

LENGTH OF STAY REPORTING IN FORENSIC SECURE CARE CAN BE AUGMENTED BY AN OVERARCHING FRAMEWORK TO MAP PATIENT JOURNEY IN MENTALLY DISORDERED OFFENDER PATHWAY FOR OPTIMAL RESULTS

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ABSTRACT

Single episode admissions in Forensic Psychiatric care have enquired into 'Length of Stay' in Hospitals, with reporting variations. Transitions between Community and Hospital settings and Continuity of Care have been identified as bottle necks in secure care provision. Effectiveness of interventions, providing containment and a safe therapeutic environment, and its impact on reducing risk and recidivism has been the goals of secure services delivery.

We propose that Criminal Justice system, Community Offender Monitoring, Mental Health Services, Forensic Secure Care, and Combined Primary Care, Social Work & Public Health have an interdependent interaction for optimising care delivery, reducing costs, improving outcomes and improve Mentally Disordered Offender engagement & compliance.

Our literature review identified themes for Length of Stay per episode of admission to Secure Forensic Psychiatry services, themes for Continuity of Care, and we propose frameworks and solutions for optimisation; this may act as pointers for service modelling and further rigorous analysis. We describe these findings in Part I and Part II papers.

KEYWORDS: Forensic, Length of Stay, LoS, Patient Journey, Mental Illness, Continuity of Care, Improving Outcomes, Reducing Cost, Primary Care, Prevention, Public Health, Social Work, Data Portals, Offender, Service Model, Framework, Transitions, Continuity of Care