

Dual Diagnosis in a Forensic Hospital: towards an heterogeneity of psychiatric and criminological profiles

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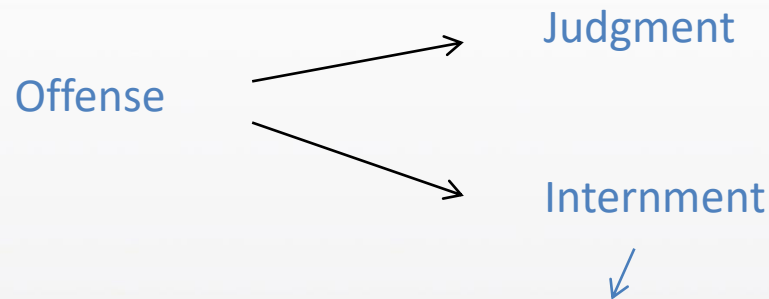
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Dual Diagnosis

- The term « Dual Diagnosis » refers to individuals with Intellectual Disabilities (ID) and an additional Mental Disorder.
- In General Population :
31,7% of people with an ID had a psychiatric disorder ($n=245\ 749$). For example, 3.7–5.2% of those with ID had co-occurring schizophrenia (Morgan, Leonard, Bourke, & Jablensky, 2008).
- In Psychiatric Hospital :
Schizophrenia/other psychosis or mood disorder Dual Diagnoses with ID increase length of stay ($n=62$; Burge et al., 2002)
- In Forensic Hospital :
« Paucity of studies of psychopathology in offenders with ID » (O'Brien, 2002).

Social Defense Law in Belgium



These patients are hospitalized under Belgium's Social Defense Law, an undetermined measure confinement of offenders recognized as incapable of controlling their action owing to mental disorder

(Moniteur Belge, 09 July 2014).

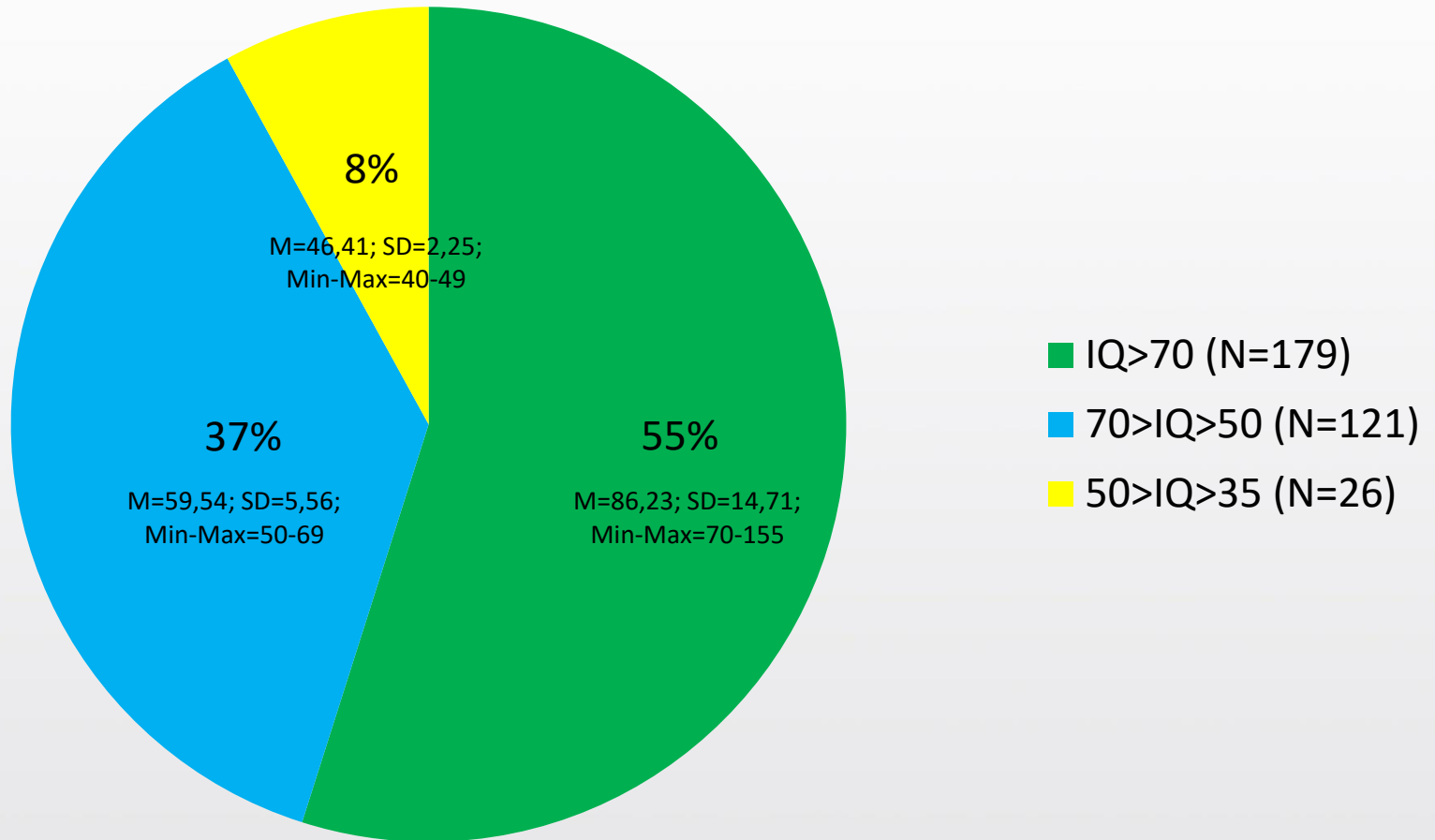
Historically :


