

# Forensic Mental Health Services

Springfield University Hospital



## Who we are

We are a multidisciplinary service with a total of 75 beds, comprising medium and low secure wards for men, and a medium secure women's ward. We also have a Community Forensic Team and a Sexual Behaviour Service.

The inpatient service is configured as follows:

### Medium secure care

- **Turner and Halswell Wards:** both provide assessment and treatment for men; Halswell Ward has 16 beds and Turner Ward has 18 with 7 beds allocated for men requiring long term medium security.
- **Ruby Ward:** provides admission, assessment, treatment, and rehabilitation for women requiring medium security.

## Low secure care

- **Ellis Ward:** provides long term rehabilitation to men in a low secure setting.
- **Hume Ward:** provides assessment and treatment for men requiring short to medium term admission.
- **Rehabilitation flat:** the service also has a flat within the Shaftesbury clinic that can be occupied by men or women in medium secure care who are preparing for discharge into the community.

Each ward has a multidisciplinary team consisting of a consultant forensic psychiatrist, junior medical staff, a social worker, psychologist, arts therapist, occupational therapist, a nursing team leader and ward nursing team.



## Who the service is for



Mentally disordered offenders who cannot be managed within the referring service.

Typically, such patients will have:

- a diagnosis of severe and enduring mental illness and/or personality disorder
- complex needs, often including challenging behaviour and/or substance misuse
- a serious and ongoing risk of violence and injury to self or others and/or sexually inappropriate behaviour.



## Referrals

Referrers to the service include:

- secondary mental health services
- high secure services
- criminal justice system, eg probation, prisons, courts, solicitors
- social services
- multi agency public protection panels (MAPPA)
- borough placement panels



We will accept referrals of patients who originate from one of our six commissioning PCTs providing that one of the following criteria is met:

- a) Clear evidence of a link or potential link between mental disorder and propensity to offend at the level of Admission Criteria for Secure Services Schedule (ACSeSS) categories 1 and 2
- b) Treatment in another service is considered unreasonable because of the risks as assessed.

Once considered suitable for assessment, referrals will be allocated primarily on the basis of borough linked teams. Each forensic multidisciplinary team (MDT) will develop and maintain an active relationship with clinicians in their link borough.

Routine referrals are assessed and reported back to the Referral and Bed Management Panel within two weeks. Emergency referrals should be seen within 24 hours and urgent referrals within five days.

If a patient is not accepted for assessment, the relevant consultant will phone the referrer within 48 hours of the panel's decision, followed by a letter stating the reasons.

We are available to offer consultancy and advice on the management of patients not formally referred to us.



## What we offer

The philosophy of the service reflects the principles of recovery. At the heart of service delivery is the patient's capacity, within the constraints of their legal detention, to achieve a degree of self determination. Fostering hope, sharing control, and providing meaningful opportunities for personal development and social inclusion are among our primary goals.



We provide consultation and liaison with adult mental health services within the trust, external assessments to prisons and special hospitals, and mental health services to HMP Wandsworth.

The result of a multidisciplinary assessment will determine the patient's care pathway which will be tailored to individual needs. One pathway will constitute a "treat and return" to prison where appropriate.



Standard care pathway options are:

Temporary: up to 3 months

- Temporary transfer from secondary mental health services
- Temporary readmissions
- Temporary recalls

Short-term: up to 6 months

- Remand prisoners transferred on Mental Health Act (MHA) sections 48 and 49
- Sentenced prisoners transferred on MHA sections 47 and 49
- Patients remanded from the Courts on MHA sections 36 or 38
- Patients on trial leave from high security

Medium term: up to 2 years

Long term: more than 2 years

- Slow stream rehabilitation patients
- Long term rehabilitation, including factors such as long tariff or special Ministry of Justice concerns
- Long stay patients

## What it's like

Each ward is served by a single MDT, with all teams adhering to standardised practice with regard to ward rounds, Care Programme Approach (CPA), and the implementation of the HCR-20 as a risk assessment tool for violence.

A risk assessment will be conducted on the day of admission by a doctor and a nurse. This will determine the initial care plan implemented on admission, as co-ordinated by the consultant psychiatrist.



All patients have access to a group treatment programme providing targeted input to tackle specific problems and behaviours and individual therapies are provided for those unable to access the group programme. An occupational therapy programme offers opportunities to develop skills and interests in creative, vocational, fitness and life skills activities. There are opportunities to gain qualifications in a range of topics, including literacy, numeracy and computing and horticulture.

Patients are involved in the development and monitoring of their own care plans and will have a personal copy of these. The designated key worker will provide comprehensive information about the admission and ensure the patient's awareness and understanding on an ongoing basis.

The patient's risk assessment and care plan will be reviewed at least fortnightly within the multi-disciplinary ward round. A case conference and CPA review will take place at least every four months.



## Discharges

All patient discharges are effected through the CPA process, supported by a recent risk assessment and management plan. The patient will remain the responsibility of the Forensic Service until the CPA and a Section 117 aftercare plan have been accepted by the receiving service.

Patients may be discharged to:

- the community under the care of the Forensic Community Service, local Community Mental Health Teams, or Assertive Outreach Team
- prison
- high secure hospital
- local in-patient services – acute, rehabilitation, or low secure.



## Community Forensic Team



A dedicated Community Forensic Team (CFT) provides support, treatment and monitoring for patients meeting the CFT's referral criteria, who are discharged back into the community, prior to their care transferring to local community teams. With a caseload of 40-50, the core function of the team is to support patients actively and to monitor their mental states and behaviour and the risks they may pose. The CFT will then work closely with the service user's CMHT to hand the care over to a local team. This may involve an initial period of joint working prior to a transfer of care.

The CFT comprises three community psychiatric nurses (CPNs), one social worker, one occupational therapist, a staff grade doctor and one consultant psychiatrist. The CFT is also a training team and hosts medical and other professionals engaged in training.

Interventions available to patients and their carers:

- Assistance to enable patients to develop skills in dealing with other agencies and with daily living
- Basic counselling as necessary
- Informal and formal mental state assessments
- Screening for substance misuse as required
- Support and education about healthy living, interpersonal, sexual, and cultural needs
- Reassessment of risks in step with changing circumstances.

## Contact details

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## How to find us

The nearest tube station to Springfield Hospital is Tooting Bec (Northern Line), a 12-15 minute walk.

Bus G1 serves Springfield Hospital itself. On nearby Trinity Road there are buses 219 and 319. On Upper Tooting Road there are buses 57, 155, 219 and 355. On Tooting Bec Road there are buses 249 and 319.

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