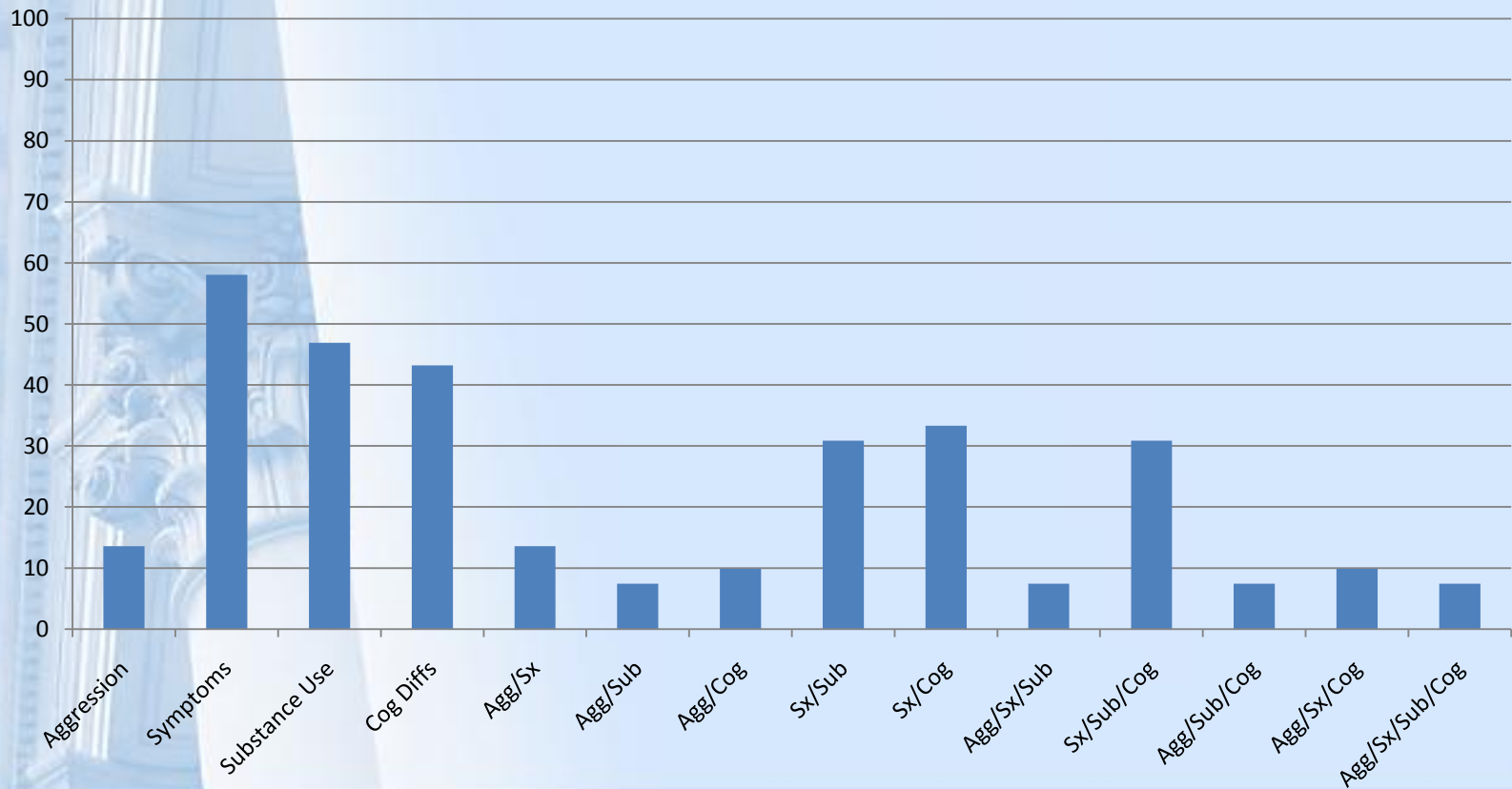
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