1964 : State of dementia or in a serious state of mental disturbance or mental deficiency

So legislative evolution in favor of mental disorder rather than mental retardation

Prevalence of low IQ in Social Defense

(CRP "Les Marronniers", Tournai, Belgium)





PRÉVALENCES PSYCHIATRIQUES DE PATIENTS INTERNÉS DANS LES HÔPITAUX PSYCHIATRIQUES BELGES FRANCOPHONES ⁽¹⁾

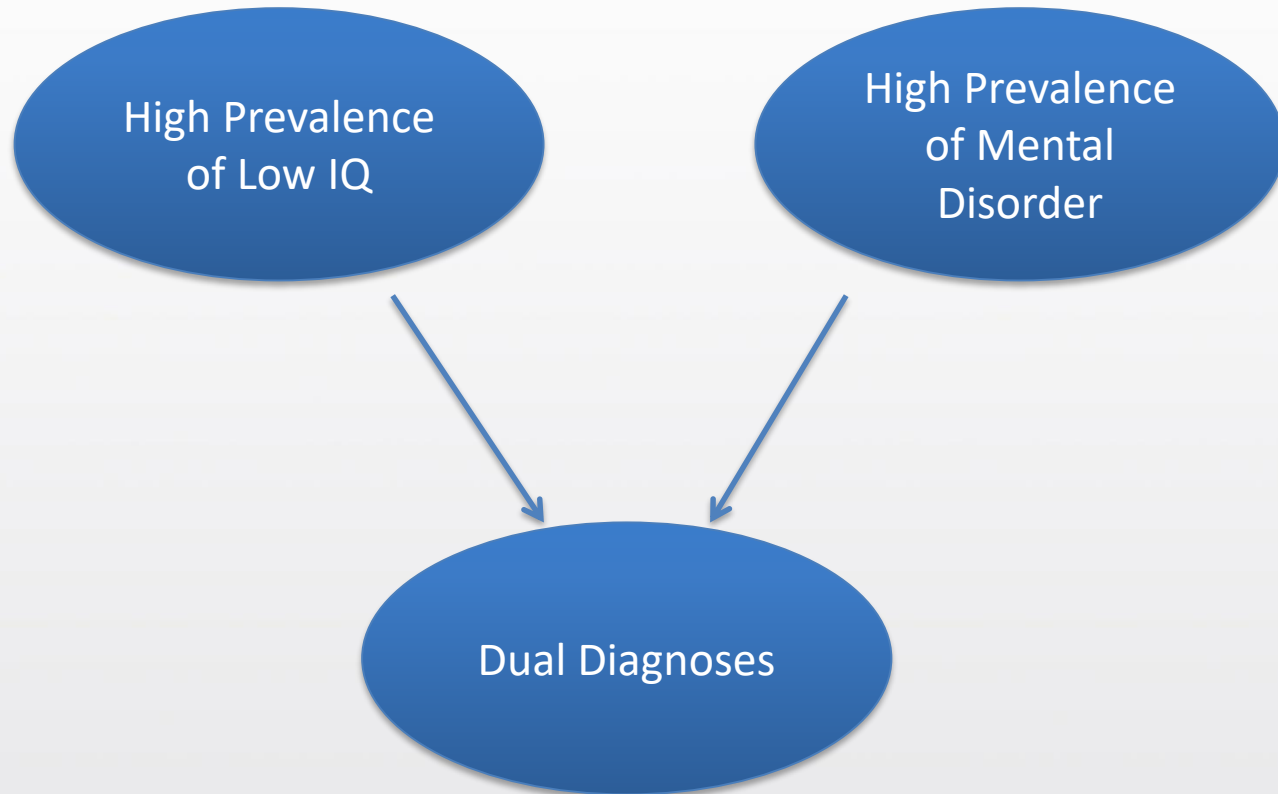
PSYCHIATRIC DISORDER FREQUENCIES OF INTERNEES PATIENTS
IN THE FRENCH-SPEAKING BELGIAN PSYCHIATRIC HOSPITALS

