

## (Too) long in tbs?

A study on patients receiving forensic psychiatric tbs treatment for 15 years or longer.

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### Summary

On September 16<sup>th</sup> of 2013, 97 patients in the Netherlands received specialized forensic psychiatric tbs treatment for 15 years or longer. The present study investigated the characteristics and background of this group of long term tbs patients. It was investigated why these forensic psychiatric patients are residing at a tbs treatment place for such a long time, and which actions might be helpful to stimulate their discharge from tbs, or transfer to a tbs longstay facility. Data from the tbs registration system, MITS, indicated that the average long term tbs patient is about 50 years of age, often has a Dutch ethnicity, and has been admitted to a tbs institution at a mean age of 30 years, which is about five years earlier compared to other groups of tbs patients. Half of the long-term patients are sex offenders. Therapists completed questionnaires for 79% of these 97 long-term patients. The therapists think that about 70% of these cannot profit from treatment anymore but they do need intensive risk management. In fact, according to the therapists, all of them will need intensive long-term supervision and control, but only for a minority (17%) will maximum security measures be necessary. For over 40% of the long-term tbs-patients, a transfer to a longstay tbs ward is not deemed suitable by the therapists, because of the high degree of confinement in tbs longstay, which they judge as unnecessary for them, and the limited possibilities for temporary leave. The therapists expected that about three quarters of these long term patients can be transferred to a forensic psychiatric ward or facility of a general mental health care institute, or to some form of protected living. However the objection against transfer to general health care that therapists often report is that general mental health care does not have enough focus on, and knowledge of, the management of recidivism risks.

Differences between the 97 long term tbs patients and other groups of tbs patients were studied. They were compared with a group of tbs-patients who currently have been residing in a tbs institution for five to ten years with respect to diagnostic characteristics, level of temporary leave, behavior in the tbs hospital and attitude towards treatment. The long-term tbs patients were also compared with all ex-tbs patients who had been discharged from the tbs system in the last 4.5 years, as well as with all patients that currently have a tbs longstay status, with respect to basic risk level for violent recidivism. Basic risk levels were assessed on the basis of the historic subscales of risk assessment instruments that were present in the national database of the Expert centre for Forensic Psychiatry (EFP).

As expected, the group of long term tbs patients on average had a higher level of basic risk compared to the patients who recently had been discharged from tbs. With respect to diagnostic characteristics there was a difference between the long-term patients and patients who were in tbs for five to ten years: the therapists evaluated the psychopathology of the long term patients more often as 'more

severe'. However, in behavior and attitude towards treatment no clear differences were found between the long term tbs patients and the patients who currently have been hospitalized for five to ten years in a tbs institution.

Additionally, three (partly overlapping) subgroups of long term tbs patients were studied. The first subgroup consisted of patients that had a tbs longstay status earlier and had returned from longstay to a regular treatment place in tbs. The second subgroup consisted of the sexual offenders, who are over represented in the group of long term tbs patients, and the third group that was studied were long term patients who hardly seem to have any prospects for discharge from tbs.

As expected, the ex-longstay patients showed a number of significant differences compared to the long-term patients who had been in regular tbs treatment all the time, with respect to diagnostic characteristics and basic risks for recidivism. The ex-longstay patients seemed to have less serious (Axis-I) psychiatric problems than the patients who had been in regular tbs treatment continuously, but showed more antisocial problems, as was suggested by higher scores on the risk assessment instruments. In line with this, the ex-longstay patients had been convicted for the first time at a significantly younger age than the other long term tbs patients, which indicates a higher risk level, as the age at first conviction is a predictor of recidivism. The patients who had been in regular tbs treatment continuously showed a risk level that was not higher than the risk level of other groups of tbs patients, but they seemed to have more serious (Axis-I) psychiatric problems. About 70% of them were characterized by their therapists as 'very vulnerable patients' and 70 percent as psychotic/schizophrenic and/or mentally retarded. Moreover, the fact that the number of years between first conviction and admission in tbs was smaller for these patients also suggests they may have more severe (Axis-I) psychiatric disorders.

The sex offenders in the group of long term tbs patients, however, were rarely psychotic, but almost half of them had intellectual disabilities. On average they caused less incidents in the tbs hospital when compared to the other tbs patients, and their attitude towards treatment was not rated less positive than in other patients by the therapists. Apart from that, their perspectives on discharge didn't seem to be judged as less favorable than was the case for the other long term tbs patients, nonetheless three quarters of them were evaluated as meeting the conditions for tbs longstay status. Basic risk of recidivism for this group was (much) higher compared to the sex offenders in the group of recently discharged tbs patients, as well as compared to sex offenders in the group of tbs patients who currently have been residing five to ten years in a tbs institution, but their basic risk of recidivism was lower compared to sex offenders in the group of longstay patients. The decision to end the tbs measure for sex offenders seems, more than is the case for non-sex offenders, to be strongly associated with the basic risks as assessed with risk assessment instruments.

Finally, 30 patients were identified in the group of 97 long term tbs patients who had poor perspectives on discharge from tbs or transfer to a resocialisation place within forensic psychiatry or mental health care. These patients distinguished themselves from the other long term tbs patients with respect to their behavior in the hospital and attitude towards treatment. Apparently the therapists experience in these patients a lack of perspective because, among other things, they do not cooperate with treatment and because they are not able to cope with a higher level of leave. In sum, for a substantial part of the 97 long term tbs patients, intensive long-term supervision appears to be necessary with a strong emphasis on risk management during an extended period. A tbs longstay status with a maximum security level and very restricted possibilities for temporary leave, however, is not required for many of them according to the therapists. Transfer to a mental health care department, however, in many cases not suitable according to the tbs-therapists because

there is too little emphasis in regular mental health care on (long term) risk management. Therapists suggest as a possible solution that forensic psychiatry and regular mental health care jointly create places for these patients to guarantee the necessary risk management measures and supervision. In an expert meeting with participants from (among others) mental health care, forensic psychiatry, and the probation services it was stated that the possibilities of transfer to (specialized) follow-up places have been greatly increased for tbs-patients in the last years. Also, the discharge numbers from the tbs system recently seem to have gone up. The participants of the expert meeting suggested that possibly the current group of long term tbs patients could be evaluated by external experts on a case by case basis, to advise suitable and safe future trajectories for these patients.