A Qualitative Study Of Older Adults' Experiences Of Transitioning From Secure Forensic Services – The TOPS Study

Jacqueline Tallent[1]

Dr Fiona Houben[1]

Dr Janet Parrott[2]

Dr Osman Hussain[3]

Professor Douglas MacInnes[1]

[1]Canterbury Christ Church University; [2]Oxleas NHS Foundation Trust; [3]South London and Maudsley NHS Foundation Trust

Forensic Mental Health Service Provision

Forensic mental health services provide care for people with serious long-term mental disorders who are offenders or at risk of offending

Approx. 7,000 forensic beds in England and Wales (High, Medium and Low Secure)

Cost of forensic in-patient care in the UK was around £1.7bn in 2016

The Medium Secure Unit population is ageing in line with the general population and has growing age-related needs

Older Adult Services

- Percentage of crimes committed by older adults = <1%

- Recent increase in sentencing due to historical sex offences

- Greater proportion of psychiatric illness found in elderly offenders than in the general population
  - In England and Wales, more than 50% of elderly prisoners have a mental disorder (Fazel, Hope, O'Donnell & Jacoby, 2001)
  - Around 20% of secure patients within the UK and other Western countries are aged 50+ (Di Lorito et al., 2017; 2018)

- Referral and discharge planning for older forensic in-patients is complex and placement choice limited (Visser et al, 2019).

Definition of Older Adult in Forensic Settings

No clear definition for 'Older Adult'

- NHS considers Older Adult Provision as 65+
- Public Health England (2017) defined forensic service users aged 50+
- Di Lorito et al. (2017) defined as 50+
- Walker et al. (2021) defined as 55+
- Merkt et al (2020) experience accelerated aging resulting in a level of health need at 50 being equivalent to a general health need at 60
- Scottish Government (2021) number of forensic inpatients over 65+ increase by 50% and those aged 56-65 by 27% between 2013-2019

South London Partnership (SLP)

NHS Five Year Forward View (2014) Report

- Model of "one-size fits all" was ineffective and challenged NHS trusts to work together to deliver better care for NHS patients

Result = South London Mental Health and Community Partnership (SLP):

- Three south London NHS trusts came together to better mental health services across south London
  - Oxleas NHS Foundation Trust
  - South London and Maudsley NHS Foundation Trust
  - South West London and St. George's Mental Health NHS Trust,

Visser, MacInnes, Parrott & Houben (2019) Growing older in secure mental health care: the user experience. Journal of Mental Health 30(1) 51-57

Earlier study at Oxleas NHSFT on the needs and views of older service users in secure services highlighted transition from secure care as of particular concern for service users and staff with significant barriers to transition

Study based in Medium & Low Forensic Hospitals

> Aim: To explore user experiences of being an older adult in secure forensic services

Study Findings:

- Overall experience was positive
- Users preferred ward environment where they had company of other older adults
- Physical needs were high
- Difficulties in discharging older adults

Findings lead to the development of the TOPS Study

TOPS Study – Phase 1 – Quantitative Survey

Project commissioned by SLP Quality Improvement

Ethics approval as Service Evaluation lodged on Oxleas system

Characteristics of all in-patients aged 60 and over residing in medium or low secure services between 1 April 2016 and 31March 2021.

SLP Secure Service Point Prevalence on 31/03/2021

Age Group	N= 321
18-59 years in MSU & LSU	90% (290/321)
≥60 years in MSU & LSU	10% (31/321)
Gender	N=64
Male	92% (59/64)
Female	8% (5/64)
5-year Cohort (aged ≥60 years) in MSU & LSU	N=64
Current Age - median (range)	68yrs (60yrs to 84yrs)
Ethnicity	N=64
White British, White Irish	53% (34/64)
Black British African, Black British Caribbean	17% (11/64)
Asian British or Asian	13% (8/64)
British Cypriot, Turkish-Cypriot	9% (6/64)
Not stated	8% (5/64)
Primary Diagnosis	N=63
Schizophrenia and related psychoses	57% (36/63)
Depressive psychosis	16% (10/63)
Bipolar disorder	5% (3/63)
Personality disorder	13% (8/63)
Asperger's syndrome	2% (1/63)
Dementia or other organic brain disorder	8% (5/63)
Secondary & Tertiary Diagnosis	N=63
None	62% (39/63)
Secondary or Tertiary Diagnosis	32% (20/63)
Harmful use of drugs or alcohol	13% (8/63)
Personality Disorder	11% (7/63)
Depressive Disorder	3% (2/63)
Persistent delusional disorder	2% (1/63)
Mild Learning disability/developmental disorder	8% (5/63)
Cognitive Impairment	2% (1/63)*

Study Findings – Group Characteristics

64 individuals (majority male, ranging in age from 60-84yrs)

27% admitted direct to older adult services

Most individuals have one or more physical health conditions, including Type 2 diabetes and hypertension. Barrier to discharge for 8 individuals.