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THE STUDY DESCRIBES THE PSYCHIATRIC DISORDER FREQUENCIES OF AN IMPORTANT COHORT OF FORENSIC PATIENTS INSIDE THE SOCIAL DEFENSE SYSTEM (N = 409) AND OF OTHER PSYCHIATRIC PATIENTS (N = 521) IN THE SAME HOSPITALS. DATA FROM THE "RÉSUMÉ PSYCHIATRIQUE MINIMUM" FROM FIVE FRENCH SPEAKING PSYCHIATRIC HOSPITALS WERE GATHERED. WE HENCE DESCRIBED DSM-IV AXES CHARACTERISTIC OF BOTH GROUP OF PATIENTS. ONLY THE PRINCIPAL DIAGNOSIS WAS RETAINED. COMPARED TO NON FORENSIC PATIENTS, THE FORENSIC PATIENTS HAVE A LOWER EDUCATION LEVEL, HAVE LESS OFTEN AN OCCUPATION, MORE OFTEN AN AXE 2 DIAGNOSIS, HAVE MORE SEXUAL DISORDERS, HAVE LESS DISORDERS RELATED TO SUBSTANCES, MORE PROBLEMS WITH JUSTICE AND A LONGER HOSPITALIZATION DURATION. THESE RESULTS SUGGEST EARLY ADAPTATION PROBLEMS LEADING TO A LONG INSTITUTIONALIZATION AMONG FORENSIC PATIENTS. THE INTEREST AND LIMITS OF THE STUDY ARE DISCUSSED.

84% of interneess present at least one Mental Disorder (Axis I).

Aim of the Study





Method

Institution

The sample was composed entirely of forensic patients from the CRP “Les Marronniers”, in Tournai, Belgium. The facility has 350 offenders under its care, most of which present psychiatric disorders.

The sample was composed of forensic patients from the Centre for Forensic Psychiatry of the Social Defense of Tournai, Belgium. The facility has 350 offenders under its care, most of which present psychiatric disorders. The study was conducted with a sample of 100 offenders with a valid clinical diagnosis of a psychiatric disorder.



