



Dear Colleague

SERVICES, CARE, SUPPORT AND ACCOMMODATION FOR MENTALLY DISORDERED OFFENDERS IN SCOTLAND: CARE PATHWAY DOCUMENT

Summary

1. This letter attaches a Care Pathway Document showing what needs to be in place where, when and provided by which agency in terms of organising safe care, support and accommodation for mentally disordered offenders.

Background

2. NHS MEL(1999)5 set out proposals for a co-ordinated range of services and accommodation for mentally disordered offenders designed to meet the needs of the individual and public safety. The guidance proposed that mentally disordered offenders be cared for under conditions of security appropriate to the risk they present and also emphasised the importance of rehabilitation in the care regimes to apply. The guidance further suggested that care be organised, as far as possible, in community rather than institutional settings.

3. In setting out these principles for safe services and accommodation, the guidance acknowledged the separate but linked roles and responsibilities for the health, social work, housing and other agencies. The co-ordination of services required was acknowledged as a special challenge and one that would rely on multi agency approaches to ensure that the right services, in the right locations, were available when required.

4. A review of progress with implementation of the policy was commissioned of the Scottish Development Centre for Mental Health, and has been completed. Each local agency received a digest report on progress in their area. The attached Care Pathway Document adds to the information available to agencies by providing a further means of assessing what action is required locally towards completing a co-ordinated response to safe care and accommodation for this group.

Addresses

For action

Chief Executives, Health Boards
General Manager, State Hospitals
Board for Scotland
Chief Executives, NHS Trusts
Directors of Social Work/Chief Social
Work Officers
Directors of Housing/Chief Housing
Officers
Chief Executive, Scottish Prison
Service

For information

Chief Executives, Local Authorities
Chief Executive, COSLA
Chief Executive, Common Services
Agency
Executive Director, SCPMDE
Mental Welfare Commission for
Scotland
Chief Executive, Scottish Health
Advisory Service
General Manager, HEBS
Director, Scottish Development
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5. Publication of the Care Pathway Document fulfils the commitment made in " **Our National Health: a plan for action, a plan for change** " to "...publish an audit document that will help all agencies identify their role in the care and custody of this group and identify any gaps in current provision."

6. The "what, where, who" dimensions within the Care Pathway Document are shown at each stage of an offender's move through the care and (where appropriate) custody process and in doing so offers agencies a benchmarked management and audit tool to aid joint discussions on the planning and delivery of services.

7. The outcomes of the MacLean and Millan Committees and the Scottish Executive Discharge Protocol Working Group will all impact on the care and accommodation of this group. Other links are identified within the Annex.

Action

8. Health Boards; NHS Trusts; local social work and housing authorities; the Scottish Prison Service; the Crown Office; the Police and other recipients are asked to ensure that this letter and attachment are distributed to all with an interest in the planning and delivery of services, care and accommodation for this care group.

9. It is clear that no single agency can or is expected to meet all the needs and safety dimensions involved in the care and accommodation of mentally disordered offenders. The diversity and complexity of need requires a collaborative agency approach. Joint working and planning is the preferred route to delivering better quality services and outcomes in this and other areas of care and allows for planned activity and timetables to be agreed that reflect the different starting points for each agency.

10. The joint working, resourcing and management guidance set out in the December 2000, "A Joint Future" report is relevant in this respect, (www.scotland.gov.uk). Though not centred on the organisation of care for mentally disordered offenders, the report does provide a framework of principles and approaches that have application for joint agency action. For example, guidance on shared assessments of need and multi agency care responses are covered and are relevant for planning the service and accommodation responses for the offenders care group.

11. In terms of practical inter agency arrangements, one approach may be for the relevant agencies in each area to combine to form a local *Forensic Care Forum*. Such Forums could, for example, consider and advise locally on how best to advance implementation for the area from the position set out in the local area report. The Forum could also be charged with agreeing a forward action plan and timetable in consideration of the separate and combined agency responsibilities set out in the Care Pathway Document. However, in the final analysis it is for the agencies to agree what approach best suits local needs and circumstances.

12. An on-going assessment of local and national progress will be conducted by the Scottish Executive and as part of that process we will expect all Health Boards to submit a local progress report in September of each year, (starting 2001). We recognise that in particular cases agreement may be reached locally that the local authority or one of the other agencies may be better placed to take the "lead". The reports should show the combined agency position on progress made and action still required, set against NHS MEL(1999)5, the

area report and the Care Pathway Document. Where further action is planned, the report should include an appropriate timetable and show the lead agency responsibility for the services or other provision required.

13. The "area" to apply for these purposes will be the geographic Health Board area, in line with the approach adopted for the review. **The progress reports should be submitted to the Scottish Executive, Room 129, St Andrew's House, Regent Road, Edinburgh, EH1 3DG, by end September each year.**

14. A copy of this letter and attachment are available on the internet (at www.show.scot.nhs.uk).

Yours sincerely

TREVOR JONES
Head
Health Department

JIM GALLAGHER
Head
Justice Department

KENNETH MACKENZIE
Head
Development Department

"We will publish an audit document that will help all agencies identify their role in the care and custody of this group and identify and gaps in current provision."

Our National Health: a plan for action, a plan for change, December 2000.

Background/Definitions

1. The objective of this care pathway document is to describe for agencies what needs to be in place, where, when and provided by whom to ensure seamless provision of services and accommodation for mentally disordered offenders. This document specifies the different elements and links required to monitor and audit the service system and identify any gaps and variances in provision.

2. It is important to establish agreed criteria for access to specialist expertise, treatment and care at, *Local*, *Supra Local* and *National* levels. In these terms this document provides a pathway through a service system (rather than diagnosis specific). This document does not describe a pathway for all people with a mental health problem or learning disability, the focus is on people with a mental disorder who either come to the attention of the criminal justice system (CJS) or whose behaviour poses a risk of such contact.

3. In this document the terms, *Local*, *Supra Local* and *National* describe the different levels of service according to the population bases served:

- *Local* a level of service intended primarily to serve only the population of the Health Board, NHS Primary Care Trust or Local Authority within which it is located. This includes local Intensive Psychiatric Care Units (IPCUs). It is also taken to encompass specialist community forensic mental health services whose remits do not extend beyond Board or Trust administrative boundaries;
- *Supra Local* a level of service provided to more than one local area. This includes both secure in-patient facilities and specialist expertise. The exception here is Greater Glasgow, which provides the equivalent of a Supra Local service, primarily to its own population; and
- *National* a level of service taking referrals from across Scotland ie, the State Hospital.

Defining features

4. Four defining features, inform the care pathway document for this client group. Each recognises that the complex needs of the client group cannot be met by one agency alone;

- 'Routes' into the service system;
- Heterogeneity of the client group;
- Assessment and service response; and
- Service imperatives.

(i) Routes

5. This document describes both the structures, services and accommodation needed for those with a mental disorder who come to the attention of the Criminal Justice System (CJS), those at risk of contact with the CJS and those in prison, the State Hospital or elsewhere in the care or custody system.

(ii) Heterogeneity

6. The range of needs and risks presented can be distinguished along a number of dimensions each requiring different service responses:

Degree/severity/nature of mental disorder ie, mental illness, learning disability;
Socio-demographic characteristics: sex, ethnicity, age, and first language;
Impairments/complex needs eg, sensory impairment;
Past history of psychiatric/psychological disorder/offending;
Nature and severity of offending behaviour;
Presumed link between mental disorder and offending behaviour (culpability); and
Nature and severity of risk.

(iii) Assessment/service response

7. The important dimensions to assessment and service response include individual need and risk and the requirements of the criminal justice process.

(iv) Service Imperatives

8. The different (and potentially) competing service priorities within and between agencies are recognised in the pathway. These may be between models based on individual welfare and treatment, and others based on public interest, due process, sentence management. In addition the care pathway acknowledges the inter-dependence between professionals and agencies.

