About this document

This document was made by CHANGE, a charity led by people with learning disabilities.

This document uses easy words and pictures to help you understand more about what a low secure mental health service for adults is.

You might want to read through it with someone else to help you to understand it more.

There is a Word Bank at the back of the booklet to help with hard words. Any words in bold you can find in the Word Bank on page 30.
Introduction

This document is about Low secure mental health services for Adults.

It gives you information about how the services are run.

It explains the journey a patient would go through from entering to leaving the service.
Low secure mental health services care for and treat patients who are a serious risk to others.

These patients need **physical security** to prevent them from leaving.

Some patients have been either charged or convicted of a criminal offence.

Before they are **admitted**, each patient is assessed and a report is made about how they need to be managed because of their mental illness.
This document is about **low secure mental health services** for both men and women over 18, suffering from mental illness (MI), **personality disorders (PD)** and **neurodevelopmental disorders (NDD)**, including learning disabilities (LD).

**Low secure mental health services** focus on helping patients get better so that they are no longer a risk to others.

They treat everyone equally and do not **discriminate**.

Sometimes some **liberties** of patients must be controlled. This is done to make sure other patients and members of staff are safe.
Patients in **Low secure mental health services** arrive here from different places:

From higher secure services, when they get better and become less of a risk to others.

They also might come from the Criminal Justice System.

Directly from the community, if they become an increased risk to others.

From Secure Child and Adolescent Mental Health Services.
There are three main patient groups in **Low secure mental health services**:

1. Patients who need low **physical security**, as established by a court, to help them get better.

This group includes patients who have been sent from other secure services, who are convicted of a serious crime.

Some have come from prison.

Others may have not have committed a crime but are a serious threat to others and need help to get better.
2. Patients who need low security admission.

They come straight from prison or court.

Some have been charged with a crime while in the community or in hospital.
3. Patients from Psychiatric Intensive Care Units

These patients need care for a longer period of time in a locked / secure setting.

These patients usually are treated in locked rehabilitation centres, but some of them can be admitted to low secure mental health services.
Low secure mental health services are the bridge between secure services and the community.

Multidisciplinary Teams (MDT) provide the care. They offer specialist help for patients.

The aim is to help patients get better so that they can go safely back to the community or prison and enjoy a better life.
Each patient is assessed before they are admitted. They are assessed by looking at:

- What their mental disorder is?
- How much of a risk they are to others?
- How much care and supervision they need?
• How much support do they need from specialist services and staff?

• Do they need therapy for risk / offence behaviour?

• How involved are they with their treatment / care plan?

• How involved are they in activities?
Based on this assessment, the service, patient and carer decide on the Care Pathway together.

This is a plan which sets out the journey the patient will go through from entering to leaving secure services.

- Do they misuse drugs / alcohol?
Low secure mental health services can be described in four stages:

1. **Referral and Assessment**

Secure services may talk to other mental health services to see if they can support them so that the patient doesn’t have to be admitted to secure services.

At this stage the patient is assessed, and he/she will be told about where they may be admitted.

He/She will also be told about the assessment they are going through and what are the results of this assessment.
2. **Pre-admission**

This stage is where the patient is introduced to the secure service and to the staff there, and is told about what is going to happen.

3. **Admission, Care and Treatment**

The patient is assessed, treated and managed according to his/her needs.

They may receive special treatment to help them with offence/risk related behaviours.

Services treat patients under the lowest level of physical security possible.
Patients have access to social and educational activities which support their rehabilitation.

Patients have regular checks to see how their health is. This is part of the patient journey.

Ongoing support is provided for all patients including those who are involved with the Criminal Justice System.

4. Discharge/Transition

Discharge of the patient is kept in sight at the admission stage and throughout the process.
Patients are also told about the chance they might go back to prison when they are discharged.

When patients leave the service and go back into the community, the Community Mental Health Services receive a community care plan.

This is to make sure their care is continued correctly.

When patients leave the service and go back to prison, low security mental health services work with prison mental health services to make sure their care is continued.
Many local and national services work together to make sure that each patient is ready to be discharged.

The patient can then be moved to another secure service, in to the community, or prison.

Forensic Outreach and Liaison Service (FOLS)

These services are very important. More details about them are in Appendix 2.
To keep patients and public safe, patients in **low secure mental health services** need:

- **Physical security** measures within their environment.

- Good relationships between staff and services.

- Special procedures put into place.
Low secure mental health services do risk assessments to measure improvement of the care and reduce risk.

Services learn from each other by sharing their knowledge and experience gained from incidents and assessments.

Low secure mental health services encourage the patient to get better by involving them in their treatment, in the decisions made about them.

Low secure mental health services make all information about patients or the services available in accessible formats.
Where needed, special arrangements will be made for support from friends or family.

Low security services will provide an **Independent Mental Health Advocacy (IMHA)** service to oversee equal rights and safeguarding.
A patient can often be given leave. This is planned and involves a task.

There are a number of reasons for leave. Leave helps to evaluate progress, and informs the risk assessment.

Leave is very helpful in the rehabilitation process.
A patient may or may not have an escort with them during leave.

Closer to moving from medium to **low secure mental health services**, or to being discharged into the community overnight leave might be given, in special conditions.
Sometimes patients may have to be kept under closer **observation**.

The service will make sure that the length of **observation** is no longer than it needs to be.

The service will also make sure that the patient is being treated with dignity, respect and care.

To be accepted in a **low secure mental health service** you need to fit ‘specific criteria’ which look at your mental disorder and how likely you are to cause harm to others.
Exclusion Criteria

You can be excluded from a **low secure mental health service** if you do not fit the acceptance criteria.

Such as if your mental disorder only happens for a short time and is very unlikely to happen again.

Or if you are of risk of harm to yourself but not to others.
Low secure mental health services works closely with a wide range of services to make sure that the care pathway of a patient has the best possible outcome.

The services all share information on the patient and his/her treatment and care.

These services include the NHS, social services, other secure services, courts, the police and housing associations.
A diverse range of people may require care and treatment in Low secure mental health services:

- Individuals who are deaf.
- Individuals with neurodevelopmental disorders (NDD)
Women who go to Low Secure Services have different mental health and offending profiles than men.

Services for women are different so that they can offer appropriate care and treatment.

- Individuals with a diagnosis of **Personality Disorder**.

All clinical and non-clinical staff will have specific training in working with patients with a **personality disorder**.
Low secure mental health services aim to provide treatment and care to people with mental disorders who are a serious risk of harm to others.

The services focus on recovery and positive outcomes.

Low secure mental health services aim to work together as part of a connected group of services.
Word bank

Admitted
When you go into stay at a hospital or service.

Care Programme Approach (CPA)
A way that services are assessed, planned, and reviewed for someone with mental health problems.

Discriminate
To treat someone differently in a negative way.

Liberties
Personal freedom and choices.
Low Secure Mental Health Services
These are secure services that provide care and treatment for people with mental health problems.

Multidisciplinary Teams (MDT)
Groups of staff who have different areas of training.

Neurodevelopmental disorder (NDD)
These are disorders that affect the growth and development of the brain. Examples are: mild learning disability, autism.

Observation
When a medical professional keeps an eye on a patient to understand their condition or keep them safe.
**Personality disorder (PD)**
A condition in which someone is quite different in the way they think, understand, feel or relate to others.

**Physical security**
A way to keep a patient in one safe place, such as a locked door.

**Rehabilitation**
When someone improves or gets better.

**Risk assessment**
A document that looks at the risks of harm for a patient and what can be done to prevent them.