Evaluation Tools

The Wechsler Adult Intelligence Scale (3rd edition) (WAIS-III)

- Authors : Wechsler (1997)

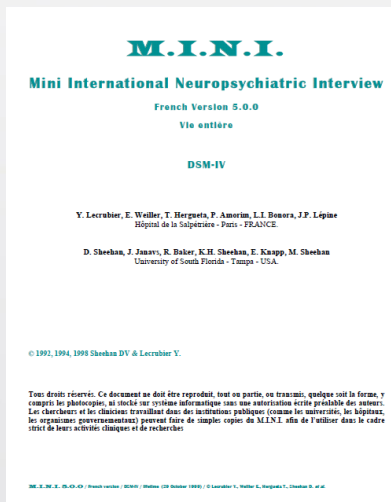


Purpose : The WAIS-III is a test designed to measure intelligence in adults and older adolescents. It was released in 1997. It provided scores for Verbal IQ, Performance IQ, and Full Scale IQ, along with four secondary indices (VC, WM, PO, PS).

Evaluation Tools

The Mini International Neuropsychiatric Interview (MINI)

- Authors : Sheehan, Lecrubier, Sheehan, Amorin, Janavs, Weiller et Dunbar (1998)

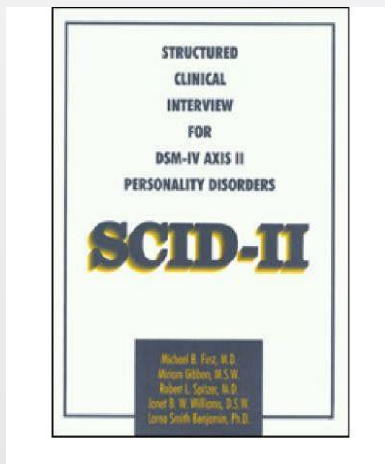


Purpose : The MINI is a short structured diagnosis interview for DSM-IV and ICD-10 psychiatric disorders. This tool allows to determine a current/lifetime prevalence of explored different disorders.

Evaluation Tools

Structured Clinical Interview for DSM-IV Axis II disorders (SCID-II)

- Authors : First, Spitzer, Gibbon, Williams, & Benjamin (1997)



Purpose : The SCID-II is a diagnostic exam used to determine personality disorders (Axis II).

Evaluation Tools

Violent Risk Appraisal Guide (VRAG)

- Authors : Quinsey V.L., Harris G.T., Rice M.E., Cormier C.A. (2006)



Purpose : This instrument contains a 12-item actuarial scale which has been widely used to predict risk of violence within a specific time frame following release in violent, mentally disordered offenders.


Evaluation Tools

Sex offenders Risk Appraisal Guide (SORAG)

- Authors : Quinsey V.L., Harris G.T., Rice M.E., Cormier C.A. (2006)



Purpose : The SORAG (Quinsey et al., 1998) was designed to evaluate the risk of sexual and violent recidivism in sex offenders. It comprises 14 items, 10 of which were drawn from the Violence Risk Appraisal Guide (VRAG; Harris, Rice, & Cormier, 1993) and 4 relate specifically to the risk of recidivism in sex offenders.



