Service Provision in Forensic Psychiatry

A Policy Document for the Forensic Psychiatry Section

Irish College of Psychiatrists

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Forensic services currently represent a highly specialised, national tertiary service providing conditions of special security (high and medium security), which can only be provided for a population of over three million. It is essential therefore to recognise the need for free flow between levels of security, in particular from local secure services to national medium and high secure as well as from prisons back to community services.

It has been shown that enhanced availability of local psychiatric services reduced demand on forensic services in Ireland (Footnote O'Neill *et al*, 2002) and it has been shown that enhanced availability of local PICU reduces demand for medium and high secure services (McCrone *et al*, 2001; Coid *et al,* 2001). There is also evidence that availability of high quality high intensity community psychiatric services including the use of community treatment orders prevents revolving door admissions through the forensic as well as general psychiatric services. In practice however, these facilities are not available in the Irish mental health services and are unlikely to become available in the medium term. Forensic Services must aim to provide services to the mentally ill in prison, which are accessible, equitable and effective. Over the long term, the aim of the Forensic Services is to add the element of re-integration into local services.

The Forensic Services aims to provide a mixed integrated and parallel community after-care service for those discharged from the Central Mental Hospital after long admissions. This should be carried out in consultation and by agreement with local services.

The Forensic Service will be designed based on a network of local low-secure units relating to the National Forensic Psychiatry Service by a hub-and-spoke system with free movement of patients between levels of therapeutic security according to need. Essentially, this means that the Central Mental Hospital will function as the main centre for the National Forensic Psychiatry Service with input to local secure units, local PICUs and local catchment area hospitals.

The National Forensic Psychiatry Service will provide a service to the prisons within reach of Dublin with additional assessment and liaison services to all other Irish prisons, such as those in Portlaoise, Castlerea and Cork.

The Forensic Service will be closely linked to local Psychiatric Intensive Care Units (PICUs), for example, when patients cannot be managed safely in their local Psychiatric Intensive Care Unit, then consideration will be given to transferring the patient to a higher level of security.

The Forensic Services over the longer term will need access to local longer-term low-security units, though the need for these is less easy to quantify without good local and population-based needs assessment.

Local secure units are intended to provide a service mainly for civilly detained patients who require treatment in conditions of security. Patients detained under forensic mental health legislation or transferred from the prisons are likely to be most appropriately treated at the Central Mental Hospital. For some appropriate patients, onward movement to a local secure unit rather than a community service may on occasions be beneficial.

There is a need to develop parallel follow-up service for longer-term forensic patients returned to the community (Snowden *et al,* 2000). An out-patient clinic and sheltered workshop currently exists at Usher's Island.

Psychiatric services to the prisons.

The cabinet has given a commitment to end the use of padded cells for mentally ill prisoners in order to comply with the recommendations of the Committee for the Prevention of Torture (CPT). The CPT has also been critical of the continued use of slopping out at the Central Mental Hospital due to the lack of modernised buildings there.

There will be a need over the longer term for the additional development of therapeutic secure services for adolescents with mental illness, learning disabled and dual diagnostic patients.

The service model is to provide Outpatient and Community Psychiatric Nurse services as an in-reach service into prisons to see inmates identified on reception screening as high-risk or mentally disordered. Following this, a number of options may be followed:

- Those requiring hospital treatment will be transferred to the Central Mental Hospital.
- Those released by the courts are re-integrated into their catchment area psychiatric service.
- Patients returned from the Central Mental Hospital to prison are followed up assertively.

These in-reach teams hold weekly ward rounds with the prison nurses, medical orderlies, general practitioners, probation and welfare, psychology and chaplainry staff. It should be noted that funding has been allocated for forensic psychiatry posts in Cork and Limerick to serve the prisons in these regions. Contact and liaison between these services will be served through the hub and spoke model.

It is proposed to re-organise the existing service and to deploy new resources so as to enter into a Service Level Agreement as follows:

- The existing patients at the Central Mental Hospital will be accommodated in sixty-four beds in the 1850 building plus the ten-bed hostel. The existing Unit 1 will continue to function as an admission unit, admitting two patients per week from the sentenced population, Guilty But Insane verdicts and (in rare cases) transfers from Health Board Hospitals.
- Existing Units A and B will be resourced as “new” units to provide two admission units with a capacity for four admissions (two each) per week. These new units will admit only remand prisoners.
- Prisoners will be treated for acute psychoses until they are well enough to return to the prison population where they will be managed by in-reach teams, in effect providing ACT services while the prisoner remains in the prison.
- Every effort will be made to re-engage the mentally ill person with their catchment area service.
- Psychotic, disturbed or otherwise high risk persons in the remand committal prisons and in any of the Irish Prisons, if placed in seclusion for their own protection will be reviewed by a General Practitioner within twenty four hours, by a psychiatrist within forty eight hours and will be transferred to the Central Mental Hospital within three days maximum.
- Any person with a severe mental illness unmanageable in the prison will be transferred to the Central Mental Hospital within the same time scale.
- At the Central Mental Hospital, patients will receive intensive and high quality multi-disciplinary assessment, care and treatment. It is expected that the great majority of those treated will be able to return safely to the prison system with assertive in-reach care and treatment until they are released by the Courts or come to the end of their sentence.
- The mean length of stay in “new” units will have to be kept at or below sixty days in order to continue admitting at a constant rate in those units of four per week. Any other legal or clinical structure, which placed a limit on discharge date, would lead to silting up.
- The Criminal Law (Insanity) Bill 2002 may increase the number of transfers with a view to fitness to plead or insanity. Such a situation would have a serious impact on the normal flow of clients into and out of the service.
- Court diversion schemes could be devised which would be acceptable to all. These would permit Courts to act in effect as the applicant under the Mental Health Act, 2001 with the recommendation of an independent doctor (General Practitioner, Prison Doctor or Forensic Psychiatrist) followed by an assessment by the Clinical Director or Consultant Psychiatrists

at the receiving hospital before the Order should be completed. However, for the time being this scheme can go forward without such a scheme.

- The introduction of Community Treatment Orders would allow an even better system for those coming before the Courts to receive compulsory treatment in the community from community services. This would prevent "the revolving doors" hospital and prison circuit.

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