Care Pathway Document

9. This document is based on the routes into, through and out of the CJS. Each stage along the 'pathway' describes the network of services and supports which need to be in place to provide the quality of service set out in NHS, MEL(1999)5.

10. This document therefore comprises 4 elements:
- (i) **A pathway or route structured primarily by the criminal justice process**, but with access points to specialist services at *Local, Supra Local* and *National* level for those set out at paragraph 5 above.
 - (ii) **A structure to enable assessment of the individual** in order to assess individual needs and the risks presented (to themselves and others) and to inform criminal justice decision-making.
 - (iii) **A network of services and supports at *Local, Supra Local* and *National* level**, both specialist and mainstream, in response to the assessed needs of the individual and the risks they present.
 - (iv) **Longer term planning**, based on a network of links and connections including monitoring of individuals, where appropriate.
11. **These elements are presented in the diagram attached at Appendix 1.**

Stages along and within the Care Pathway

12. Although overlapping there are eight key stages in the "journey";
- (i) People with mental health problems or learning disabilities at risk of coming to the attention of the criminal justice system. People in prison or elsewhere in the care/custody system.
 - (ii) Police Contact: no offence; no charge; possible mental disorder.
 - (iii) Police Contact: alleged offence; possible mental disorder.
 - (iv) Report to the Procurator Fiscal.
 - (v) Pre-Trial Committal.
 - (vi) Court Proceedings:
 - Assessment of mental disorder
 - Assessment of fitness to plead/state of mind at the time of the alleged offence.
 - (vii) Found Guilty/finding that the person did the act or made the omission constituting the offence: pre-disposal.
 - (viii) Disposal:
 - (a) Community disposal
 - (b) Hospital disposal
 - (c) Prison disposal.

Key Points

13. Not all those coming to the attention of the CJS will travel the length of the ‘pathway’ from Stages 2 to 8 of Appendix 1. At each point some may be diverted out; formally detained in hospital under the extant legislation; informally admitted to hospital; or supported in the community. Individuals may also be transferred out of the criminal justice system or discharged from a service, they may also re-enter the pathway later.
14. Movement in and out of the pathway reinforces the need for information sharing and mechanisms for ensuring continuity of care. In this regard consideration on the development of information sharing and systems integration continues through the NHS Information Management and Technology Board, the Confidentiality and Security Advisory Group for Scotland and the Social Work Information Review Group.
15. No individual will necessarily require the full range of mental health, learning disability, social work, social care, housing and community resource options. The objective is to ensure the broad availability and appropriateness of resources to meet the individual needs and risks presented.
16. No single agency will be in a position to provide the full range of services to respond to assessed needs. The objective is to identify on a cross-agency basis the range of services and supports required *and* to agree which agency at *Local, Supra Local* or *National* level should respond to the service and individual needs identified. Thereafter, it is a matter of ensuring access arrangements and links are in place.
17. A checklist of community based, secondary, and tertiary care services is recommended to assist multi-agency access to a range of service components. A model checklist is attached at Appendix 2.
18. The links between and within agencies and professionals are of equal importance. Development and implementation at local level requires clearly defined links and connections within and across health, social work, housing agencies and with criminal justice services. This includes links with local mechanisms for monitoring sex offenders.
19. Appendix 3 illustrates the range of links and connections (and their complexity).
20. Appendix 4 (1-8c) describes what is happening and what needs to be in place at each ‘stage’ of the pathway. These are intended *for illustrative purposes only* and allow for local variation, where appropriate. Examples of the organisational requirements needed for efficient operation of the service system are provided with each diagram. Some are stage specific, others underpin every stage and form the infrastructure of the pathway. This will, by implication, help identify gaps in service provision.
21. Agreed criteria are required to ensure the appropriate use of, and access to, specialist services (at an appropriate level of security) to meet an individual’s needs and the risks presented. At *Local* level criteria need to be established for access to, and discharge from, *Local* level specialist services.

22. Each stage of this document builds in the opportunity for longer term care planning. Consideration is needed to ensure the safe transition of individuals in all cases but particularly those with complex needs between different elements of the service system, referred to here as an 'augmented Care Programme Approach' (CPA). Both the mechanism and the criteria that would inform the user need to be agreed. The outcome guidance of Scottish Executive Discharge Protocol Working Group for patients being discharged (or transferred with a view to discharge) from the State Hospital will need to be integrated into all local procedures. At *Local* level there is scope for consideration of the criteria for the use of the Care Programme Approach and Personal Life plans for people with less complex needs.

23. At assessment, and at the point of service delivery, mechanisms need to be in place to ensure the identification of, and responses to, specific needs, including age, sex, people with learning disabilities, people from black and ethnic minority communities, people with sensory impairments or for whom English is not their first language.

24. At individual client or patient level, specific monitoring mechanisms need to be built in locally to enable identification of the route taken, and variations from the pathway.

Appendix 2

Checklist of components of a comprehensive local service for Mentally Disordered Offenders

Services for People with Mental Health Problems

<i>Components</i>	<i>In Place/In Development</i>
Community-based	
Advocacy	
Social Care – Support in own home: Low to intensive support	
Supported Accommodation/Residential Care	
Day Care	
Employment Schemes	
Community Care Social Work	
Criminal Justice Social Work	
Children and Families Social Work	
Social Work Addiction Services (DATs)	
Diversion Schemes	
CMHT: CPNs, Psychiatry, Psychology, Social Work, OT	
GP/Police Surgeon	
Duty Psychiatry: Support to police, courts, assessment for diversion	
MHO	
Secondary Care	
General Psychiatry (Hospital): Out-patient Acute in-patient Day Hospital	
IPCU (short stay, acutely ill, limited physical security)	
Addictions Services	
Child and Adolescent Psychiatry	
Clinical Psychology	
Psycho-therapy	

Appendix 2 Continued

<i>Components</i>	<i>In Place/In Development</i>
Tertiary Care	
<p>Access to:</p> <p>Community Based Forensic Mental Health Services:</p> <p>Supporting generic mental health and health services; Providing direct care; Providing support to prisons.</p> <p>Consultant Forensic Psychiatry</p> <p>Clinical Forensic Psychology</p> <p>Forensic Psycho-therapy</p> <p>Forensic CPNs</p> <p>Forensic OT</p>	
<p>Access to:</p> <p>Forensic Hostel/Secure Supported Accommodation</p>	
<p>Access to:</p> <p>Day Care</p>	
<p>Access to:</p> <p>Open/low secure in-patient care</p> <p>Short stay secure in-patient care</p> <p>Long stay/continuing care secure in-patient care</p> <p>High secure care</p>	