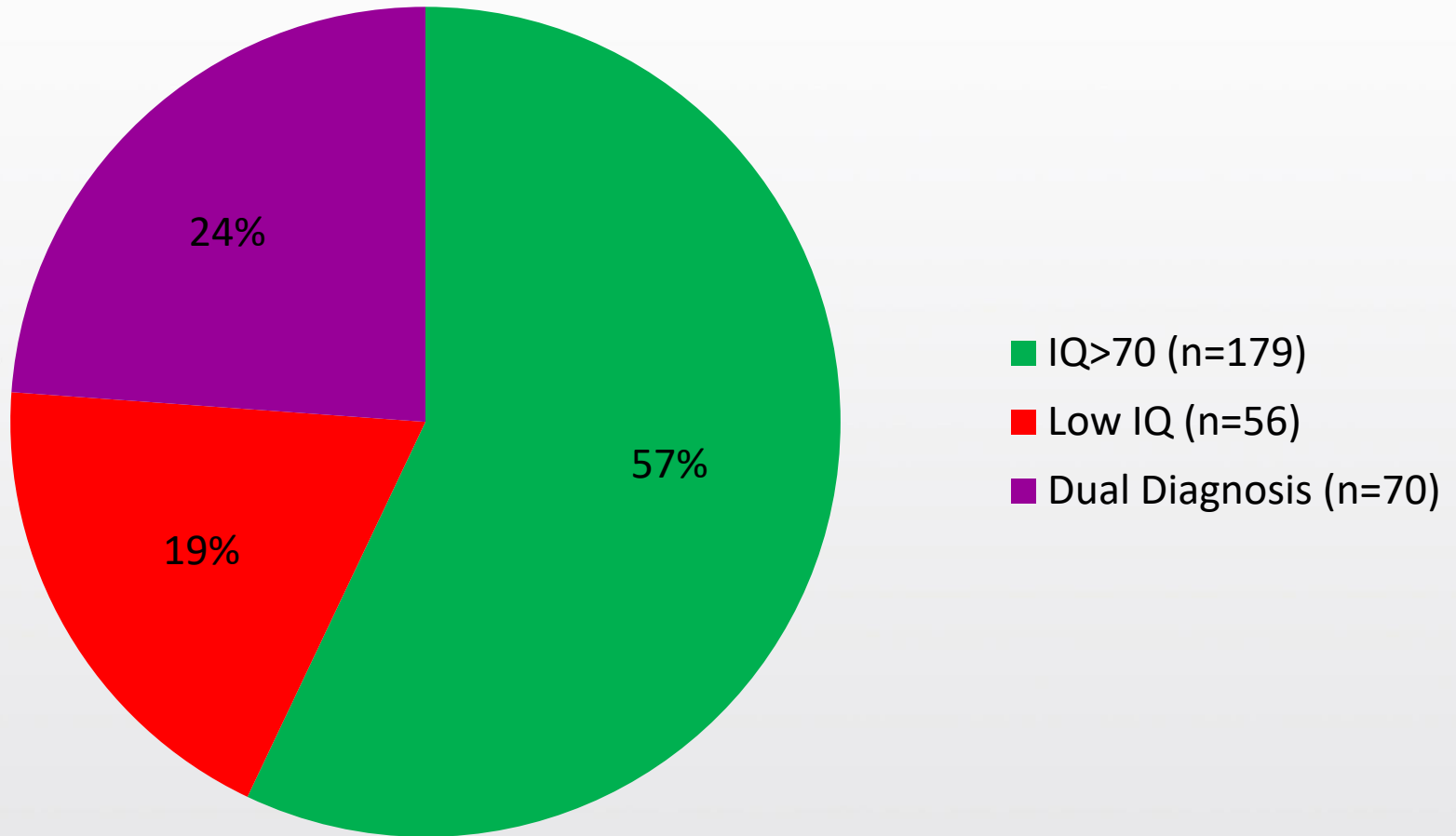
Groups comparison according to
Dual Diagnosis/Low IQ/IQ>70
groups

Participants

The patients (n=305) were assigned into three groups :

- **Dual Diagnoses (N=70)** : IQ<70 + psychiatric comorbidity
- **Low IQ (N=56)** : IQ<70 + without psychiatric comorbidity
- **IQ>70 (N=179)** with or without psychiatric comorbidity

Prevalence of Dual Diagnosis / low IQ / IQ>70 groups in Social Defense



Age and total IQ scores according to Dual Diagnosis / low IQ / IQ>70 groups

	Dual Diagnosis (N=70)		Low IQ (N=56)		IQ>70 (N=177)		Kruskal-Wallis
	M	SD	M	SD	M	SD	
age	44,20	10,08	45,52	9,88	47,56	11,59	3,31
Total IQ	57,86	6,98	55,60	7,33	86,23	14,71	221,19**

*p<.05; **p<.01

U Mann Whitney
1609,50

Length of Stay according to Dual Diagnosis/ low IQ / IQ>70 groups

(N=310)	Length of Stay (years)			
	N	M	SD	Min – Max
Dual Diagnoses	68	9,45	6,27	0,28 - 36,36
Low IQ	54	10,87	6,50	0,76 - 31,26
IQ>70	168	9,36	7,28	0,31 - 38,42
Kruskal-Wallis Test	4,48			

