National Mental Health Development Unit

Centre for Mental Health

Realising a better future

Pathways to unlocking secure mental health care

Executive Summary

Secure mental health services provide accommodation, treatment and support for people with severe mental health problems who pose a risk to the public. Sometimes known as 'forensic' mental health services, secure services work predominantly with people who have been imprisoned or admitted directly to hospital through the 1983 Mental Health Act following a criminal offence.

Transfers from prison to secure services should ensure offenders with severe mental health problems have access to the right treatment and care. Such transfers, however, have been especially problematic, subject to excessively long delays even for very acutely unwell prisoners.

The Bradley Report called for a mandatory 14-day maximum transfer time for prisoners to be admitted to hospital and for a review of security at low and medium secure units.

This report examines the extent to which pathways into and through secure mental health services can be improved through the different security levels and ensure a better flow between prison and secure services. It is based on a review of current secure service provision carried out by the Centre, commissioned by the National Mental Health Development Unit.

Caseloads and costs

It is estimated that secure services work with between 7,000 and 8,000 people at a time, most of these in medium and low secure. Medium secure services have about 3,500 beds and low secure services probably have around the same number again.

Secure care services cost the NHS a total of £1.2 billion in England in 2009/10, corresponding to 18.9% of all public expenditure on adult mental health care.

Commissioning

Most secure services in England are currently commissioned by ten specialist commissioning groups (SCGs), each acting on behalf of several primary care trusts (PCTs). Current commissioning arrangements can be seen as a barrier to an effective through-care provision and pathway. Block purchasing of largely medium secure beds makes it difficult to move patients on to other forms of secure care.

A large and growing proportion of secure care is provided by independent sector organisations. In 2007, 35% of secure beds were independently provided.

Admissions

Establishing who is eligible for medium secure services is complex. There are no clearly defined eligibility criteria beyond the provisions of the 1983 Mental Health Act. Admission criteria vary widely between different medium secure units and are dependent on a range of influencing factors from severity of offence to the absence of alternative arrangements. The risk a person is thought to pose, the diagnosis they are given and their offending history appear to be the most important criteria for admission.

The major reasons for delays to admissions and discharges include:

- duplicated assessments – many people are assessed on several occasions by different professionals before an admission can be made, especially between different localities;
- risk aversion – requirements that all prisoners are transferred to high or medium secure units;
- high occupancy rates in medium secure units;
- lack of step-down and community services – many patients stay in medium secure for long periods, partly because of a lack of suitable provision at lower levels of security.

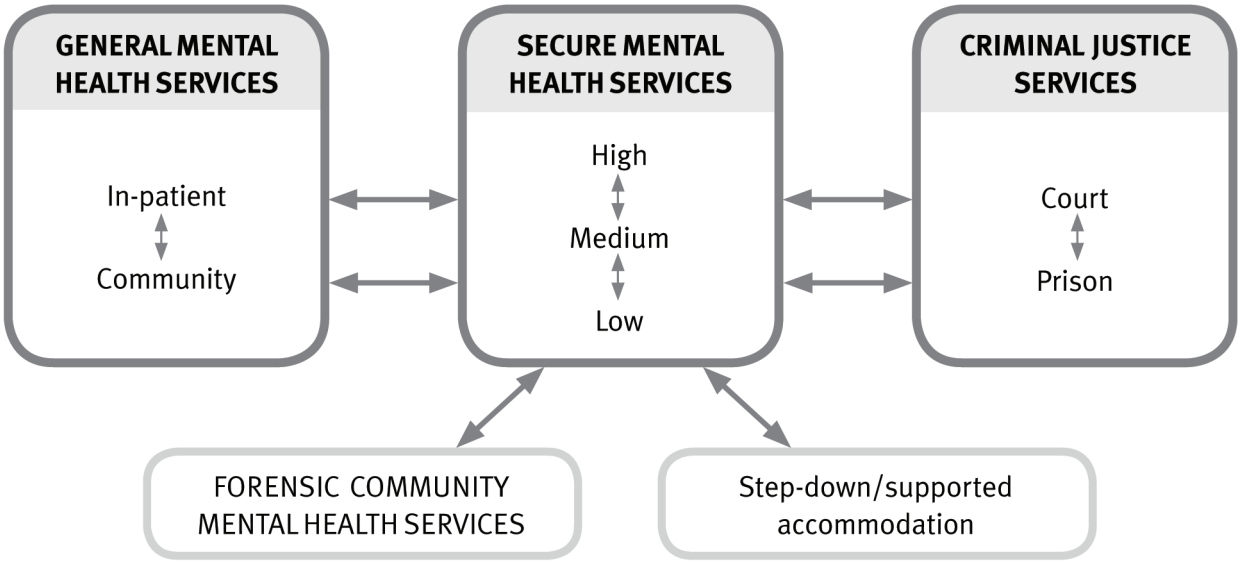
Pathways and outcomes

Patients move through services in all sorts of different directions: up tiers of security, down tiers of security, from side to side (e.g. from one medium secure unit to another), between NHS and independent sector services, between secure services and general psychiatric services, and between secure services and prison. People with a mental illness diagnosis tend to have very different pathways through services to those diagnosed with a personality disorder.

Information about the outcomes achieved by secure services is patchy. Short term reconviction rates for all types of offences are low, with two-year rates for those discharged from medium secure ranging between 10% and 15%. But longer-term outcomes are much poorer, with up to half of former patients being reconvicted and more than a third readmitted to secure care within 20 years.

Little is also known about service users' and their carers' experiences of secure services and the wider outcomes they achieve, for example in helping people into employment.

Pathways through criminal justice and mental health services



Recommendations

1. A needs assessment should be conducted in each region to assess requirements across all tiers of security.

2. A framework of guidance and quality standards for secure services should be developed to support equity of outcome and equitable access to all tiers across the country. This would be the business of the Commissioning Board, in conjunction with the National Institute for Health and Care Excellence (NICE), to develop pending the passage of the Health and Social Care Bill.

3. The role of low secure and step-down care should be reviewed to inform commissioning decisions and systems.

4. A better balance of investment is needed to enable step-down and community provision. This will necessarily involve the decommissioning of some existing secure beds.

5. Commissioners should purchase specific care packages with specified outcomes for care at any level of security.

6. Duplication of assessments should cease. Where appropriate a single assessment should take place that has the expertise and capacity to decide on timely entry to any tier of security. Such an assessment must have currency in all parts of secure care.

7. Clear service specifications should be developed for all groups of secure service users, including women, people from Black and Minority Ethnic communities and those with a learning disability or difficulty.

8. Guidance and quality standards should be used to define, develop and standardise treatment and care packages across different settings.

9. A specific focus should be given to developing more support for mainstream community mental health services.

10. A national secure service patient data-set should be developed to allow both individual progress monitoring and aggregated data to monitor performance and outcomes.

11. People discharged from secure services, including those with personality disorders, should not be excluded from mainstream mental health services.

12. Shared learning networks should be established to support the development and implementation of guidance and quality standards.

13. Improved relationships should be developed between prison and secure mental health services to help to facilitate faster transfers.

14. Commissioners should routinely use feedback from service users to measure the performance and outcomes of secure care services.

15. Consideration should be given to promoting the Recovery approach across the secure care pathway. Training in the Recovery approach should be available to all secure care staff.

Get the full report

Pathways to unlocking secure mental health care is available to download from www.centreformentalhealth.org.uk.

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