Identification of factors influencing the risk of absconding in a user with an intellectual disability, autism spectrum disorder or a mental health disorder

EXECUTIVE SUMMARY

of the abridged ETMI report

Québec

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ISSUE

The term "absconder" or "missing user" refers to users who leave their residential facility without authorization and/or who do not return to it at the scheduled time. This can have serious consequences and pose a risk to the safety of users and society. In addition to the harm that absconders can inflict on themselves and others, this situation can lead to the cessation of or non-adherence to treatment and the consumption of harmful substances (Muir-Cochrane and Mosel, 2008). This can have an impact on the length of the user's stay in the residential facility but also on their recovery. Absconding is often observed in clients with an intellectual disability –autism spectrum disorder (ID-ASD) and people with mental health disorders (Boyle and Adamson, 2017; Gowda et al., 2019). In mental health in particular, absconding is often associated with an increased risk of suicide, self-harm, homicide and disappearance (Brumbles and Meister, 2013; Gerace et al., 2015; Gowda et al., 2019).

The issue of absconding is therefore a major health problem, in particular because of the social and economic costs and the considerable emotional impact. Identifying the associated risk factors and predictors will help care and service teams to identify users most at risk of absconding so that they can manage the problem better and, in doing so, limit incidents related to absconding in institutions and/or residential facilities.

BACKGROUND

Since the reform of the Health care system in Quebec in 2015, a number of absconding events have been observed within different departments of the Centre intégré universitaire de santé et de services sociaux (CIUSSS) de la Capitale-Nationale. This situation prompted the institution to initiate a process of reflection on the prevention and management of the issue of absconders or missing users, which led to the development of a policy that was adopted in November 2020. Moreover, a number of Centres intégrés de santé et de services sociaux (CISSSs) and CIUSSSs also experience events related to absconding, hence the interest in improving practices. Thus, the prevention and management of absconding are important issues that require a good knowledge of the associated risk and protective factors. The Assessment of Technologies and Methods of Intervention in Health and Social Services Unit (UETMISSS) of the CIUSSS de la Capitale-Nationale was mandated to identify not only the most relevant risk factors associated with situations where users may abscond from a new residential facility, but also the practices used to assess these risk factors.

OBJECTIVE

The purpose of this assessment of technologies and methods of intervention is to identify the most relevant risk factors associated with situations where users may abscond from a new residential facility as well as the practices used to assess these risk factors.

For more information, see the report at:
https://www.ciusss-capitalenationale.gouv.qc.ca/sites/d8/files/docs/MissionUniversitaire/ETMISSS/Etmi-abregee-usager-manquant.pdf

METHODOLOGY

A literature review using a systematic approach was done in the MEDLINE, CINHAL and PsycINFO databases to find the relevant scientific literature published from January 2000 to January 2021. Another web search was done to find relevant grey literature documents. The methodological quality of the primary studies was assessed using the QualSyst tool (Kmet, Cook and Lee, 2004) and the credibility of the grey literature documents was assessed using the Authority, Accuracy, Coverage, Objectivity, Date and Significance tool adopted by INESSS (INESSS, 2016). The relevant data were collated in an extraction table and analyzed according to the assessment questions. A field data collection was also conducted in the form of a survey addressed to CISSSs and CIUSSSs in the province in order to identify the tools/practices used in these institutions to detect absconders.

RESULTS

The literature search identified 2,911 documents. At the end of the selection process, 23 were retained, including 16 primary scientific studies and 7 grey literature documents. Different factors demonstrating an association with the risk of absconding were identified. Predictive factors for absconding were also reported following a simultaneous analysis of several associated factors in order to determine which are the most predictive of absconding.

Based on a high level of evidence, the predictors of absconding are young age (under 40 years old), a diagnosis of schizophrenia, substance use problems, a history of running away, legal status (involuntary admission) and a short stay on psychiatric units (less than 21 days). The presence of comorbidities, male gender and belonging to an ethnic minority are predictors of absconding associated with a moderate level of evidence. No specific standardized tools/practices used to assess the risk of absconding were identified. The field data collected were insufficient to provide a picture of the tools/practices currently used in Quebec's health care system network.

FINDINGS

At the end of this work and in light of the data analyzed, the following findings can be made:

a) ID-ASD clientele

› No evidence was identified in the literature regarding the risk factors associated with absconding for this clientele.

› A single grey literature document, with moderate credibility, identified one individual risk factor (clinical presentation) and two environmental risk factors (hot months and transition periods) that could be considered when assessing the risk of absconding in clients with an ID-ASD.

› No specific tools or practices used to detect users at risk of absconding were identified in the literature.

› Field data, which concern only clients with an ID-ASD, were insufficient to be generalized to all institutions in the health network, but indicate factors that could be considered when assessing the risk of absconding in this clientele. They include a history of running away, clinical presentation and legal status.

› With respect to risk assessment tools, the use of "in-house" tools was mentioned in the survey, but no standardized tools were mentioned.

b) Mental health clientele

Since the objective was to identify the most relevant risk factors that can be used in the clinical assessment of the risk of absconding, only the **predictors** are presented.

› Considering the evidence and based on a high level of scientific evidence, the most likely factors to predict the risk of absconding in users are:
  - Young age (≤ 40 years old)
  - A diagnosis of schizophrenia
  - Problems with substance use
  - A history of absconding (running away)
  - Legal status (involuntary admission)
  - A short stay (less than 21 days)

› Based on the evidence, the following risk predictors of absconding are associated with a moderate level of evidence:
  - Male gender
  - Belonging to an ethnic minority
  - Other mental health disorders

› Although clinical presentation is not considered to be a predictor, it was found, based on a moderate level of evidence, to be significantly associated with a risk of absconding.

› Some elements addressed in clinical presentation stand out among the items in the tools identified in the scientific and grey literature.

› No specific standardized practices or tools for assessing the risk of absconding were identified.

› The evidence indicates that the START vulnerability subscale can be used to predict absconding in high-risk users.

› The Historical Clinical and Risk Management (HCR-20) tool, which is used to assess the risk of violent and/or criminal behaviour in users, demonstrated a better predictive value for absconding than the Psychopathy Checklist-Revised (PCL-R) and Violence Risk Appraisal (VRAG) tools.

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