*p<.05; **p<.01

Arrest and admission age according to Dual Diagnosis / low IQ / IQ>70 groups

	Dual Diagnosis (N=68)		Low IQ (N=54)		IQ>70 (N=168)		Kruskal-Wallis
	M	SD	M	SD	M	SD	
Arrest age	31,28	8,02	31,16	9,47	34,46	11,68	4,54
Admission age	33,26	8,03	33,52	10,04	36,91	12,21	5,60

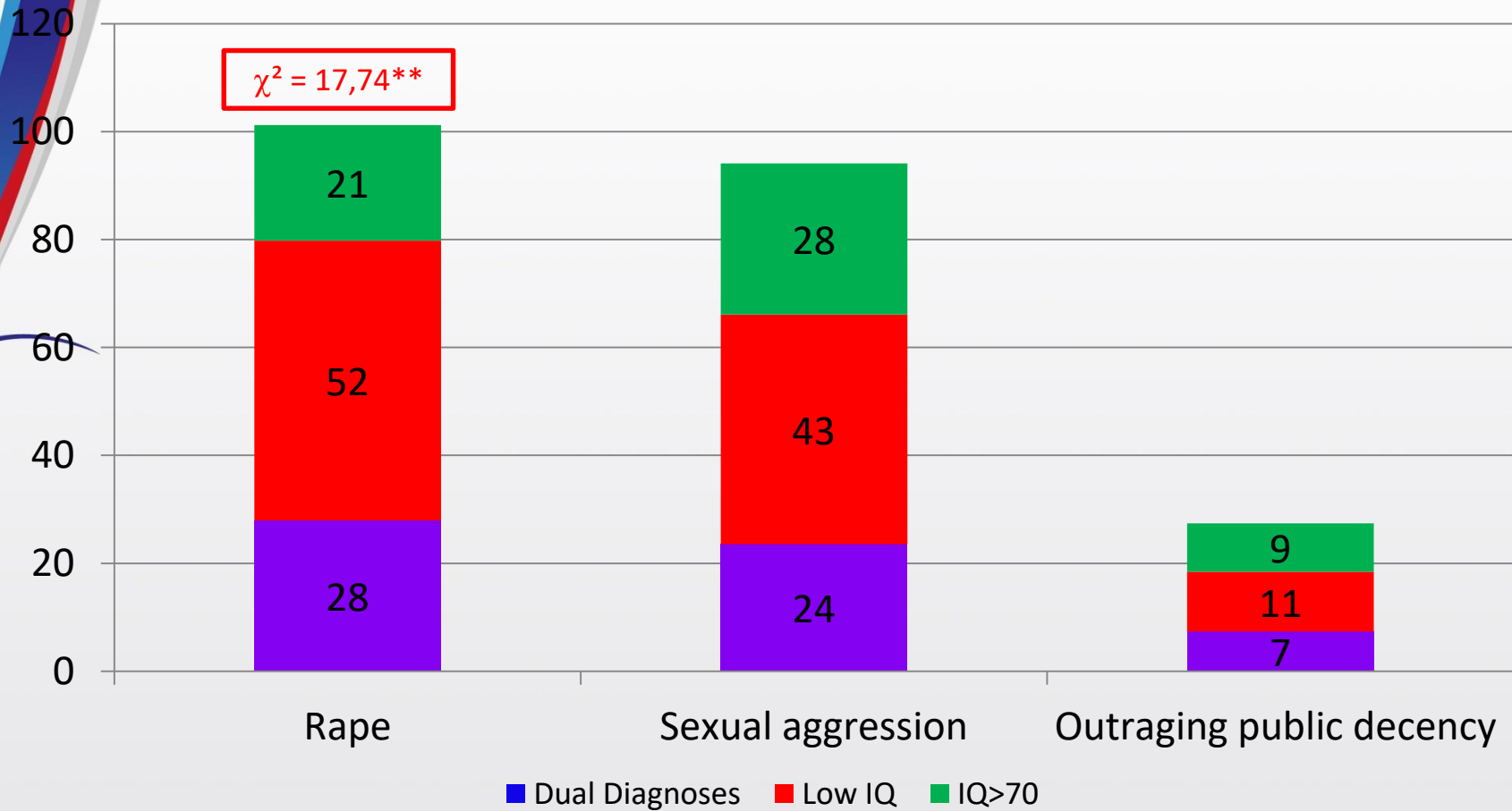
*p<.05; **p<.01

Axis 1 and 2 disorders according to Dual Diagnoses/IQ>70 groups

	Dual Diagnoses (N=70)		IQ>70 (N=165)		U Mann-Witney
	M	SD	M	SD	
Axis 1					
Total	2,69	1,78	1,78	1,72	3996,50**
Mood Disorders	0,96	1,05	0,52	0,89	4404,00**
Addictive Disorders	0,49	0,88	0,28	0,59	5252,50
Anxiety Disorders	0,47	0,77	0,32	0,61	5268,00
Psychotic Disorders	0,74	0,88	0,64	0,85	5400,00
Axis 2					
Total	1,89	1,39	1,95	1,55	5484,50
Cluster A "odd or eccentric"	0,51	0,66	0,55	0,73	5597,50
Cluster B "dramatic, emotional or erratic"	1,13	0,96	0,94	0,87	4985,50
Cluster C "anxious or fearful"	0,27	0,57	0,47	0,70	4708,00*

