Ten key messages for commissioners

Joint Commissioning Panel for Mental Health

www.jcpmh.info

Forensic mental health services

The 10 key messages below are drawn from the Joint Commissioning Panel for Mental Health's guide on commissioning forensic mental health services. To read the full guide, please visit www.jcpmh.info

1 Forensic mental health services are provided for (a) individuals with a mental disorder (including neurodevelopmental disorders) who (b) pose, or have posed, risks to others and (c) where that risk is usually related to their mental disorder.

They may be placed in:

- hospitals (particularly secure hospitals)
- the community
- or prison.

Forensic mental health services work collaboratively with:

- other mental health professionals, General Practitioners (GPs) and social care staff
- agencies working in the criminal justice system.

Forensic services are able to demonstrate effectiveness in reducing serious reoffending in individuals discharged from secure inpatient services.

2 Patients must be at the centre of the care provided by forensic mental health services. There should be a dual emphasis on promoting and enabling individual recovery and independence, while also ensuring the protection of the public. Critically, these are not mutually exclusive aims or outcomes, because high quality care will result in improved protection of the public.

3 Forensic mental health services are 'low volume and high cost' services (i.e. they work with a smaller number of individuals with typically more complex needs and consequently higher related care costs). It is essential therefore that they are commissioned in a way which ensures that:

- patients should make progress through the care pathway according to their risk to others and the stability of their mental health
- forensic services are flexible enough to meet the complex needs of all individuals within the service, regardless of whether this is a secure hospital, in the community, or a prison
- administrative barriers which could block an individual's progress along the care pathway, and also any interfaces between one commissioning body and another, are kept to an absolute minimum
- mental health care in prisons is equivalent to the care provided to individuals in the community.

4 Commissioners should ensure that security measures promote a safe environment which enables therapeutic work to be undertaken to meet an individual's needs. Commissioners should be aware that safe care is provided through a combination of physical, relational and procedural elements. It is well recognised that an over reliance on physical security can have a negative impact on the therapeutic environment of secure hospitals.

5 Commissioners should commission integrated pathways of care rather than individual packages of care – doing otherwise will create administrative delays at each interface.

A significant challenge to their development is the:

- number of service interfaces (which often cross different health, social care and criminal justice agency boundaries)
- different commissioning streams operating within the health and social care sectors
- need for a range of government departments to work collaboratively (this includes the Department of Health and the Ministry of Justice, which commissions the National Offender Management Services – NOMS).

6 The commissioning of an integrated forensic mental health care pathway is the responsibility of NHS England and Clinical Commissioning Groups (CCGs).

It is essential that the various commissioning streams are coordinated to ensure that there are no gaps or administrative delays.

7 It is essential that the commissioning of effective mental health services in prisons is based on the 'equivalence of care' principle. This will require an equal provision of care between those health services provided in prison, compared to those available in community settings.

8 Commissioners should ensure that all forensic services are part of the Quality Network for Forensic Mental Health Services (QNFMHS).

The QNFMHS have been successful in improving standards in medium secure services (www.rcpsych.ac.uk/qnfmhs). The same level of support should be given to the extension of the QNFMHS to low secure services, and also the new QNFMHS networks for community forensic services and prison in-reach mental health services.

9 Commissioners should ensure that the forensic mental health care pathway takes account of the recommendations of the 2009 Bradley report.

This included recommendations relevant to the design of the offender pathway including:

- early intervention, arrest and prosecution
- the court process
- prison, community sentences and resettlement
- delivering change through partnership.

The most significant recommendation was the development of Criminal Justice Mental Health Teams. Commissioners need to ensure that services operate in an integrated way with these teams.

10 The time of highest risk for individuals is during the transition between different parts of the pathway – it is essential this transition is managed safely and effectively. This is particularly the case for the transition from the security and support in the institutional setting to increased independence and responsibility in the community.

It is essential that this transition is managed safely and effectively by clinicians who are familiar with the individual and with whom the individual has already developed and built a positive and trusting therapeutic relationship.

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