Appendix 2 Continued

Services for People with Learning Disabilities

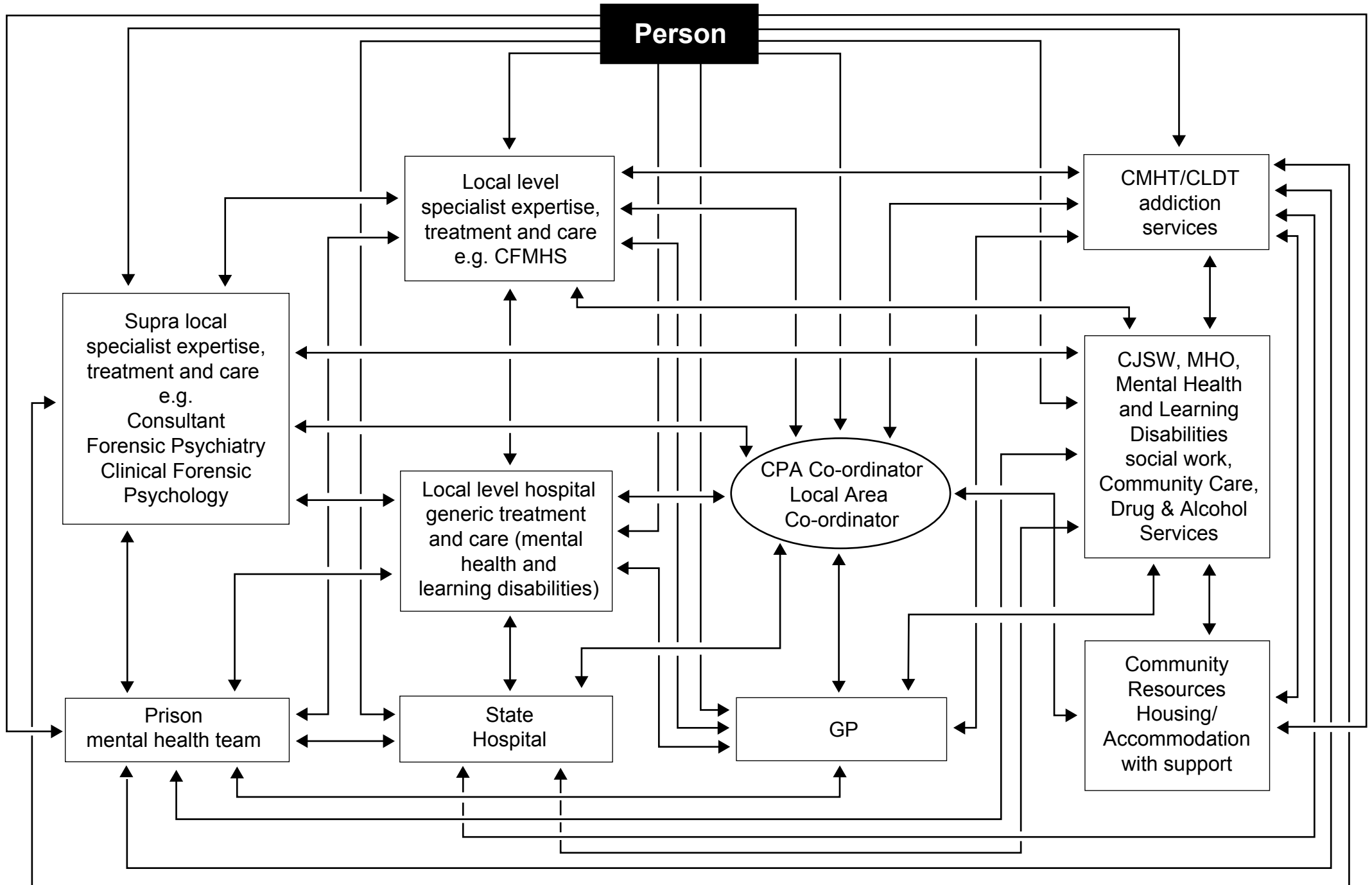
<i>Components</i>	<i>In Place/In Development</i>
Community-based	
Advocacy	
Social Care – Support in own home: Low to intensive support	
Supported Accommodation/Residential Care	
Community Care Social Work	
Criminal Justice Social Work	
Children and Families Social Work	
Day Care, Training, Employment	
Diversion Schemes	
CLDT: Psychiatrist in learning disabilities, community nurses, clinical psychology, social work, OT, speech and language therapy	
GP/Police Surgeon (as per people with mental health problems)	
Duty Psychiatrist in learning disabilities	
MHO	
Secondary Care	
Access to: Clinical Forensic Psychology Day Hospital for offenders Admission/Assessment beds	

Appendix 2 Continued

<i>Components</i>	<i>In Place/In Development</i>
Tertiary Care	
Access to: Short stay secure learning disabilities in-patient care Long stay/continuing care secure learning disabilities in-patient care High secure in-patient care	

Figure 3: A Care Pathway Framework - Health, Social Work & Social Care Elements

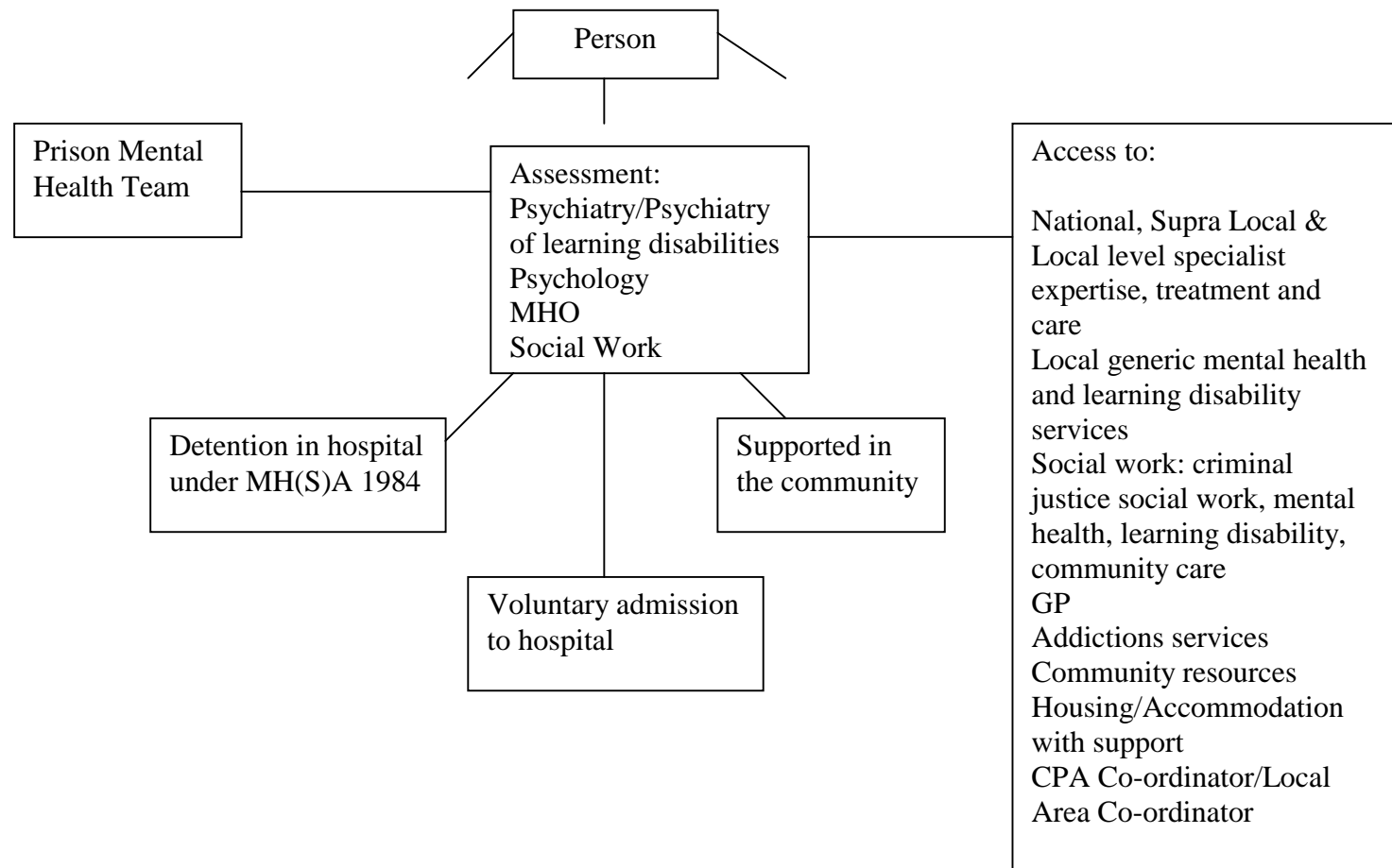
for illustrative purposes only



Appendix 4 (1-8c) Illustrative Examples

For illustrative purposes only

1. People with mental health problems or learning disabilities who are at risk of coming to the attention of the criminal justice system;
People in prison who become mentally ill or who have a learning disability.



For illustrative purposes only

1. People with mental health problems or learning disabilities who are at risk of coming to the attention of the criminal justice system; People in prison who become mentally ill or who have a learning disability.