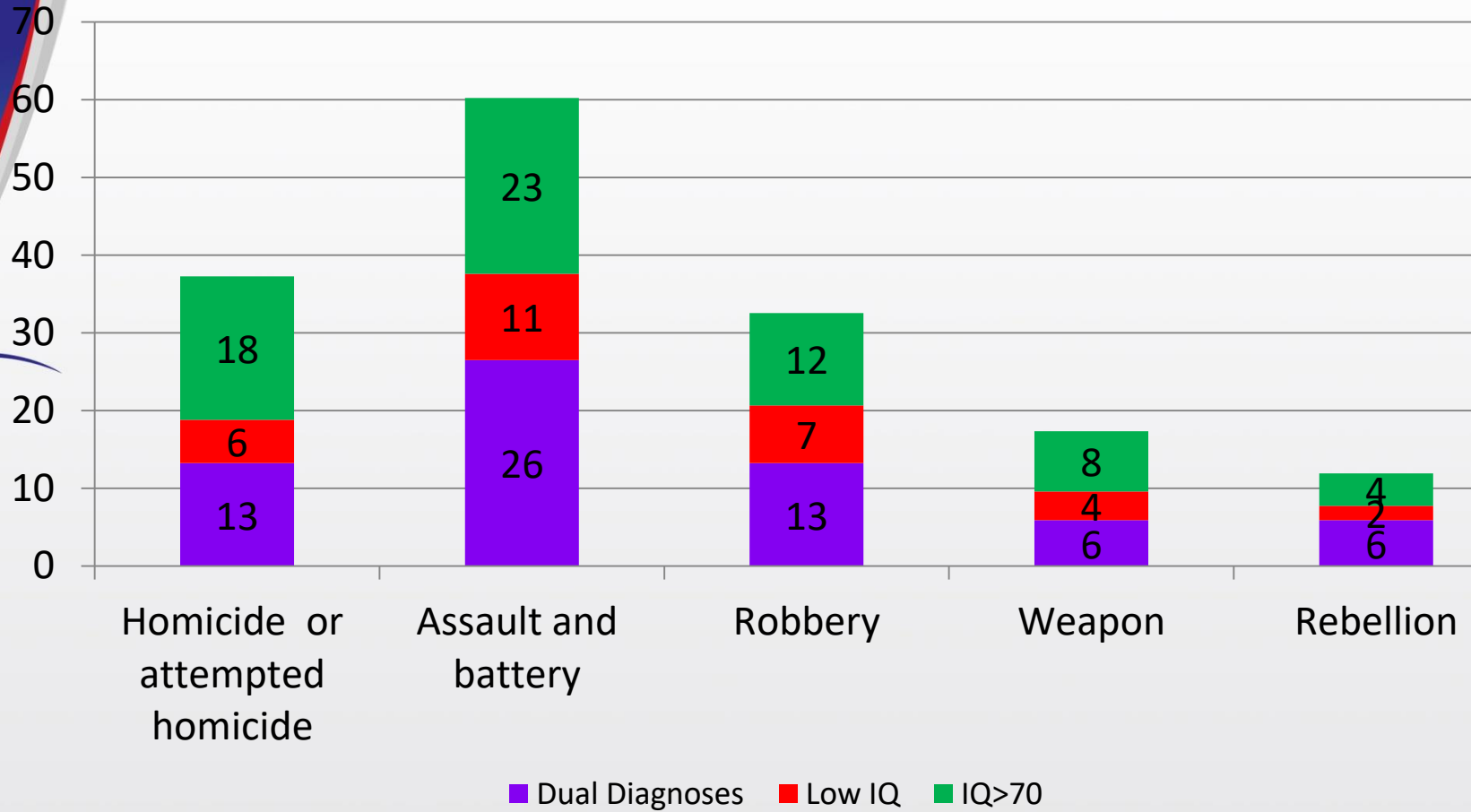
*p<.05; **p<.01

Type of sexual offense according to Dual Diagnoses / Low IQ / IQ>70 groups



*p<.05; **p<.01

Type of violent offense according to Dual Diagnoses / Low IQ / IQ>70 groups



*p<.05; **p<.01

Static Risk according to Dual Diagnoses / Low IQ / IQ>70 groups

	Dual Diagnoses (N=40)		Low IQ (N=15)		IQ>70 (N=114)		Kruskal-Wallis
	M	SD	M	SD	M	SD	
VRAG (N=169)	6,38	9,27	8,07	8,25	4,60	10,1	3,17
SORAG (N=141)	7,47	8,80	6,29	10,74	9,53	10,65	3,12

Scores ranging from: **VRAG**: -26 à 38 / **SORAG**: -26 à 51

Social/Familial contact according to Dual Diagnoses/Low IQ/IQ>70 groups

χ^2 (Exact Fischer test)

5,39*

	Dual Diagnoses		Low IQ		IQ>70		χ^2
	N	%	N	%	N	%	
Marital Relationship (N=36)	8	22	1	3	27	75	7,65*
Familial Relationship (N=197)	45	23	44	22	108	55	0,02

*p<.05; **p<.01

Living environment before arrest and psychiatric history according to Dual Diagnoses/ Low IQ /IQ>70 groups

	Dual Diagnoses		Low IQ		IQ>70		X ²
	N	%	N	%	N	%	
Familial environment (N=66)	17	26	22	33	27	41	14,59**
Marital environment (N=19)	6	32	0	0	13	68	4,82
Institutional environment (N=171)	37	22	33	19	101	59	0,39
Psychiatric history (N=185)	38	21	35	19	112	61	2,22

*p<.05; **p<.01