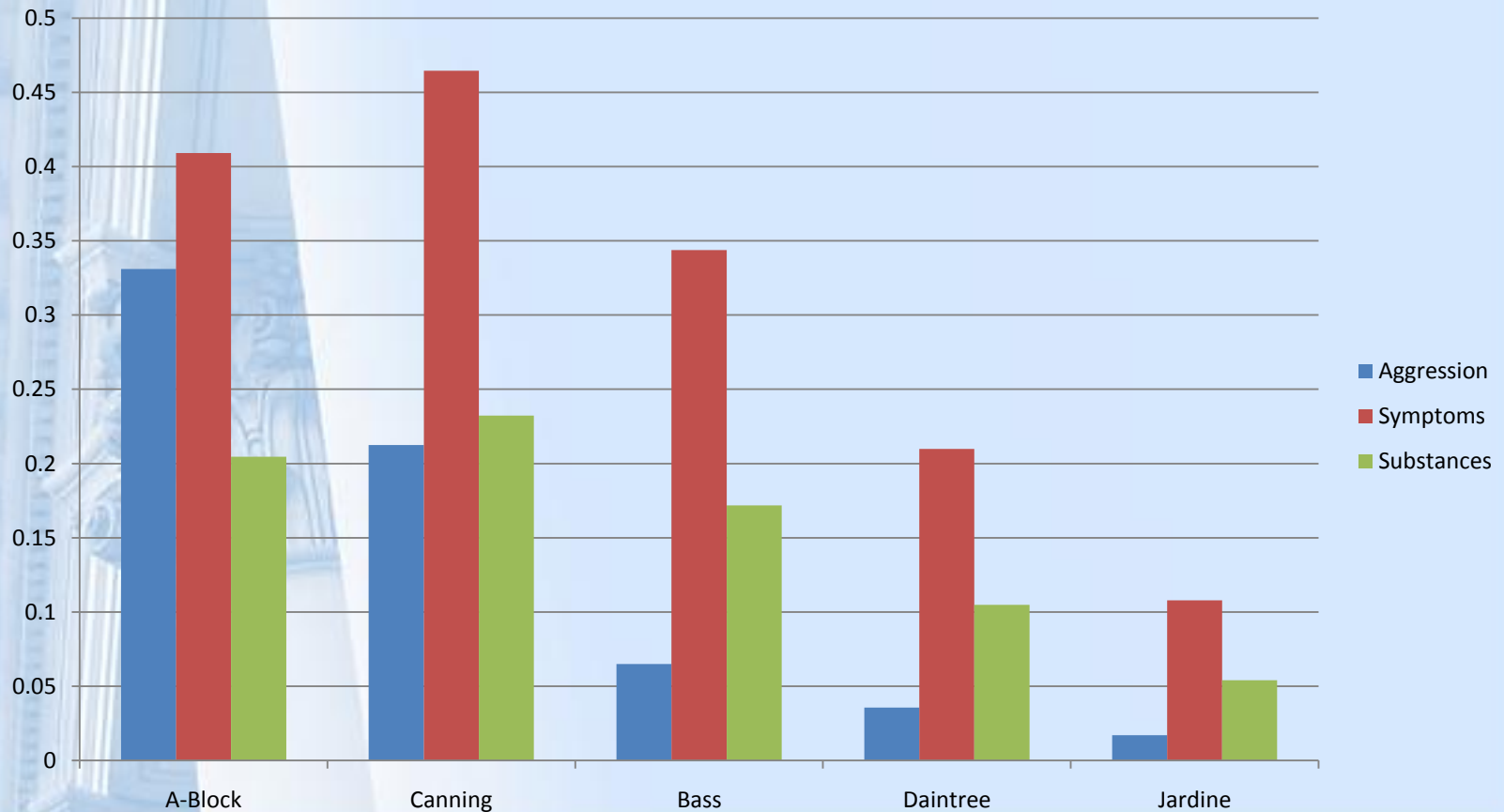


