FORENSIC STATE PATIENTS AT STERKFONTEIN PSYCHIATRIC HOSPITAL: A 3-YEAR FOLLOW-UP OF STATE PATIENTS ADMITTED IN 2004 AND 2005

Belinda Sue Marais

A research report submitted to the Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, in partial fulfillment of the requirements for the degree of Master of Medicine in the branch of Psychiatry

Johannesburg, 2013

DECLARATION

I, Belinda Sue Marais, declare that this research report is my own work. It is being submitted for the degree of Master of Medicine in the branch of Psychiatry in the University of Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other University.

……

25th March 13

..... day of ..……..…., 20……..

PRESENTATIONS ARISING FROM THIS STUDY

Marais, BS. Forensic state patients at Sterkfontein Psychiatric Hospital: a 3 year follow-up of state patients admitted in 2004 and 2005. Proceedings of the University of Witwatersrand's Division of Psychiatry 21st Annual Research Day; 2009 June 3; Johannesburg.

Marais, BS. Forensic state patients at Sterkfontein Psychiatric Hospital: a 3 year follow-up of state patients admitted in 2004 and 2005. Proceedings of the University of Cape Town's Division of Psychiatry Forensic Mental Health Conference; 2011 April 20-21; Valkenberg Hospital Cape Town.

ABSTRACT

Introduction- Forensic psychiatry in South Africa came to be in the 1970's following the introduction of the Mental Health Act of 1973 and the Criminal Procedures Act of 1977. Forensic psychiatric units offer psychiatric observation for defendants referred from the courts, as well as providing indefinite detention, for the purpose of treatment and rehabilitation, of those who have been declared unfit to stand trial and/or not criminally responsible due to a mental illness or defect. State patients are mentally ill offenders whose charges involved serious violence. Ultimately these state patients are released back into the community. There is a paucity of South African literature regarding the outcome of state patients.
Aim- To describe the profile of state patients admitted to Sterkfontein Hospital in 2004 and 2005 and to examine the 3 year outcome of these state patients.
Methods- This was a descriptive, retrospective study.
Results- The majority of state patients were male (87%), single (80%) and unemployed (78%). A third (34%) reported a past criminal history. Most state patients had a past psychiatric history (59%), as well as a substance abuse history (71%). Alcohol and cannabis were the most commonly abused substances. The most common offences were assault with the intention to do grievous bodily harm (19%), rape (18%) and murder (13%). Schizophrenia was the most frequent diagnosis (44%), followed by "psychosis" (20%) and mental retardation (16%). The majority of state patients had been found unfit to stand trial (96%) and not criminally responsible (88%). At the end of the 3 year follow-up, 26% of state patients were still admitted in Sterkfontein hospital, 69% were in the community, 4% had died and 1% had been transferred to another forensic hospital. The most frequent reasons for still being admitted after 3 years were: still mentally unstable (27%), stable but no/poor family contact (23%) and still considered a high risk for reoffending (20%). Of those in the community, 72% were out on

leave of absence (LOA), 25% had absconded and 3% were reclassified. Most abscondments (83%) were state patients not returning from LOA. The recidivism rate was 4% after 3 years. **Conclusion**- A considerable proportion of state patients were still admitted at Sterkfontein Hospital at the end of the 3 year period. Regarding recidivism, a large number of state patients had criminal histories prior to their admission as state patients, and, in some cases, there was also evidence of recidivism occurring after being declared a state patient. Based on the results of this study, the following recommendations should be considered: Improved treatment and follow-up of psychiatric patients, especially those with schizophrenia, psychotic disorders and mental retardation, including treatment adherence strategies and early detection of treatment defaulters. Improved substance abuse rehabilitation programmes, family and community education regarding mental illness, and community facilities, such as supervised care, training, rehabilitation and sheltered employment, are important. The routine use of risk assessment tools, in forensic facilities, should be considered. Systems should also be enhanced or developed to monitor state patients in forensic hospitals and in the community, including those who have absconded. Improved collaboration with the courts and SAPS may also be helpful.

ACKNOWLEDGEMENTS

Professor Ugash Subramaney for assistance in supervising this research report.

Faculty of Health Sciences Research Committee for assistance with funding from the Medical Research Endowment Fund.

Miss Lieketseng Masenyetse from the Biostatistics Unit at The Medical Research Council in Pretoria for assistance with statistical analysis.

All the staff in the forensic department at Sterkfontein Hospital, especially the administrative and nursing staff for their help.

And of course, all the state patients, with whom this research would not have been possible.

TABLE OF CONTENTS

LIST OF FIGURES

Page

LIST OF TABLES

Page