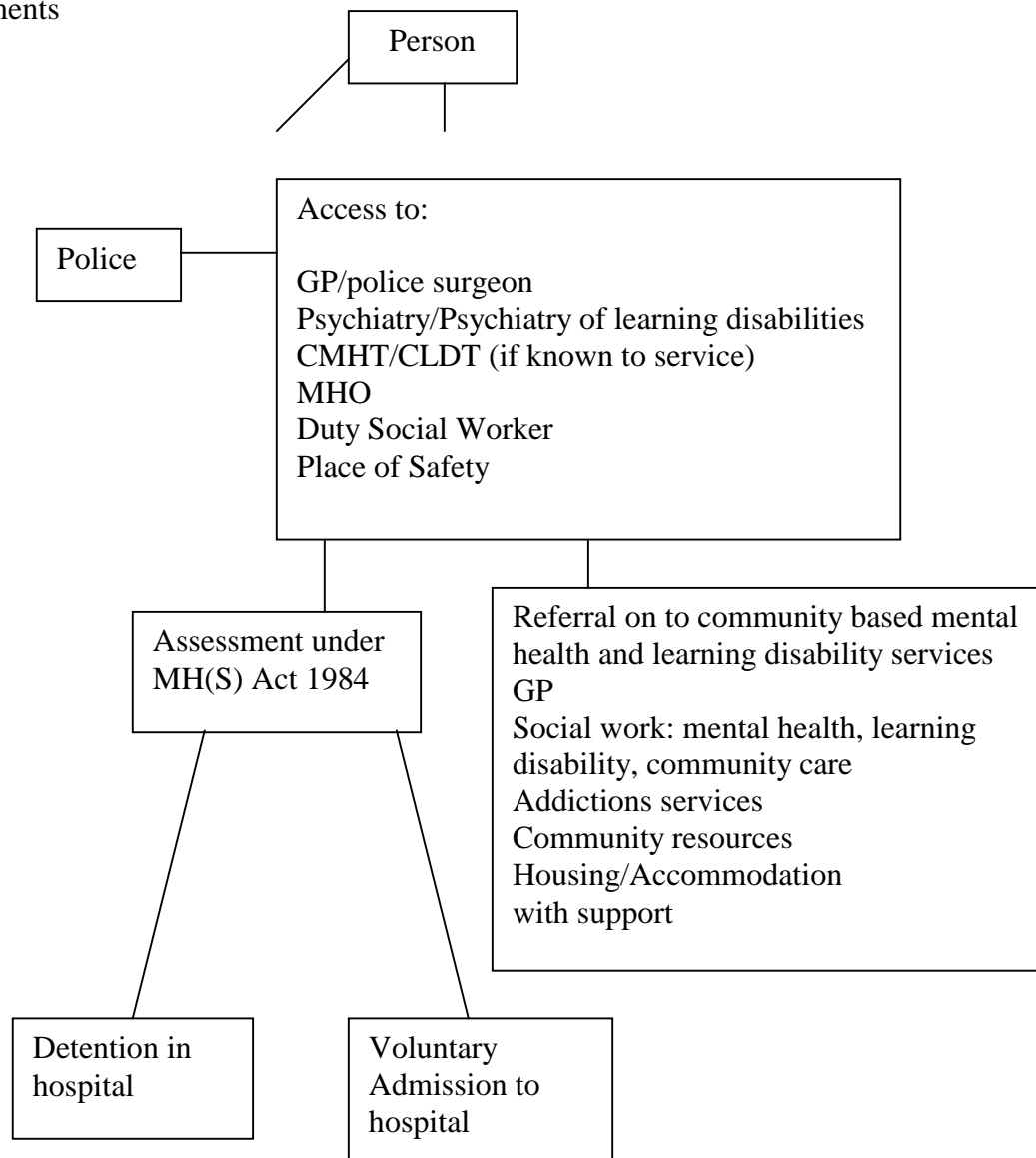
Requirements

- Arrangements in place to ensure the timely availability of psychiatric, psychological, MHO and social work assessment
- Criteria for access to National, Supra Local and Local level specialist expertise, care and treatment
- Access arrangements to generic mental health and learning disability hospital services
- Procedures for, and access to, appropriate community based mental health and learning disability services, addictions services, social work, community resources and housing/accommodation with support
- Access to prison mental health services, including visiting psychiatry, psychology services and social work
- Assessment for, and on-going planning of, care management, CPA/Personal Life Plan, Augmented CPA, as appropriate
- Information sharing protocols including consent procedures
- On-going liaison between health, social work and prison services

For illustrative purposes only

2. Police Contact: No Offence, No Charge, Possible Mental Disorder

Elements



For illustrative purposes only

2. Police Contact: No Offence, No Charge, Possible Mental Disorder

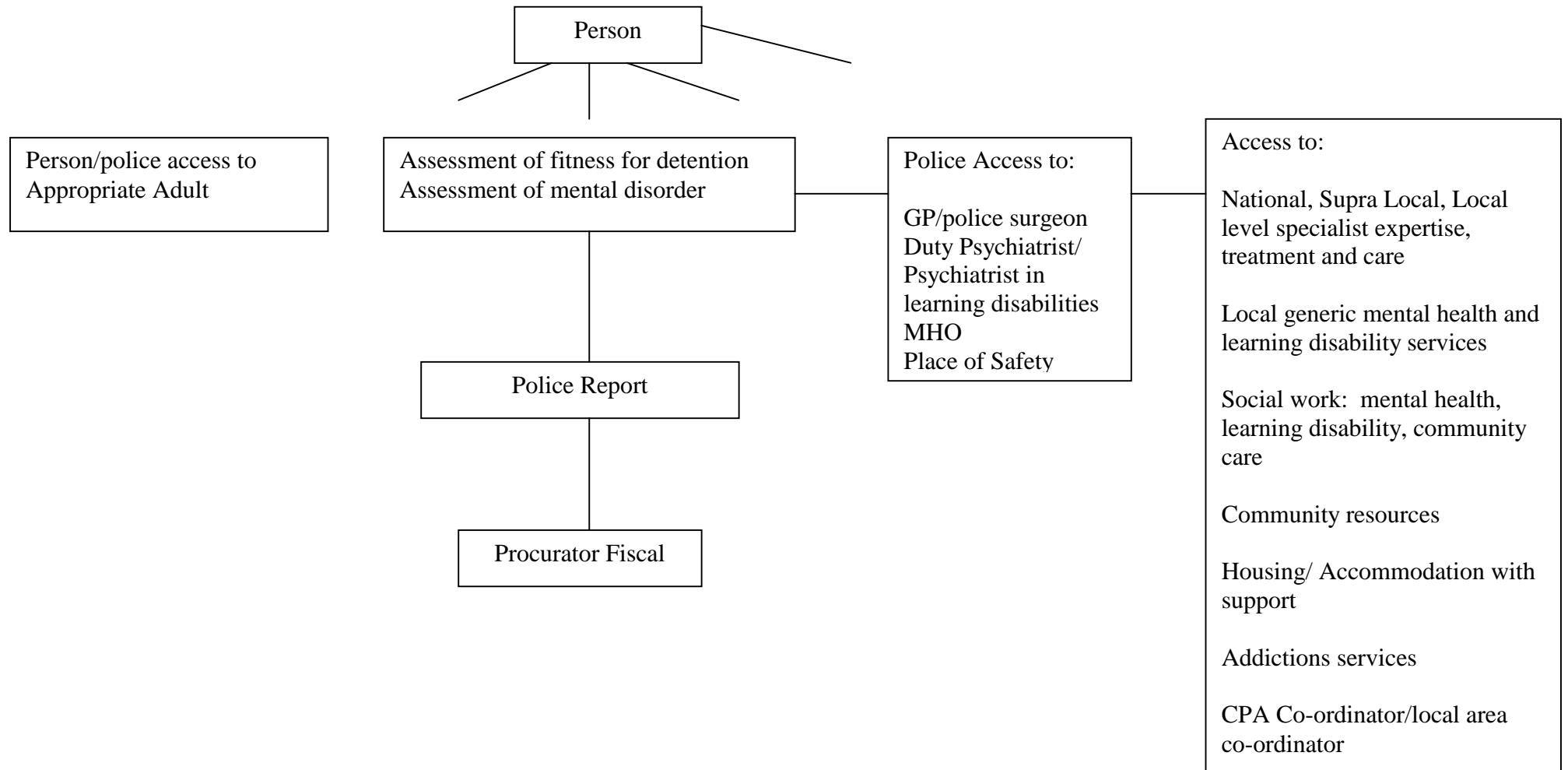
Requirements:

