



A comparison study of adults with intellectual disability and psychiatric disorder with and without forensic involvement

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ABSTRACT

The current study describes and compares profiles of patients in the same specialized hospital program for patients with intellectual disability with and without forensic involvement. A retrospective chart review of 78 individuals (39 forensic and 39 non-forensic) served between 2006 and 2008 was completed. The forensic sample was more likely to have a diagnosis of borderline to mild IQ and psychotic disorder was more common. Forensic patients were also more likely to have previously used drugs or alcohol. Forensic inpatients had significantly longer lengths of stay, and were more likely to change residence from admission to discharge than the non-forensic inpatients but the GAF scores did not differ between the two groups at admission or discharge. Although there are many similarities between the two groups, there are also some important differences that exist which should be considered in the design of inpatient and outpatient mental health and intellectual disability services.

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Adults with intellectual disability, mental health issues and forensic involvement are a very complex group of individuals. They can be categorized as one of the most stigmatized populations with a “psychiatric”, “disability” as well as “offender” label (Simpson & Hogg, 2001). However, limited research has explored their client profile and service needs (Barron, Hassiotis, & Banes, 2002). Studies describing the link between legal involvement, mental health concerns and intellectual disability have been conducted in the United Kingdom, Australia and Finland (Barron et al., 2002; Day, 1988; Glaser & Florio, 2004; Hayes, Shackell, Mottram, & Lancaster, 2007; Mannynsalo, Putkonen, Lindberg, & Kotilainen, 2009; Puri, Lekh, & Treasaden, 2000; Reed, Xenitidis, & Murphy, 2004; Simpson & Hogg, 2001; Winter, Holland, & Collins, 1997) with only one known study conducted in Canada (Lunsky et al., *in press*). The need for more research in this area is a growing concern as adults with intellectual disability are entering the criminal justice system at an increased rate (Hayes et al., 2007; Sondena, Ramussen, & Nottestad 2008) and many such individuals are suspected to have unrecognized psychiatric needs (Jones, 2007).

Much of the research on the profile of individuals with intellectual disability and forensic issues has been based on those individuals in jail/corrections (see Sondena et al., 2008, review). Less attention has been paid to the individuals with forensic issues who have comorbid mental health difficulties and receive psychiatric services. It is important to understand the needs of this group because psychiatric services are not typically tailored to their unique needs. It is unknown when such individuals should be placed in highly specialized services, and when they can be served in more general forensic psychiatry programs or more general mental health programs for people with intellectual disability.

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A few studies have described the demographic and diagnostic profile of psychiatric inpatients with forensic issues and intellectual disability (Day, 1988; Lunsky et al., *in press*; Puri et al., 2000; Reed et al., 2004) but only two known studies have compared hospitalized psychiatric inpatients with intellectual disability with and without forensic involvement (Lunsky et al., *in press*; Reed et al., 2004). Lunsky et al. (*in press*) compared a group of individuals with intellectual disability across a number of psychiatric hospitals and across a number of programs. The forensic group ($n = 74$) was more likely to be male, younger in age, and were more likely to be diagnosed with personality disorders than the non-forensic group ($n = 282$). Fifteen percent of patients in the forensic group were being served in a specialized hospital program for patients with intellectual disability and the others were served either in forensic units or other hospital programs. Reed et al. (2004) compared a group of inpatients with and without forensic issues hospitalized in a specialized low security psychiatric inpatient unit for individuals with mild to moderate intellectual disability. Demographics of the two groups appeared to be similar with no differences in age, gender, IQ level, ethnicity or the average length of stay in hospital. There were however significant behavioural differences between the two groups. The forensic group was less of a risk to others, such as staff, but more likely to harm themselves. Diagnostically the forensic group was more likely to be given a personality disorder diagnosis and the non-forensic group was more likely to be diagnosed with autistic disorder.

Along with understanding the unique profile of forensic inpatients, it is equally important to understand the profile of forensic patients with intellectual disability accessing outpatient mental health services. No studies have compared forensic psychiatric outpatients with intellectual disability to non-forensic psychiatric outpatients with intellectual disability, however. Glaser and Florio (2004) described a sample of forensic outpatients with intellectual disability from Australia. They reported that everyone in the sample was single and all but one was male. Twenty-one percent of the sample had a history of substance abuse and 38% experienced sexual victimization as a child. Winter et al. (1997) compared a group of 21 men with a legal history, several of whom had psychiatric issues, but not all, to a community-based sample of 17 men with intellectual disability. Again, history of substance abuse was more prominent in the forensic group as was a history of family legal involvement, behavioural problems in school and abandonment by father. However, it is not known how many differences would still be found had Winters et al. used a psychiatric outpatient sample as opposed to a community sample as a control group.

In summary, the majority of forensic inpatients and outpatients with intellectual disability and mental health issues tend to be men, personality disorders are a prominent diagnosis, functioning level tends to be in the borderline to mild range and a history of psychosocial deprivation is common. There is disagreement as to whether forensic and non-forensic patients with intellectual disability differ in terms of symptom severity and length of stay and differences between studies may be attributable to differences between samples or types of hospital services. Previous research is limited in that few studies have included a clinical population as a control group. Hence, it is not known which characteristics of forensic clients with intellectual disability and mental health concerns are attributable to the mental health concerns and which characteristics are unique to their forensic profile. The purpose of the current study was to describe and compare profiles of individuals with intellectual disability and mental health issues, with and without forensic involvement using a hospital-based inpatient and outpatient specialized mental health service. It was predicted that the forensic inpatients and outpatients would be more likely to be male, and more likely to have a mild disability. Diagnostically, it was expected that personality disorders and substance abuse would be more common in the forensic group.

1. Method

1.1. Participants

1.1.1. Forensic sample

The sample consisted of 39 adults (14 inpatients and 25 outpatients) with intellectual disability and mental health issues and forensic involvement discharged from either the inpatient unit or outpatient service for individuals with intellectual disability in a psychiatric facility in Toronto between the years of 2006 and 2008. Participants ranged in age from 24 to 47 years of age ($\bar{x} = 35.1$, $SD = 8.7$). The gender distribution of the forensic clients were relatively equal between males and females, the male to female ratio being 20:19 (inpatients = 7:7; outpatients = 13:12).

The type of forensic and legal charges for inpatients included fire setting behaviour, property destruction, assault, and theft. The legal status on admission to the inpatient unit included five individuals with current charges with the remaining nine either on probation or bail. Outpatient legal charges included theft, public mischief, property destruction, assault, and fire setting behaviours. The forensic inpatient sample all had current forensic issues whereas the outpatients were more likely to have a history of rather than current forensic involvement. Ninety-two percent of the forensic group were single, and 8% were separated.

1.1.2. Non-forensic, matched sample

The comparison sample consisted of 39 non-forensic clients. These individuals were matched to the forensic sample on age, gender and inpatient/outpatient status. The participants ranged in age from 23 to 62 years of age ($\bar{x} = 38$, $SD = 14.1$). All but one (97%) were single and one was separated.

1.2. Procedure

These 78 adults were selected for the current study based on a review of 313 referral intake forms. These forms, which captured and contained current as well as previous diagnostic, medical, social and psychological information, were

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