I27   Characteristics of a Forensic Inpatient Sample in a Strict Security Facility: An Update

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Learning Overview: The goals of this presentation are: (1) to update attendees and add to the literature regarding descriptive characteristics of this understudied subpopulation, (2) to identify the frequency and type of referrals for forensic services and the appropriateness of these referrals, and (3) to make suggestions on how to address inappropriate referrals at the corrections and community levels.

Impact on the Forensic Science Community: This presentation will impact the forensic science community by expanding the knowledge of forensic inpatient characteristics and inappropriate referral questions and applying this information to their own community, correctional, or inpatient settings for comparison.

Available research cataloging characteristics of individuals receiving inpatient psychiatric services have attended to systemic factors affecting their rate of admission for civil commitment (e.g., access to mental health care, socioeconomic status), as well as clinical and demographic characteristics of the patients within the hospitals that treat them (e.g., most frequent psychiatric diagnoses, length of admission, etc.).[1,2] However, less is known about the characteristics of individuals admitted for forensic inpatient services (e.g., treatment for competency restoration, criminal responsibility, etc.). Regarding these characteristics, much of the extant literature focuses on inpatient samples outside of the United States.[2-5] Currently, studies from the United States suggest individuals receiving forensic inpatient services may differ both within this group (e.g., cognitive impairment impacting competency restoration) and also from other inpatients (i.e., those involuntarily civilly committed) with regard to demographic and clinical characteristics (e.g., intellectual disability diagnosis).[6-8] Finally, the reasons that individuals are referred for forensic psychiatric services within the United States vary not only by reason (e.g., acute psychosis, behavior management, etc.), but also by location (e.g., referrals from the community, correctional settings, etc.). As a result, it is currently unknown how many of these individuals referred for services are appropriate for treatment in a strict security inpatient environment. Recently, there has been a call for a census of individuals populating forensic mental health inpatient facilities, and there is recognition in the psychiatric community that the future of mental health law will be at least partially predicated on understanding the characteristics of the population served.[9,10] This study aims to add to the literature by enumerating on the demographic and clinical characteristics of an updated sample of United States forensic inpatients in a strict security facility, as well as by identifying common referral reasons and the appropriateness of these referrals.

Data were obtained from an archival review of records of male inpatients from a strict security New England state hospital. Data will be obtained from July 2018 through January 2019. Demographic and clinical characteristics for inclusion are derived from studies cited in footnotes. Reasons for referrals (e.g., competency restoration, self-injurious behavior) will be also culled from the archival records. Referral appropriateness will be operationalized by comparing initial referral questions to the opinions in reports completed by forensic evaluators following the inpatient evaluation period. Specifically, the "goodness of fit" between evaluator opinions and the initial referral question will be coded qualitatively by forensic evaluators who did not author reports in archival records. Data will be analyzed using non-parametric and descriptive analyses in SPSS software. Results will be discussed in the context of practical applications for attendees, including suggestions on how to address inappropriate forensic referrals to inpatient facilities. Limitations and future directions will be presented.

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Inpatient, Characteristics, Referrals