- Guidance for the police on arrangements to access police surgeon/GP; psychiatry, including the psychiatry of learning disabilities; MHO; social work services
- Arrangements in place to ensure the timely availability of police surgeon/GP, psychiatric and MHO assessment; during office hours; outwith office hours
- Access arrangements to generic mental health/learning disability hospital services
- Procedures for access to, and availability of, appropriate community based mental health and learning disabilities services, addictions services, social work services, community resources and housing/accommodation with support
- Assessment for, and planning of, on-going care management or CPA/Personal Life Plan, as appropriate
- Information sharing protocols including consent procedures

For illustrative purposes only

3. Police Contact: Alleged Offence – Person Detained/Arrested in Connection with Incident; Possible Mental Disorder

Elements



For illustrative purposes only

3. Police Contact – Alleged Offence – Person Detained/Arrested in Connection with Incident; Possible Mental Disorder

Requirements:

Identification of, and access arrangements to, an appropriate place of safety

Guidance on criteria for, and procedures to access an Appropriate Adult

Guidance for the police on access arrangements to police surgeon/GP; psychiatry, including psychiatry of learning disabilities; MHO; social work services

Arrangements in place to ensure the timely availability of police surgeon/GP, psychiatric and MHO assessment: during office hours; outwith office hours

Criteria for access to National, Supra Local and Local level specialist expertise, treatment and care

Access arrangements to generic mental health/learning disability hospital services

Procedures for access to, and availability of, appropriate community based mental health and learning disability services, addictions services, social work services, community resources and housing/accommodation with support

Assessment of, and planning for, on-going care management or CPA/Personal Life Plan, or augmented CPA as appropriate

Agreed procedures on transport arrangements to hospital

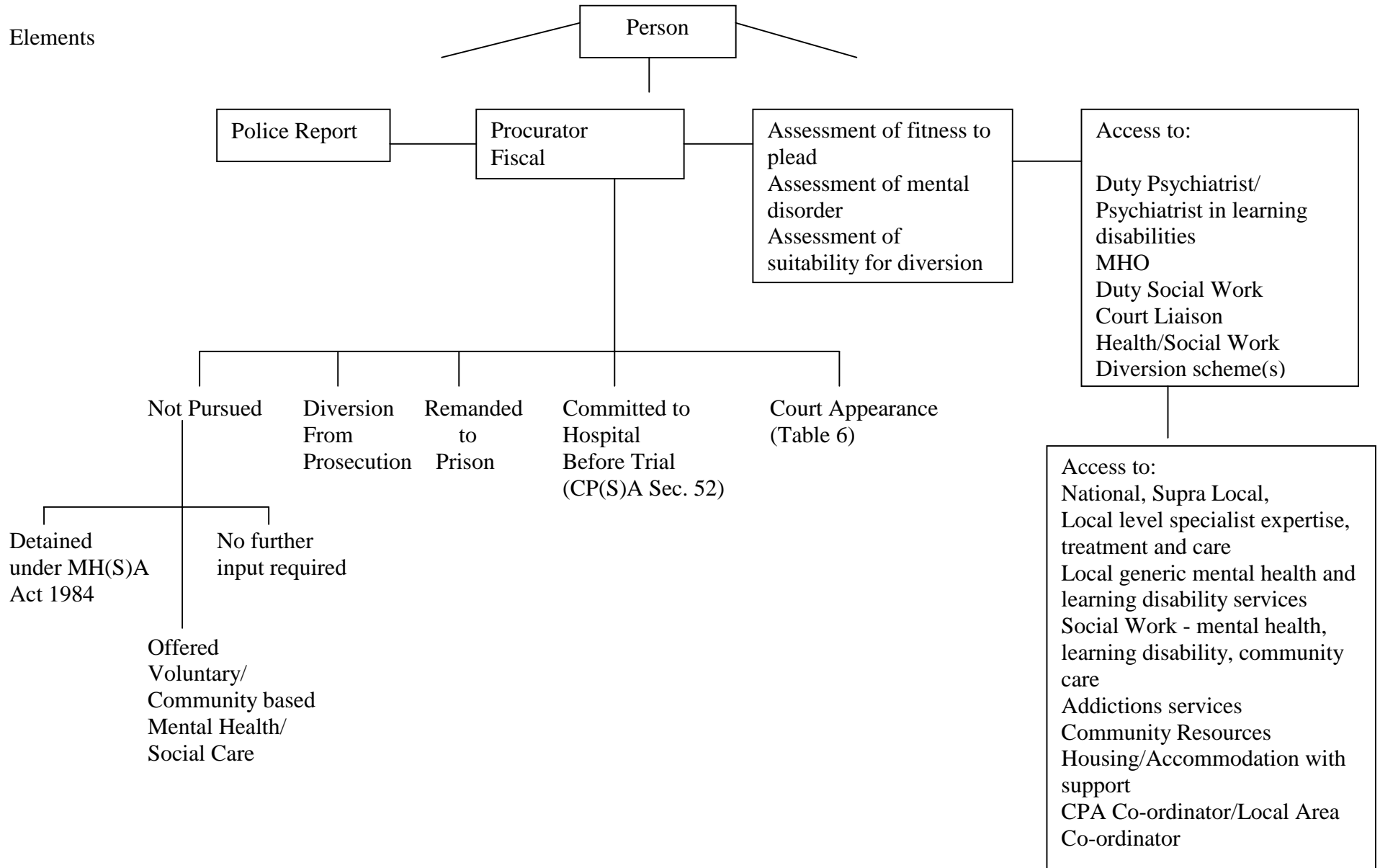
Information sharing protocols including consent procedures