Discussion

Discussion (1)

- Dual Diagnosis group have an important prevalence in Forensic sample.
- Axis I :
Dual Diagnosis group present significantly more Axis I Disorders.
And particulary :
 - More Mood Disorders (Hogue et al., 2007)
 - Schizophrenia : No difference (Morgan, Leonard, Bourke, & Jablensky, 2008)
- Axis II :
Dual diagnosis/Low IQ/IQ>70 groups : No difference (Raina & Lunsky, 2009)

Discussion (2)

- For the type of offense :
 - Dual diagnosis/IQ>70 groups : No difference
 - Low IQ : More Sexual Offense (rape)
 - Static Risk according to
Dual Diagnoses / Low IQ / IQ>70 : No difference
- Dual Diagnosis group : Preservation Marital relationship (compared Low IQ group)
 - Place of the nuclear family in the care : Psychiatry/Disability environment ?



Conclusions

Conclusions

- Define specific needs :
 - Evaluation :
 - Intelligence : Adaptive behaviors;
 - Diagnosis : Implementation diagnosis scale for adults with ID
 - Care :
 - Specific unit care in forensic hospital/ Reinforced the ambulatory care (Mobile Team) according criminological and psychiatric profile patients with ID (Adaptated Care Trajectory)



Thank you for your attention

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