Perspectives on triage of mentally disordered offenders in Belgium

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Introduction

Triage is the process of determining a patient's treatment. In forensic psychiatry is refers to a pragmatic use of available resources. A patient should receive care according to his psychiatric and security needs.
In Belgium, the first steps of forensic triage is done by justice and pragmatic reasons of availability of beds. Psychiatric triage is performed a post-hoc.
In this study, we collected psychiatric prevalences and data on length of stay (LOS) of all forensic institutions, and examined their congruence with international literature.

Method

Belgian institutions for MDO's were contacted for diagnostic prevalences, comorbidity rates, length of stay and all other relevant information, in any available form for 2014, 2015 and/or 2016. We were also kindly allowed to consult reports commissioned by the ministry of public health (1,2).

Conclusion

Forensic patients appear to be adequately triaged according to their diagnostic and risk profile. Lengths of stay increase with the risk level of institutions. Higher comorbidity and personality disorder rates were found in high risk settings, more primary diagnoses of psychotic disorders were found in medium risk facilities. Mental retardation and substance abuse were found to be transnosographic and were found in every risk level.

NGRI/MDO
"Internement"
"Internering"
±4200 individuals

Civil Commitment

No evidence for significantly different population despite different legal framework and care systems (3,4)

Prison

- All profiles (low, medium & high risk/care).
- Belgium has been condemned by European Justice (5).
- LOS depends on availability of beds in forensic institutions.
- Cross-sectional detention time (13-25m).
- Most frequent diagnoses: Psychosis, Personality Disorder, Substance abuse and Mental Retardation.

High Security Institution/Hospital

- Mean LOS of "Les Marroniers" Tournai 8.17y (6).
- 51% ≥ 2 diagnoses.
- 74.2% ≥ 1 personality disorder dx.
- 25-28% mental retardation.
- No data from new "FPC Gent/Antwerp".

Medium Risk Hospital

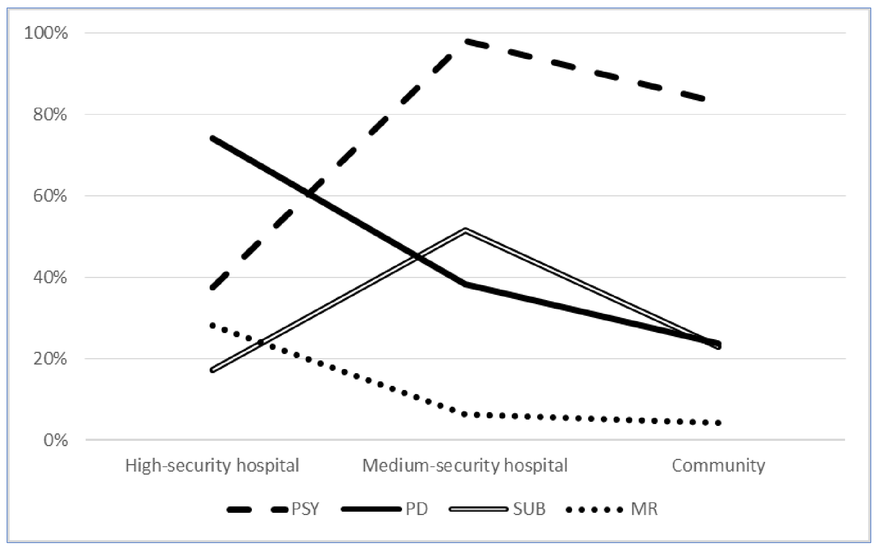
- Belgium has six medium security hospitals (target populations, 7-9).
- Mainly psychosis.
- 48% paranoid schizophrenia.
- >23% personality disorder.
- 23% Substance abuse (➔ underestimated).
- 4% Mental retardation.
- Mean LOS = 16 months.

Conditional Release in Community

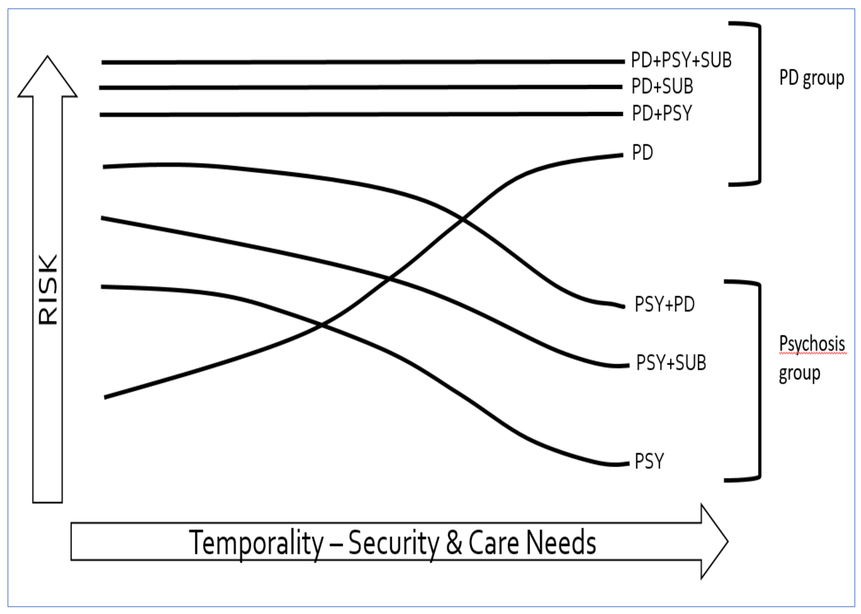
- N=148, (found through half-way houses, sheltered housing, mobile teams, supervising doctors, retirement home).
- Patients at least supervised by doctor and probation officer.
- Lower comorbidity rates.

Definitive/Final Release

- Not much known empirically.
- Probably life long for an high risk subgroup.
- Average length is estimate ±10y.
- New law is expected to reduce length of compulsory care.



Above: Diagnostic prevalences across high, medium and low risk settings
Below: Hypotheses regarding risk according to time and care.
PD=Personality Disorder, PSY=schizophrenia and other psychotic disorders, SUB=substance abuse. Plus signs indicate secondary diagnoses.



Limitations

- No common data collection method.
- Patchwork of datasets.
- MDO with sexual offenses (±10%) are difficult to represent by psychiatric diagnosis because a diagnosis of sexual disorder is not always warranted despite their index offense.
- Circular reasoning "current stay" ⇔ triage.
- No data on criminal/psychiatric history.

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