On-going liaison between health and social work

4. Report to Procurator Fiscal

For illustrative purposes only

Elements



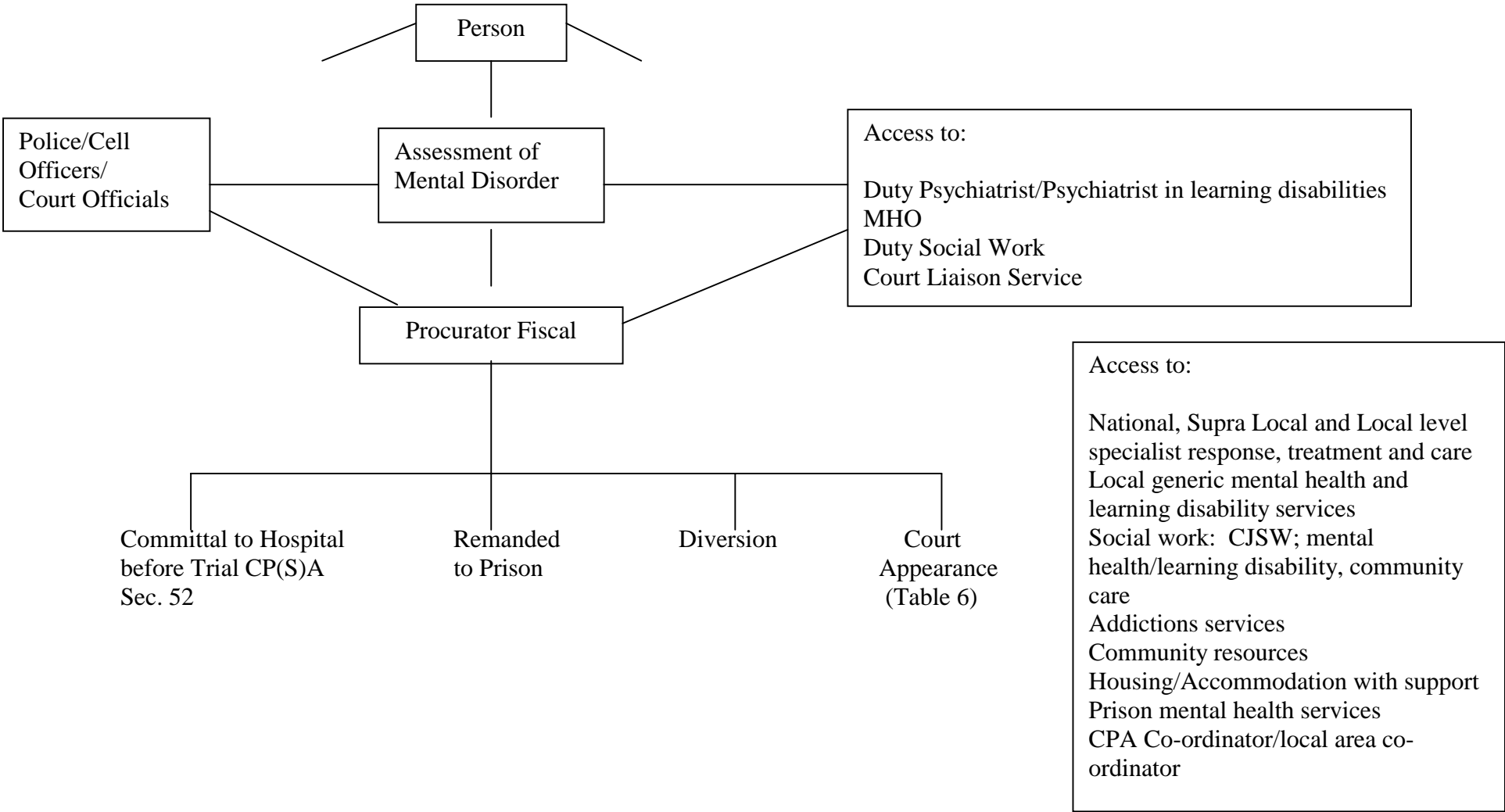
4. Report to Procurator Fiscal

Requirements:

- Guidance for Procurator Fiscal on access arrangements to psychiatrist, including psychiatry of learning disabilities, MHO and social work assessments
- Arrangements in place to ensure the timely availability of psychiatric, MHO and social work assessment: within office hours; outwith office hours
- Criteria for access to National, Supra Local and Local level specialist expertise, care and treatment
- Access arrangements to generic mental health/learning disability hospital services
- Procedures for access to, and availability of, appropriate community based mental health and learning disability services, addictions services, social work services, community resources, housing/accommodation with support
- Access to prison mental health services, including visiting psychiatry, psychology services and social work
- Assessment for, and on-going planning of, care management, CPA/Personal Life Plan, augmented CPA, as appropriate.
- Information sharing protocols, including consent procedures.
- Liaison between health, social work and prison services

For illustrative purposes only

5. Case Pursued: Pre-Trial Elements



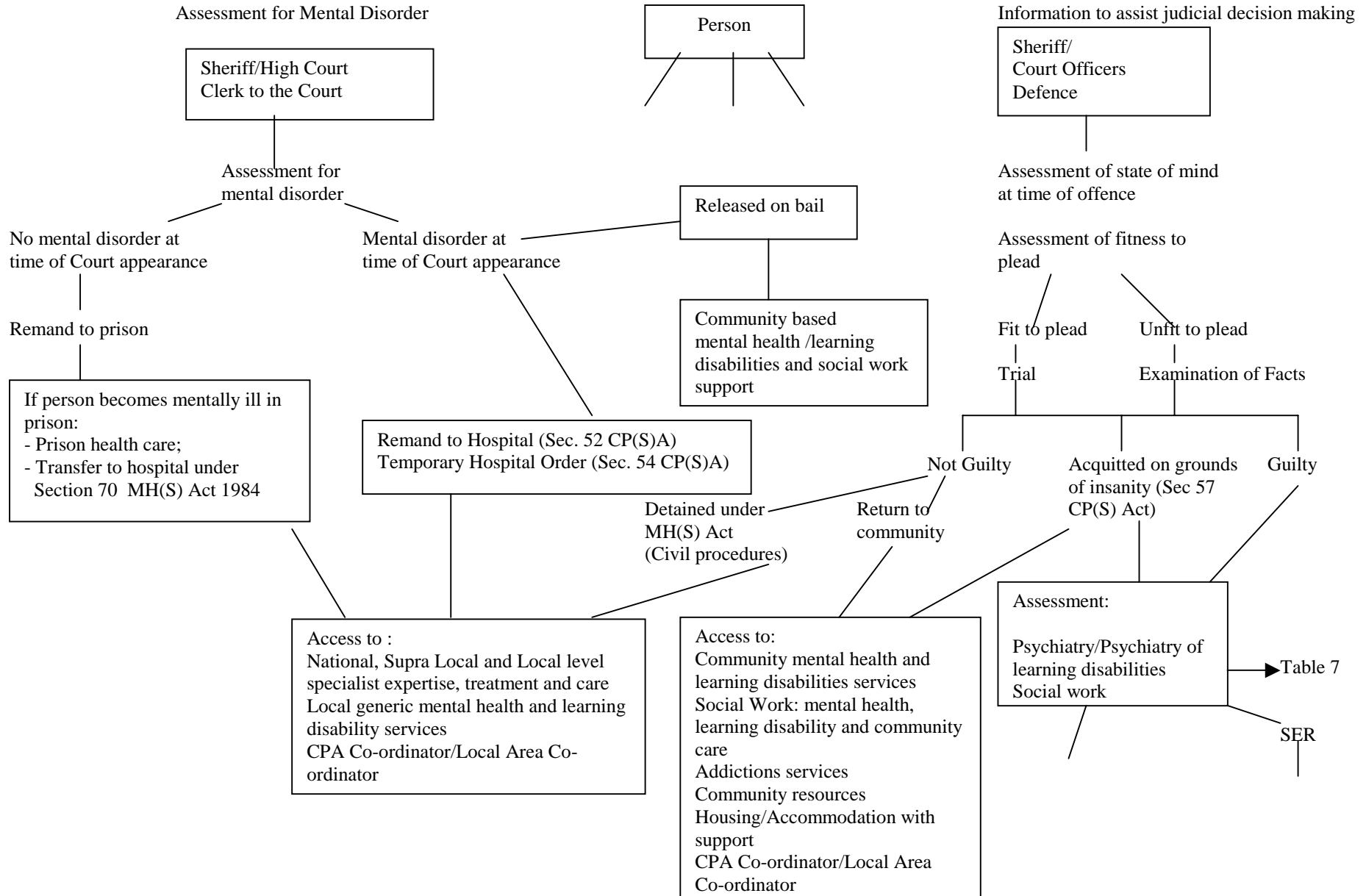
5. Case Pursued: Pre-Trial

Requirements:

- Guidance for the police/court officials on access arrangements to psychiatric, including psychiatry of learning disabilities, MHO and social work assessment
- Arrangements in place to ensure the timely availability of psychiatric, MHO and social work assessment
- Criteria for access to National, Supra Local and Local level specialist expertise, care and treatment
- Access arrangements to generic mental health/learning disability hospital services
- Procedures for access to, and availability of, appropriate community based mental health and learning disability services, addictions services, social work, community resources and housing/accommodation with support
- Access to prison mental health services, including visiting psychiatry, psychology services and social work
- Assessment for, and on-going planning of, care management, CPA/Personal Life Plan, augmented CPA as appropriate
- Information sharing protocols including consent procedures
- On-going liaison between health, social work and prison services

For illustrative purposes only

6. Court Proceedings/Examination of Facts Elements



Suitability for supervision
and treatment

Disposal options
(Table 8)