Results: Needs Domains

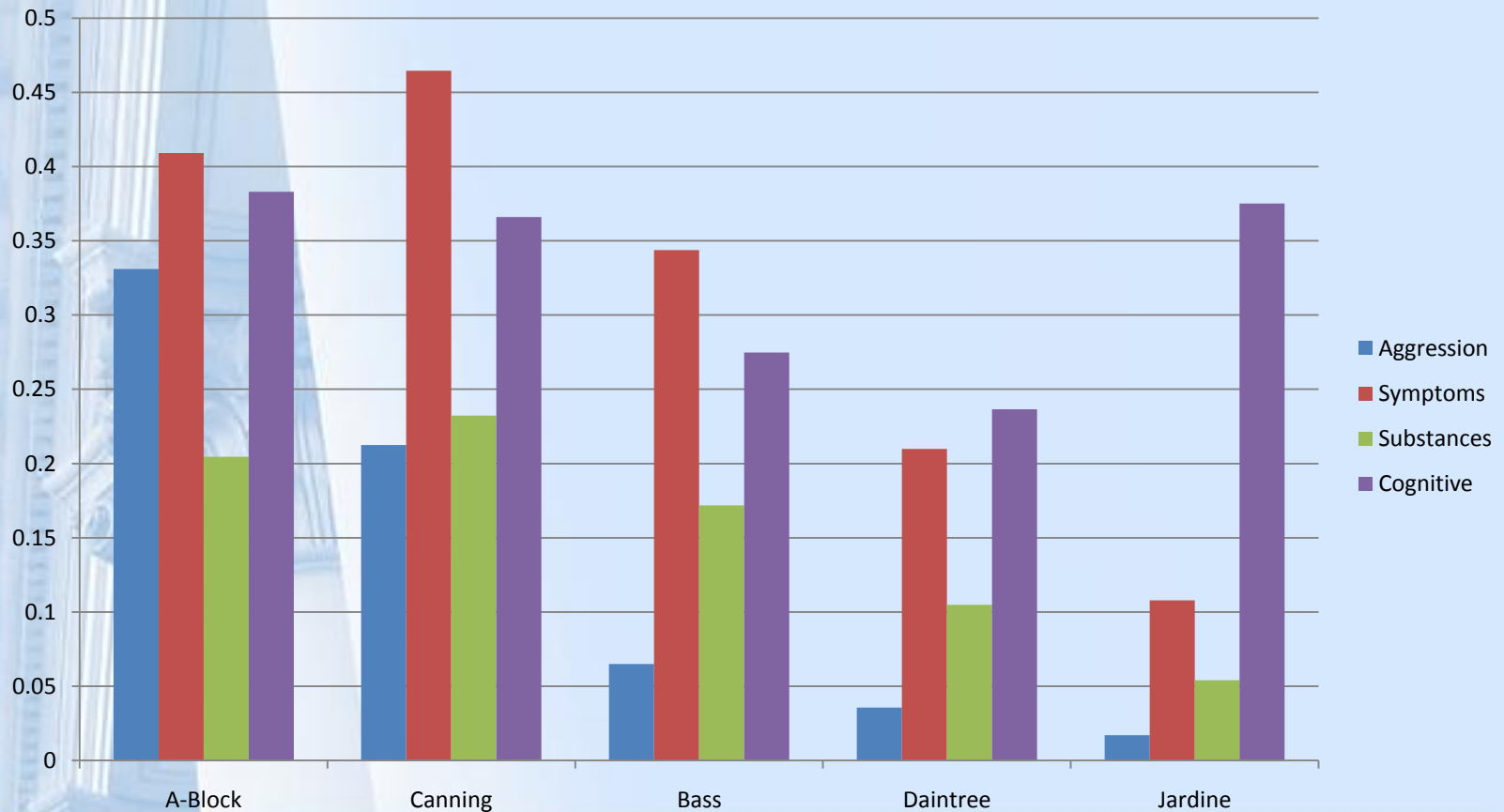
Percentage of Continuing Care Patients with the Current Needs of Aggression, Symptoms, Substance Use and/or Cognition= 81)



Results: Ag Sx Subs across units



Results: AgSxSubs+Cog units



Implications

- Emerging evidence (supportive of clinical views) that standard OM's don't reflect the needs of a patient residing in secure + long term inpatient setting (forensic psychiatric)
- Need for review of types of OM administered at TEH to reflect the needs of our population, both INDIVIDUALLY and POOLED

Implications

- Preliminary findings illustrate population wide need in specific areas → Cognition + Subs Abuse.

This information can be utilised to inform the current review of clinical pathways within TEH and allocation of resources (e.g., need to employ neuropsychologist)

- Likely staff compliance with new + additional measures will be crucial in consideration of implementing change