

Recidivism Rate among Patients discharged from long care unit in forensic psychiatry program at Mental Health Hospital, Taif, Saudi Arabia

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ABSTRACT

Background: This article reports on an observational study of rate and violent recidivism after discharge from a Long-Term Forensic care unit, in mental Health Hospital, Taif, Saudi Arabia. It is an attempt to examine current state of the service provided and its outcomes. It is supposed to be a base line study on which further efforts are to be directed to understanding the risk factors, effective rehabilitation programs and the necessary community-based follow up strategies that would lead to the best outcome possible towards maximizing the benefits of long-term psychiatric care hospitalization on criminal behaviour.

Methodology: We reviewed all psychiatric patients who were admitted to, then discharged from the chronic forensic rehabilitation ward from Mental Health Hospital, Taif, Saudi Arabia, between 2005 and 2020 (N=66). Our study focused exclusively on observational studies. We counted number of times of reconviction after the first Mental Health Hospital admission, and also counted for the number of readmissions. Descriptive statistical analysis was explored and presented as frequencies and percentages. We determined crude rates for all adverse outcomes.

Results: We did nearly mean follow up of 15 years, 15.15 percent patients died after discharge with average age of death of 31-40 years, 68.18 percent were hospitalized due to relapse of illness and 16.66 percent violently offended after discharge associated with violent crime. The association between psychiatric diagnosis and outcome varied such as substance use disorder as a primary diagnosis was associated with highest risk of mortality and re-hospitalization, on which personality disorder was linked with the highest risk of violent offending. Furthermore, comorbid substance use disorder typically increased risk of adverse outcomes.

Conclusion: Long term unit, although might mitigate the risk of high risk patient group. However, that is not enough and they still in a way or another, and for reasons to be looked at and investigated, pose risk to the public safety.

Keywords: Forensic Rehabilitation Ward; Violence; Recidivism, Discharge.

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INTRODUCTION

The goal of giving long term psychiatric care to mentally ill persons to offer them the specialized care they need for their illness which is a point of essence towards rehabilitating them and mitigating their risk to themselves and the public. It is based on the forensic committee decision and disposition opinion that some of the mentally ill patients to be admitted to long term care forensic unit in our hospital. This aims to mitigate their risk to the public safety and keep them locked in a psychiatric hospital ensuring that they receive the

needed care as it was evident to the decision makers that their risk couldn't be managed reasonably otherwise.

Forensic patients require time for their complete recovery, and they need to complete term of punishment, so the rate of discharge is less as compared other than forensic rehabilitation ward. In our research 66 patients discharged within period of 15 years from between 2005 to 2020. Discharged rehabilitated inpatients from forensic department are at elevated risk of serious adverse outcomes, such as all-cause mortality, aggression due to readmission, suicide and nonfatal self-harm, and accidental death [1-3]. Rate of violent recidivism in patients on conditional discharge as per studies is under 20 percent [4]. One more study on systematic review showed high rates of reoffending after patients are discharged from secure hospitals in England and Wales [5]. Studies from the United Kingdom have been found that 7 percent of secure hospital patients had committed violent offenses and these patients were potentially qualified for life sentences within two years of release [6-7]. Discharged outcomes has investigated in some countries which shows short-term reconviction rates is low, in the longer term, and absolute rates of adverse outcomes are high in reconvicted person [8]. Mortality rates in some studies of 18 percent [9] and in some 23 percent [10] and increased readmission rates seen in some studies [7].

Patients with psychiatric disorders have high mortality risk compared to general population [11-12] due to unhealthy lifestyle [13] like physical inactivity, poor diet and importantly high rates of smoking and substance use [14]. Individuals with a history of criminal behavior and incarceration have also been shown to be at increased risk of mortality [15-16]. Many previous reports among forensic psychiatric outpatient, have examined all-cause mortality among them [17]. In this study, we aimed to conduct an exploratory analysis of the all-cause mortality, such as aggression, readmission and rates of suicidal behavior in forensic psychiatric outpatients discharged from forensic psychiatric wards in kingdom of Saudi Arabia. The probability of violent convictions was increased among patients in primary diagnosis of personality disorder, usually antisocial personality disorder, originally admitted under the legal category psychopathic disorder. Risks were also increased for those of younger age, who were younger when first in court, and were from other ethnic subgroups. Chances of subsequent convictions for arson were increased among female patients/ As compared to one or more previous arson convictions with those having history of alcohol dependence or alcohol misuse. Substance use disorder may be associated with premature mortality in psychiatric patients, [18-19] and age and substance use with re-hospitalization in schizophrenia [20], psychosis [21] and bipolar disorder [22]. In addition, comorbid substance use and personality disorder increased the risk of violent offending [23-24].