For illustrative purposes only

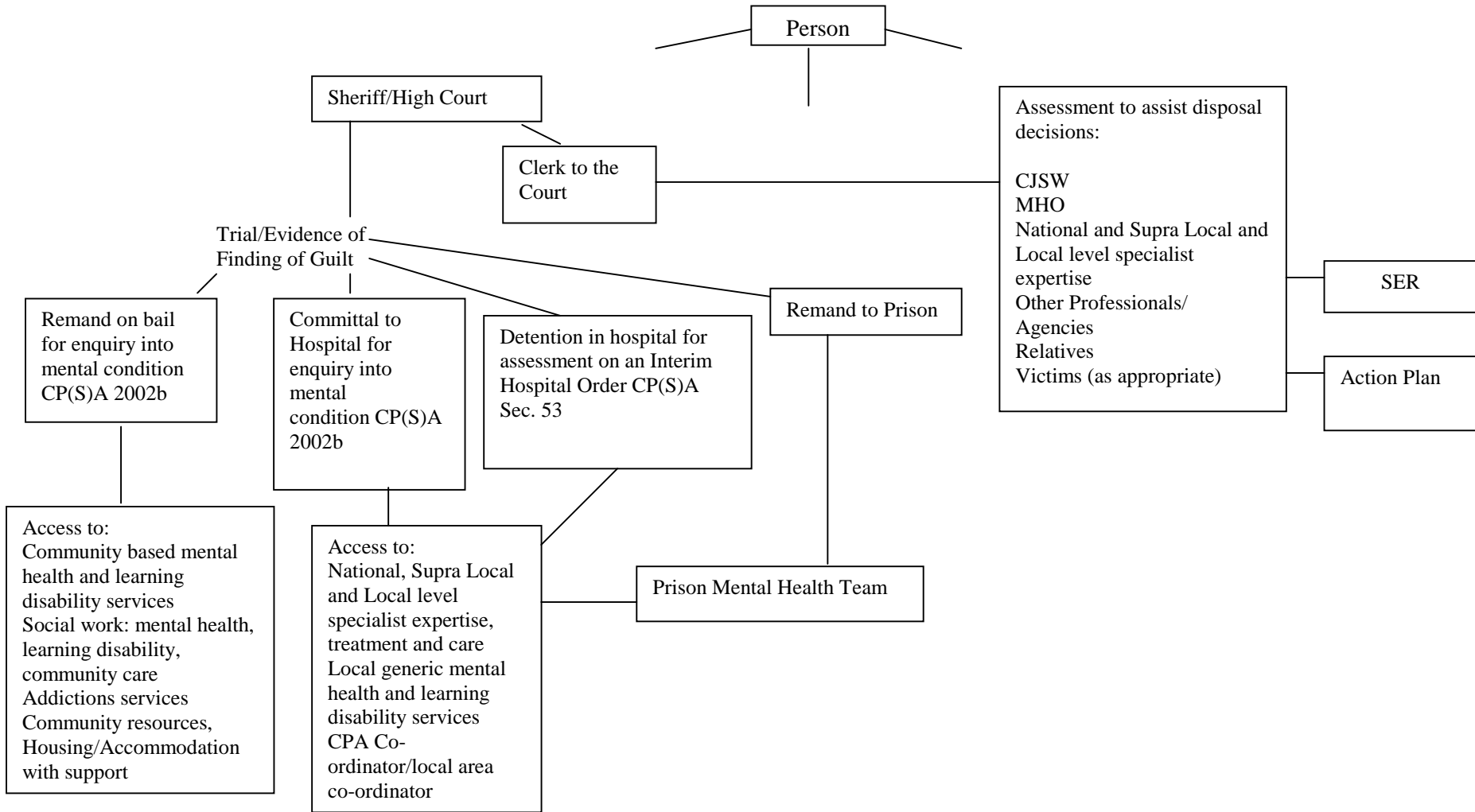
6. Court Proceedings/Examination of Facts

Requirements

- Guidance for court officials on access arrangements to psychiatric, including psychiatry of learning disabilities, psychological, criminal justice social work, and MHO assessment including procedures for informing professionals of the other's involvement. (SWSG 5/99)
- Arrangements in place to ensure the timely availability of psychiatric, psychological, criminal justice social work and MHO assessment
- Criteria for access to National, Supra Local and Local level specialist expertise, care and treatment
- Access arrangements to generic mental health and learning disability hospital services
- Procedures for access to, and availability of, appropriate community based mental health and learning disability services, social work, addictions services, community resources, housing/accommodation with support
- Arrangements for timely psychiatric assessment for prisoners on remand
- Access to prison mental health services, including visiting psychiatry, psychology services and social work
- Assessment for, and on-going planning of, care management, CPA/Personal Life Plan, Augmented CPA
- Information sharing protocols including consent procedures between health, social work and prison services
- On-going liaison between health, social work and prison services
- Mechanisms for informing and sharing information on the progress of a case.

7. Found Guilty/Finding that the person did the act or made the omission constituting the offence: Pre-Disposal

Elements



For illustrative purposes only

7. Found Guilty/Finding that the person did the act or made the omission constituting the offence

Requirements:

- Guidance for court officials on access arrangements to psychiatric, including psychiatry of learning disabilities, psychological, criminal justice social work and MHO assessment
- Arrangements in place to ensure the timely availability of psychiatric, psychological, criminal justice and MHO assessment
- Protocols on the preparation of SERs including liaison/contact arrangements between health and social work
- Arrangements for obtaining timely psychiatric and psychological assessment of remand prisoners
- Access to prison mental health services, including visiting psychiatry, psychology services and social work
- Criteria for access to National, Supra Local and Local level specialist expertise, care and treatment
- Access arrangements to generic mental health and learning disability hospital services
- Procedures for access to, and availability of, appropriate community based mental health and learning disability services, social work, addictions services, community resources, housing/accommodation with support
- On-going liaison between health, social work and prison services
- Information sharing protocol, including consent procedures
- Assessment for and on-going planning of CPA, Personal Life Plan or augmented CPA, as appropriate

8. Disposals
8a. Community Disposals Elements

(1) Deferred Sentence

(2) Supervision and Treatment Order

(3) Guardianship

(4) Probation Order with condition of psychiatric treatment

Assessment & Supervision

Person

CJSW
Psychiatry/
Psychiatry of
learning disabilities
Psychology

Mental Health
Social Work
MHO
CJSW
Psychiatry/
Psychiatry of
learning disabilities
Psychology
Guardian

MHO
CJSW
Psychiatry/
Psychiatry of
learning disabilities
Psychology
Guardian

CJSW
Psychiatry/
Psychiatry of
learning disabilities
Psychology
MHO

Supervision
and
Care Plan
CPA

Local level generic mental
health and learning
disability services
Local and Supra Local
level specialist expertise,
treatment and care
Social work: mental health
learning disability,
community care
Housing/Accommodation
with support
Addictions services
GP
CPA Co-ordinator/
Local area co-ordinator
Guardian

