



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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