Data on Proportionate Discharge

Destinations of older adult forensic in-patients in South London Services: A 5-year cohort (01/04/2016 – 31/03/2021)	
Patient location by Study End 31/03/2021	N=64
Remained in Secure Services	**48% (30/62)**
Medium Secure Unit	17% (5/30)
Low Secure Unit	80% (24/30)
High Secure Hospital – stepped up	3% (1/30)
Died in Secure Services	**11% (7/62)**
Transitioned out of Secure Services	**39% (24/62)**
Locked Rehab	21% (5/24)
Community	79%(19/24)
Other	
Repatriated to hospital in home country	2% (1/62)
*Missing data on Patient Location at Study End, n=2	

Data on Proportionate Discharge

Destinations of older adult forensic in-patients in South London Services: A 5-year cohort (01/04/2016 – 31/03/2021)	
Type of Community Placement	N=14
Independent or Sheltered Flat	21% (3/14)
Residential Care/Nursing Home	29% (4/14)
Specialist Mental Health Nursing Home	21% (3/14)
Forensic hostel (generic adult)	21% (3/14)
Enhanced support hostel (generic adult)	7% (1/14)
Destination unknown (missing data)	5/19
2 individuals died after discharge to specialist nursing home and Enhanced support hostel.	
Deaths	N= 9
Died following discharge	2/9

Pathways of Care

Offending behaviour for the group is of a uniformly serious nature (majority serious violence)

Pathways:

1. Lengthy but discontinuous periods of admission, recall or reoffending in older age, diagnosis of a psychotic illness.

2. Continuous admission, assoc. treatment resistant psychosis, challenging behaviour. Some high-secure step-down. All grown old in forensic services.

3. 'Elderly offenders', recent admission following a first serious offence (domestic homicide) in older age, assoc. with depressive psychosis. Short pathway.

4. Sentenced prisoners, transferred in older age for treatment of mental illness. Some return to prison system, some serve remainder in secure services and step-down.

TOPS Study – Phase 2 – Qualitative Study

Project commissioned by SLP Quality Improvement

Interview focussing on service user experience of transition (or not) and staff views of barriers to progression

Qualitative work will provide thematic review of the most important issues for service users and staff which is likely to be a rich source of evidence to inform both of the above

Qualitative Study Aims

This study explores the experiences of older service users who are preparing to move (or who have recently moved) out of secure in-patient services

Study Aim: To better understand the transitions of older service users to less restrictive placements.

Objectives

To examine older service-users' experiences of their transition out of secure mental health services.

To explore the views of clinicians' care co-ordinators on referral, discharge and placement of older service-users.

To identify the factors influencing the choice of placements paying attention to the social, physical and mental health needs for different age ranges and different psychiatric needs and offending histories.

To combine the findings to identify ways to improve transitions for older people who are ready to be discharged to less restrictive placements.

Methods – Ethics Consideration

- Ethical approval obtained from London - City & East Research Ethics Committee on 17th December 2020 (reference number 20/PR/0814)

- Ethical approval was also approved by Canterbury Christ Church University Ethics Committee

Methods – Design

- Purposive sampling approach
  - Service users recruited from the services commissioned by the South London Mental Health and Community Partnership (SLP), aged 60+ and ready to leave secure forensic service (or have recently been transferred out)
  - Responsible clinicians of recruited participants

- Semi-structured interviews exploring the experiences of men and women, from different age ranges (60+), and ethnic backgrounds being cared for in the NHS or Independent Sector.

Methods – Participants

Service users:

- All service users aged 60+
  - Interview with five current in-patients in forensic services who are in the process of transferring out of secure forensic services
  - Interview with five service users who transferred out over the previous year.

Responsible clinician of service users:

- Interview with clinician of participating service user to gain their perspective on the referral and discharge of older adults from secure in-patient services, and any challenges

COVID-19 Alterations

Interviews conducted via Microsoft Teams instead of face-to-face

Consultation with majority of potential study sites on the availability of secure video conferencing and received a positive response.

Service users are becoming accustomed to using video conferencing to speak to staff and family members.

Recorded only the audio

Securely stored using a numerical identifier and transcribed.