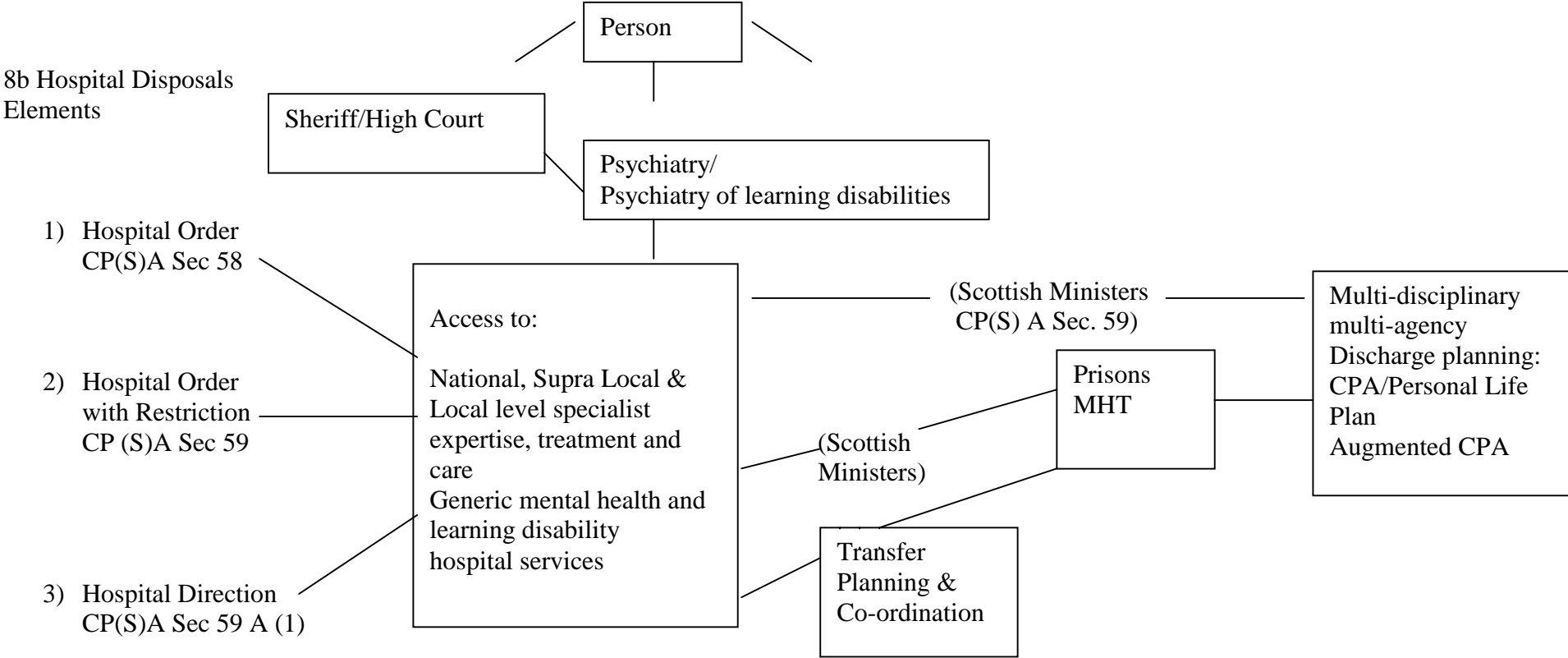
Action
Plan

For illustrative purposes only

Requirements:

- Local protocol between Health and Local Authority on roles and responsibilities, on-going contact procedures and information exchange
- Mechanisms for ensuring availability of appropriate medical treatment as per the Supervision and Treatment Order (SWSG 4/98) and Probation Order with Requirement for Treatment (SWSG 5/99)
- Local Authority procedures for allocating responsibility for undertaking assessments and Supervision Orders
- Mechanisms for on-going joint risk assessment
- Information sharing protocol including consent procedures
- Assessment for, and on-going planning of CPA/Personal Life Plan, augmented CPA, as appropriate
- Procedures for access to, and availability of, appropriate community mental health and learning disability services, social work services, addictions services, community resources, housing/accommodation with support
- Access arrangements to generic mental health and learning disability hospital services
- Criteria for access to Supra Local and Local levels and specialist expertise, treatment and care

For illustrative purposes only



For illustrative purposes only

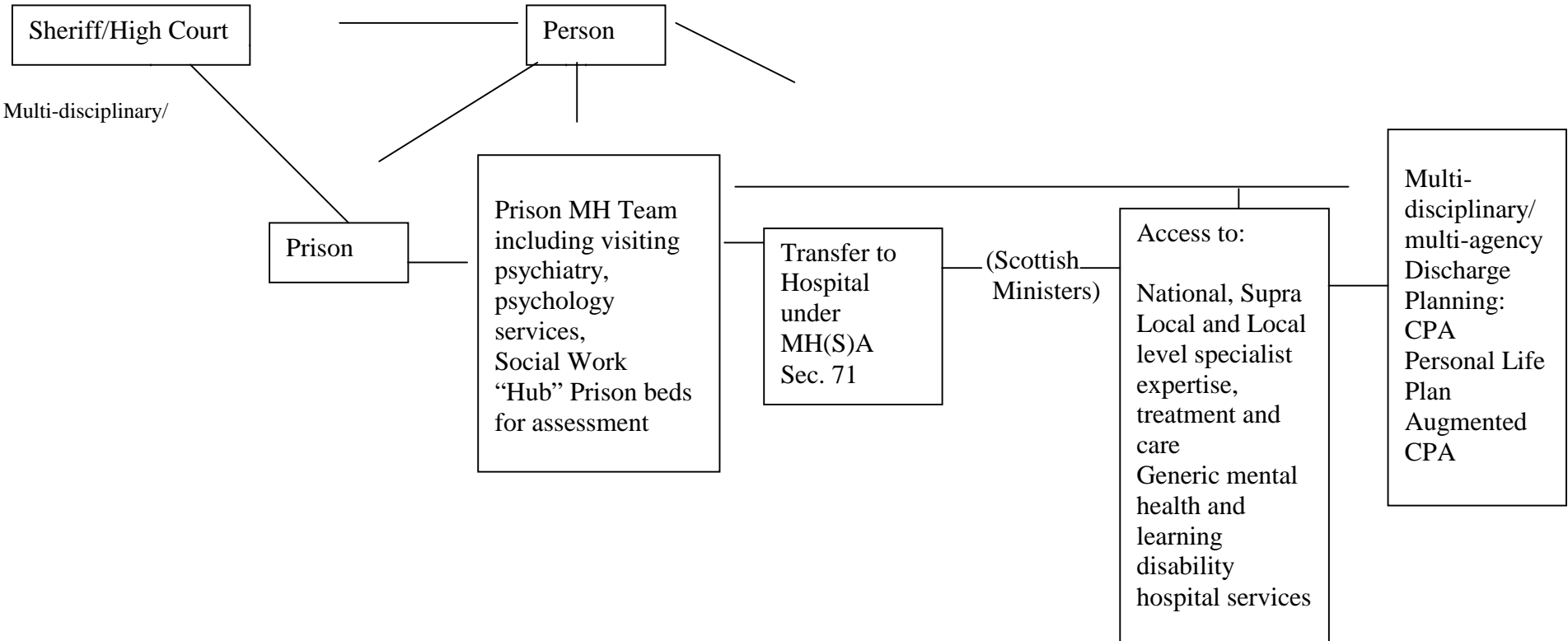
8b. Hospital Disposals

Requirements:

- Criteria for access to National, Supra Local and Local level specialist expertise, care and treatment
- Access arrangements to generic mental health and learning disability, hospital services
- Procedures on hospital to hospital and hospital to prison transfer and discharge planning and co-ordination, including information sharing (including consent)
- Mechanisms for maintaining links between relevant hospital, prison and community based mental health, and learning disability and social work services
- Assessment for, and on-going planning, of CPA/Personal Life Plan, augmented CPA
- On-going liaison between health, social work and prison services

For illustrative purposes only

8c. Prison Disposal
Elements



For illustrative purposes only

8c. Prison Disposal

Requirements:

- Access to psychiatry, psychology and MHO assessment
- Access to prison mental health services including visiting psychiatry, psychology services and social work
- Criteria for access to National, Supra Local and Local level specialist expertise, treatment and care
- Access arrangements to generic mental health and learning disability hospital services
- Procedures/guidance on planning and co-ordination of prison to hospital, and hospital to prison transfers, including information sharing (including consent)
- Implementation of prison discharge procedures (as per SPS Health Care Standard 5)
- Mechanisms for maintaining links between the prison and relevant community based mental health, learning disability and social work services
- Arrangements for maintaining links between person's CPA Co-ordinator/Local area co-ordinator and prison health and social care services
- Assessment for, and on-going planning of, care management, CPA/Personal Life Plan, augmented CPA, as appropriate
- On-going liaison between health, social work and prison services