BRIEFING NOTE

Centre for
Mental Health

Secure care services

Centre for Mental Health is an independent mental health charity working to improve the lives of people facing or living with mental ill health. Our research and development work aims to improve the way people with mental health conditions are supported to build better lives on their own terms.

What is secure care and who is it for?

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.

Types of secure care

High secure services

All high secure beds in England are provided by the NHS. There are three NHS high secure hospitals, and these are Ashworth, Broadmoor and Rampton hospitals. High secure beds are designed for patients detained under the Mental Health Act 1983 who 'pose a grave and immediate danger to the public'. The high secure population has shrunk in recent times; a report in 2000 noted that some patients detained in high secure hospitals did not require this level of security, and should be moved to a less secure environment. Subsequently 400 people were 'stepped-down' by 2004 (see Tilt et al., 2000). There are currently **630 high secure beds.**

Medium secure services

Medium secure beds are provided by both the NHS and the independent sector; the latter providing around 35% of medium secure capacity. They are designed for patients detained under the Mental Health Act 1983 who 'pose a serious danger to the public'. There are currently **2,800 medium secure beds.**

Low secure services

Low secure is more of a concept than a title for a discrete type of provision. As 'low secure' is poorly defined, it is difficult to establish what it consists of and how many patients it supports. Low secure beds are provided by the NHS and the independent sector for patients detained under the Mental Health Act 1983 who 'pose a significant danger to themselves or others'. Low secure provides step-down from higher tiers of secure care and often people will move down through to low secure after a period of time spent in medium secure. There are currently **2,500 low secure beds.**

Cost of beds

Setting	Daily cost per bed (£)	Annual equivalent costs per bed (£)
Low	420	153,300
Medium	483	176,295
High		
Women's services	979	357,335
Mental health/ psychosis	744	271,560
Learning disability	835	304,775
Personality disorder	795	290,175

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Costs explained

The average cost of non-NHS low and medium secure beds is higher by about **£30 a day**.

As shown by the costs above the secure estate costs the NHS a vast amount of money; roughly **20% of the mental health services budget goes on secure care**.

Over the past decades there has been substantial decommissioning of high secure services but a major expansion of the medium secure estate. During the decade to 2010, secure services grew faster than any other type of mental health service. T hey saw an increase of **162%**, accounting for one third of all the additional funding to mental health services during that period.

Despite this extra investment, waiting times for access to secure beds have remained long for many prisoners – in places such admissions take many weeks or even months. A target of **14 days** for all admissions was set in 2006 but was never mandatory and has since lapsed. Centre for Mental Health investigated the reasons for these delays in 2011 and concluded that the secure care system has blockages and inefficiencies at all stages, from assessment to discharge. We found:

- People can receive multiple assessments before they are accepted by a service. In particular transfers from the prison estate are often delayed by admissions from the community.
- Average lengths of stay in secure care are about two years. Many people are moved from one secure unit to another, sometimes duplicating programmes they have already undergone.
- There is a lack of appropriate step-down provision for people who are ready to be discharged to the community but with extra support early on.

Secure care is commissioned by NHS England while community mental health services are the responsibility of local clinical commissioning groups. People being discharged from secure care may also need housing and social care support and this can further delay the process.

There needs to be a change in the way secure services are commissioned. Services need to be commissioned in a way that offers each person continuity throughout their time in secure care and that facilitates discharge to appropriate support when they are ready to return to the community. Part of the reason why people stay in secure services for so long is risk aversity (Ministry of Justice, clinicians and commissioners) meaning that some people are held at a more resitrictive level than their current assessed level of risk requires.

It also needs to be understood that the secure estate is made up of different groups that will have different needs.

Recommendations

Many of the 15 recommendations that Centre for Mental Health made in 2011 are just as relevant in today's commissioning landscape. Among the key changes we believe are required are:

- National guidance and service standards are required to set out the roles and expectations of high, medium and low secure care as well as step-down services.
- Investment needs to shift from continuing to expand medium and low secure care to building up step-down and outreach services to support people when they are ready to leave hospital.
- Secure care needs to be commissioned 'from end to end' for each person, rather than each part of the pathway being contracted separately.
- Assessments of people being transferred from prison to hospital should be simplified; this can be achieved partly by building closer relationships between prison inreach and secure care services.
- Secure services should involve people who have used them in designing care and support.

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