If video conferencing software is not available, interview took place over the telephone, and only audio recorded

Process for Recruitment

Responsible Clinician

- Assess patient's capacity

Ward Manger/Lead Nurse

- Provide study material to patient (and inform researchers if patients is interested)

Researcher & Nurse

- Agree date/time to speak to patient via MS Teams (informed consent)

Researcher & Nurse

- Agree date/time to conduct interview

Slow recruitment progress due to Covid-19 restriction

Methods – Data Collection

The interview schedules developed based on preliminary findings from an earlier study on the needs of older adults in secure settings by the current research team (Visser et al, 2019)

Two interview schedules:

1) Service Users – focus on participants' views and experiences transitioning away from the forensic service

2) Responsible Clinicians – focus on issues clinicians faced in managing the care pathway of older adults and finding appropriate placements

Interviews approximately 20 – 30 mins in length

All interviews were audio recorded only and transcribed verbatim

Methods – Thematic Analysis

Braun and Clarke (2013) Six Stage model:

1. Familiarisation with the data
2. Generating initial codes.
3. Searching for themes.
4. Reviewing themes.
5. Defining and naming themes.
6. Producing the report and selecting compelling, extract examples.

Preliminary Findings

Five patients (3 males & 2 females) have been interviewed

- MSU inpatients = 2
- Locked Older Adult wards = 2
- Supported accommodation = 1

Eight interviews with clinicians

- Five consultant psychiatrists / psychologists
- One Residence manager; Service lead; Social worker

Completed interviews = 14

- Face-to-face = 5
- MS Teams = 8

Ongoing / Needs completing:

- Access granted to main independent provider
- Patients have been identified
- Schedule interviews with 3-5 patients, and 2 consultant psychiatrists (including medical director)

Overview of Interviews

Clinician interviews have mainly occurred over MS Teams due to issues regarding access

- Busy schedules, plans can change due to disturbance on wards, covid restrictions

Patient interviews have been better in person

- Speech / hearing problems, more relaxed environment, less pressure on staff to organise

So far, each interview transcripts has been summarised to identify more overarching themes

Example: Joint working

"…some of the reasons [for moving a patient] might be because of the exclusion zones or a victim issue … if you have a client from South London and they have an exclusion zone in their local area, it makes it very difficult for moving forward and utilising leave in the community. We will look to the alternative options, for example, if we have vacancies in Oxleas, that client can be transferred to Oxleas and then stepped down in terms of community leave and the supported accommodation without any difficulties surrounding the catchment area and the exclusion zones"

Preliminary Themes – Clinicians

Definition of Older Adult – Does this work?

Lack of appropriate placements

Complexities with transition pathways

Collaborative working

Clinicians – Preliminary Theme #1

Definition of Older Adult – Does this work?

"I've got a lot who are sort of edging into their 50s. A lot of them are probably physically quite damaged by the medication regimes I think, and physical health problems … So they may be 45 but they're probably getting close to 60 in terms of physical health."

"… our patients are chronologically young but metabolically and physically and cognitively older, so it's almost like converse. I've had a few patients who would actually benefit if there were some sort of older adult services in terms of managing physical health, the comorbidity of physical health or cognitive design, things like that, but their age is a barrier."

Clinicians – Preliminary Theme #2

Lack of appropriate placements

"Within the SLP, we don't actually have the provision that is specifically designed for older patients and that is where we are using the private sector. At the moment, for example, our forensic older patients are being admitted to [independent] hospital"

"…there is a shortage of older people specialist placements, even within the private sector. … Occasionally, we will have to utilise general forensic MSU or LSU for older patients, because of the shortage of specialist beds for older people. There is definitely a gap in provision and our forensic population is getting older."

Clinician – Preliminary Theme #3

Complexity with transition pathways

"… people with chronic mental health disorders have very different needs to the rest of the population that you would encounter in a nursing home, who tend to be very confused and with physical health issues …[their] life expectancy is very very short. So it is a very different type of population and if you insert one of my patients into a standard nursing home there will be very substantial problems where many of their needs would not be met."

"…some of the reasons [for moving a patient] might be because of the exclusion zones or a victim issue … if you have a client from South London and they have an exclusion zone in their local area, it makes it very difficult for moving forward and utilising leave in the community. We will look to the alternative options, for example, if we have vacancies in Oxleas, that client can be transferred to Oxleas and then stepped down in terms of community leave and the supported accommodation without any difficulties surrounding the catchment area and the exclusion zones" – PID A

Clinician – Preliminary Theme #4

Collaborative working

"**Interviewer** – In terms of him moving within the system, he was talking about a move to "X Rehabilitation Ward" , saying that he was reluctant to go. Is this an imperative move for him or is it possible for him to stay on the "X Current MSU" ward and then go through this tribunal-parole board process?

