

# Review of Research on ‘Leave Not As Planned’ (Late-return, Abscond, Escape)

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## Introduction

Leave is an important part of rehabilitation. Leave Not As Planned (LNAP: late return, absconding, escape) poses many risks to patient safety including risks associated with substance misuse, lack of medication, Non-Suicidal Self Injury and suicide attempts/suicide. It is surprising, then, that relatively little research has taken place on LNAP. The research that does exist is focussed more on forensic facilities although the number of these patients is lower than that in non-forensic wards and it is argued that LNAP is less likely in forensic wards due to enhanced levels of security. Given the potential for unsafe outcomes (irrespective of service type) it is not surprising that there is a call for a Structured Professional Judgement approach to leave decisions (1)

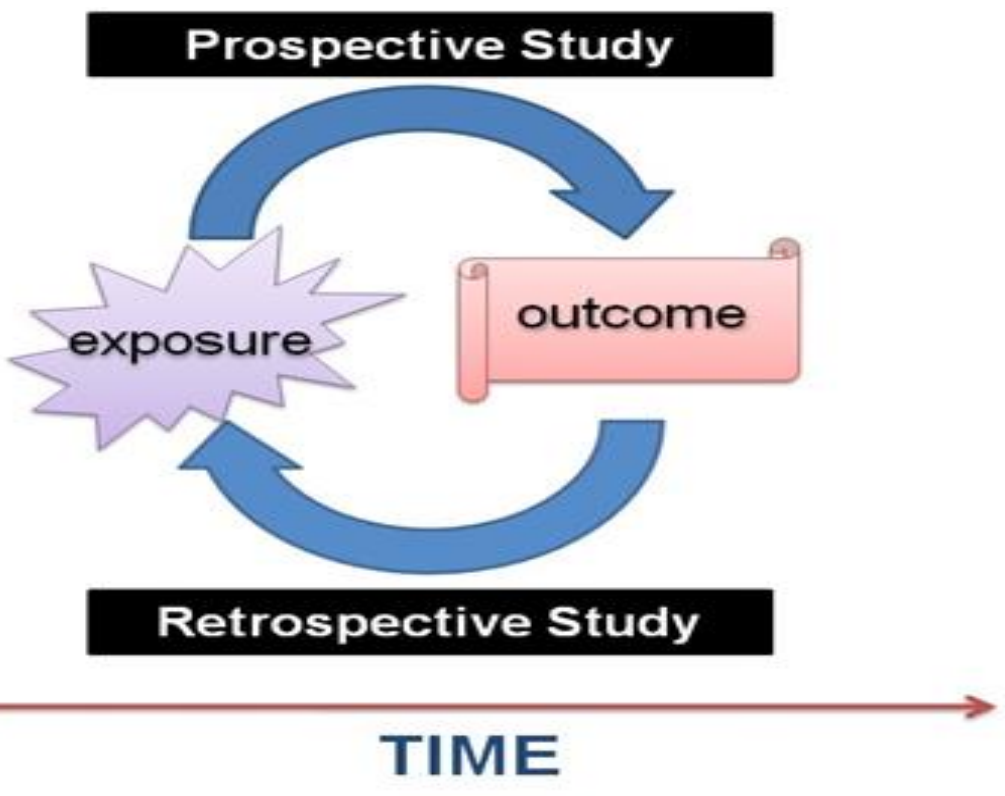
## Current research – Identifying ‘Predictors’ of LNAP

The vast majority of research on LNAP is based on retrospective case control studies (2). These studies are valuable, but they are often based on incomplete and partially accurate data from electronic patient records (2). Prospective studies are more rare, but as with retrospective studies they are based on aspects of patients’ history or observable presentation (e.g., diagnoses, behaviour (e.g., drug-taking or aggression). These studies have found predictors of absconding behaviour and some ‘checklist’ based research has resulted in the development of instruments that have proved useful in predicting LNAP (see 2).

The difficulty with much research into LNAP is that it based on (relatively) small sample sizes. An exception to this is a study using machine learning to identify predictors of absconding from hundreds of variables on hundreds of patients. While this study was able to identify a number of variables that predict absconding the authors were careful to point out that ‘ ... although the performance parameters of our model seem to be reasonable, this sensitive topic with consequences for the medical treatment of humans is far from being an automated machine selection process’ (3)

## Current research – asking patients about LNAP

A notable feature of qualitative research on patients who have engaged in LNAP is that patients report reasons for absconding that do not features in retrospective/prospective studies. This is likely, of course, due to the fact that such motivations are ‘invisible’ (unlike, say, diagnosis, ‘rule-breaking’ behaviour). A recent overview of qualitative research found that patients abscond for reasons including: finding relief, to regain power and control, to meet unmet needs and taking opportunities. The authors rightly argue that further research on absconding ‘... needs to consider the patient perspective’ (4).