METHODOLOGY

Participants

Participants which included patients who were discharged from forensic psychiatry wards male and female and were mandated to receive inpatient treatment from between period 2005-2020. The follow-up period was calculated from the day of discharge to the end of the study period February 2020.

Parameters

We collected demographic data including age, gender, and primary psychiatric diagnosis. We examined several outcomes, including reconviction, death, completed suicide, suicidal behaviors such as attempts and completed cases, readmission to forensic psychiatric wards, and readmission to general psychiatric hospitals. In this study, we focused on three specific outcomes, death, completed suicide, and suicidal behaviors.

RESULTS

Table 1: Socio-demographic variables (n=66).

Age in years	Frequency	Percentage
21 - 30 years	31	46.96 %

31 - 40 years	20	30.30%
41 and above	15	22.72%
Total	66	100.00%
Gender		
Male	56	84.84%
Female	10	15.15%
Total	66	100.00%
Marital Status		
Married	23	34.84%
Unmarried	28	42.42%
Divorced	15	22.72%
Total	66	100.00%

Demographic data

The demographic data are described in Table 1. The sample included 66 forensic psychiatric outpatients who were discharged from Mental health hospital, Taif Saudi Arabia forensic psychiatric wards. There were male patients (n = 56) and female patients participating (n = 10) and total male and female patients are 66 (n= 66). Majority of patients 46.96 percent are in 21-30 years age group and 30.30 percent are 31-40 years age group and 22.72 percent are 41 and above age group. Male respondents are 84.84 percent and female were 15.15 percent. Majority of 42.42 percent of respondents are unmarried, married are 34.84 percent and divorced respondents are 22.72 percent.

Table 2: Recidivism data (n=66).

Characteristics	Frequency	Percentage
Aggression	11	16.66%
Readmission	45	68.18%
Suicide	10	15.15%
Total	66	100.00%

Table 2 depicted the majority of patients readmitted due to disturbed behaviour are 68.18 percent and aggression seen due to non-compliance was 16.66 percent and suicide attempted 15.15 percent. Men were more likely to have committed the crimes and compared to women.

Table 3: Distribution of respondents according to the types of Psychiatric Morbidities (N=66).

Characteristics	Frequency	Percentage
Schizophrenia	06	9.09%
Depression	20	30.30%
Drug abuser	30	45.45%
Personality disorder	10	15.15%
Total	66	100.00%

Table 3 depicted the most common primary psychiatric diagnoses were drug abuser 45.45 percent, followed by mood disorders such as depression 30.30 percent, personality disorders were 15.15 percent and schizophrenic patients are 9.09 percent.

Mortality: 10 participants died due to attempted suicide around 15.15 percent. Suicide was the most common cause of death while a natural cause of death was observed in only three cases.

Suicide: Suicidal behaviours were observed in 40 patients. Completed suicides were observed in 10 patients (Table 2) around 15.15 percent. Four of ten patients completed suicide within one year of discharge. The most common forms of suicidal behaviours were overdose 28.1 percent, jumping off 21.9 percent, hanging 15.60 percent, and cutting 12.5 percent.

Readmission: The majority of patients readmitted were 45 due to disturbed behavior are 68.18 percent.

Aggression: Aggression seen due to non-compliance was 16.66 percent among 11 patients due to non-compliance with medications.

DISCUSSION

This study investigated rates of adverse outcomes for psychiatric patients discharged from long care unit in forensic psychiatry ward namely mortality, readmission to hospital and suicide. The last of these is probably the most important measure of benefit because risk of reoffending and violent behavior had determined hospital admission in secure settings. We therefore calculated how these rates to be compared with repeat offending rates among prisoners from the same countries as made up the individual studies. Finally, we have provided a range of other comparisons for all these outcomes in order to contextualize the results. As for predictors of violent recidivism, a recent overview finds that substance abuse are stronger risk factors than mental illness similar to our findings, and these studies included heterogeneous populations of psychiatric outpatients and prisoners in addition to discharged forensic psychiatric patients [25]. Our aim was to report findings from a comparison of violence recidivism after discharge from long care unit in forensic psychiatry ward. It shows that the threshold for re-admission to forensic units was higher in our study. In another studies 28.18 percent were readmitted within one year in a prospective investigation in Canada [26].

The inpatient long-term hospitalization is usually a professional opinion that is approved by the criminal court and is reserved for those mentally ill patients with the highest risk to the public safety. Therefore, the numbers of admitted patients are considered to be modest as compared to the total number of mentally ill who have criminal history. Their primary offenses are mostly involving murder or severe bodily harm to person. We think that was mainly for lack of close monitoring and also for the absence of social commitment treatment order in the Mental health system in the country. They undergo regular re-evaluation and risk assessment, and they were to be provided with the best available rehabilitation programs and support. Ultimately, some of them will be stabilized sufficiently enough to grant them ground and community access and many times a discharge.

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