Clinician – No, it's not imperative. I mean it would be ideal because "X Rehabilitation Ward" is a sort of predischarge unit, so patients have freedom and the expectations are greater. It's probably a better testing in terms of his managed ability to manage on his own especially given the length of time he spent in institutionalised care. But he has been very clear that he doesn't want to go and we don't want to set him up to fail by forcing him to go. We are happy to continue doing all of the rehab stuff from our ward and that's fine. "

Preliminary Themes – Service Users
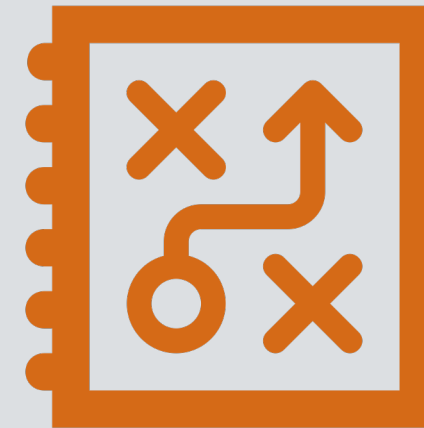
Transition out of Secure Services

Support and Community

Collaborative Working

Patient Perspective Theme #1

Transition out of Secure Services

"I like where I am. Prison is out of the question. I don't want to go to prison ever again. I've got this chance now and I need to take it."

"I'm here till I die, I think. "

"Well the current situation, the house is quite good and the staff are all right and they do do a lot of things to help me and that. And it's quite good. But I'm really looking forward to moving into my own flat and not having to share things like I've had all my life."

Patient Perspective Theme #2

Support and Community

"Lots of lovely support. I don't get very much, I get wonderful support for the laundry and my shopping, my cleaning, it's all lovely all that and functioning in it really comfortably. I'm not given enough things, enough of what do you call it, enough pleasures for the pleasure centre. I'm not given enough pleasures for the pleasure centre. It doesn't matter what we are and I will deal with it and I do because things change around you, it doesn't matter what they are, I deal with it."

"Well the current situation, the house is quite good and the staff are all right and they do do a lot of things to help me and that. And it's quite good. But I'm really looking forward to moving into my own flat and not having to share things like I've had all my life."

Patient Perspective Theme #3

Collaborative Working

"The doctor said that because I've been here a long time, they're going to ween me out slowly into the community. I did have to explain to the doctor that I don't really need that, and I know what I need to do when I'm out. I know what I want to do. I'm just over 60."

"Yes, I did a few visits. And I transitioned there, I had to for about a month or so I was spending overnight visits and staying at the hostel and then going back to the hospital. I was doing that for about a month. I'm going to do the same thing now with this flat in Brixton. I'm going to transition there as well."
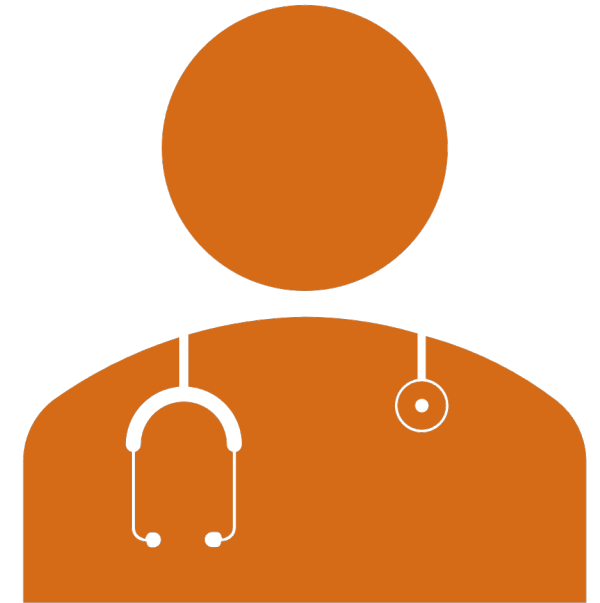
Future Work

Recruitment	Complete recruitment at main Independent sector (target 3-5 service users; 2 clinicians)
Transcribe	Transcribe remaining interviews
Analyse	Thematically analyse transcripts
Combine	Bring together servicer user and clinician themes
Create	Create report for SLP & develop a checklist for guiding discharge out of forensic mental health services.

Reference to Paper

Visser, R., Houben, F., MacInnes, D. & Parrott J. (2019) The needs and views of older people in secure mental health services. Journal of Mental Health, 30(1). 51-57. https://www.tandfonline.com/doi/full/10.1080/09638237.2019.1630722

Thank you!
Any questions?

For more information, please drop us a line

jacqueline.tallent@canterbury.ac.uk

douglas.macinnes@canterbury.ac.uk