## Reducing LNAP

A number of studies have demonstrated that new procedures have resulted in a reduction in the number of LNAP. These studies demonstrate the importance of risk management versus basic risk assessment (in the form of simply identifying risk factors). Notably, these studies provide only rather scant information into the processes introduced that have led to the reduction (although in one study it is possible to see that the reason for the reduction in LNAP may have been largely due to a simple change from moving from decisions being made by elements of, rather than the whole clinical team (see for example 5)).

## Safety 1: Why do things Go Wrong? Safety 2: Why do things Go Right?

Human Factors researchers distinguish between Safety 1 and Safety 2 (6). Safety 1 involves understanding the causes, and remedy of, errors. Conversely, Safety 2 involves understanding why systems are resilient (i.e., how it is that for the vast majority of the time things go right). Given the emphasis on finding predictors of LNAP it is reasonable to assume that most research on LNAP has (at least implicitly) worked from a Safety 1 perspective. There are signs of a change in research in this area, however. A recent study Delphi study asked clinicians to rate the utility of predictors of LNAP in the development of a process for assessing risk of LNAP. Interestingly, the researchers found that clinicians added items to the list of provided predictors (7). The validity of the resulting assessment tool is yet to be established. In Germany a large scale study is underway to understand the process of decision making (and measures used) by teams to make leave decisions (8). These developments can be seen as moving toward a Safety 2 perspective on understanding the risk of LNAP. What is required, however, is thorough research into the methods by which multidisciplinary teams are able to safely manage (via assessment and use of appropriate mitigations (e.g., timing of leave, number of escorts, location of leave)) the process by which leave is approved and taken safely. It is also clear that it is important to ensure that patients are asked not only about the reasons why they have engaged in LNAP (i.e., from a safety 1 perspective) – we also need to understand the factors that lead to patients using their leave safely and/or desisting from engaging in LNAP. In summary, while there is a need for Safety 1 research, Safety 2 research which elucidates factors that clinicians use to make safe assessments and employ appropriate management strategies coupled with a better understanding of why patients use leave safely will likely lead to safer management of patients leave and a reduction in adverse events.

## References

(1) Watson, T. M., & Choo, L. (2021). Understanding and reducing unauthorized leaves of absence from forensic mental health settings: a literature review. *The Journal of Forensic Psychiatry & Psychology*, 32(2), 181-197.

(2) Campagnolo, D., Furimsky, I., & Chaimowitz, G. (2019). Absconson from forensic psychiatric institutions: a review of the literature. *International Journal of Risk and Recovery*, 2(2), 36-50.

(3) Kirchbner, J., Lau, S., & Sonnweber, M. (2021). Escape and absconding among offenders with schizophrenia spectrum disorder—an explorative analysis of characteristics. *BMC psychiatry*, 21(1), 1-11.

(4) Voss, I., & Bartlett, R. (2019). Seeking freedom: A systematic review and thematic synthesis of the literature on patients' experience of absconding from hospital. *Journal of Psychiatric and Mental Health Nursing*, 26(9-10), 289-300.

(5) Simpson, A. I., Penney, S. R., Fernane, S., & Wilkie, T. (2015). The impact of structured decision making on absconding by forensic psychiatric patients: results from an AB design study. *BMC psychiatry*, 15(1), 1-13.

(6) Hollnagel, E., Wears, R.L. and Braithwaite, J., 2015. From Safety-I to Safety-II: a white paper. *The resilient health care net: published simultaneously by the University of Southern Denmark, University of Florida, USA, and Macquarie University, Australia*.

(7) Sklenarova, H., Neutze, J., Kretschmer, T., & Nitschke, J. (2020). Granting leave to patients in Bavarian forensic-psychiatric hospitals: A survey to describe the current process and develop guidelines. *Frontiers in Psychiatry*, 287.

(8) Meehan, T., Mansfield, Y., & Stedman, T. (2019). Development of a checklist to aid in the assessment of 'failure to return' from approved leave by acute inpatients. *International Journal of Mental Health Nursing*, 28(4), 989-996.

