



NHS Greater Glasgow & Clyde
Directorate of Forensic Mental Health & Learning Disability

A Guide to Making Referrals to Forensic Services

Important Note:

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**Forensic Referral Guidance
Amendment Form**

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date	Brief Summary of Changes	Author(s)
1.0	2009	New document	Dr M Culshaw
2.0	2012	Revision, no major changes. Minor updates and word	J Cairney
3.0	20 16	Revision, minor changes to wording to aid clarity. Added timescale for assessment. Inclusion of service provision developed for low secure women's service	J Meade
4.0	20 19	Updates to make for ease of reading. Court Liaison updated to cover increase in service provision since version 3. Forensic Opinion updated to include MAPPA. Updated to include STAR updated section challenging behaviour	S Hendry & L Sneddon
5.0	20 25	Contents page: Changes to page numbering. Changes in formatting and layout throughout the document. Addition of 4. Female Medium Secure Referrals on <u>page 5</u> (In previous version this was Part C) Addition of e) Medication to Manage Problematic Sexual Arousal (MMPSA) service on <u>page 4</u> Section 5: HMP Cornton Vale changed to Lilius Centre (CCU), <u>Page 3</u> Addition of Hyperlink of Guidance on Patient referral to or within Scottish High and Medium Secure Services, <u>Page 6</u> <u>Page 8</u> has new links to generic GGC departmental specific email addresses. Which replaces named individuals and full addresses. Appendices: Appendix 1. It is now a hyperlink. Appendix 2. Female Medium Secure Referrals is no longer an appendix, and information can be found on <u>page 6</u> . Appendix 3. Additional Admission Criteria to the National Risk Share Scheme Medium Secure Service for Patients with Intellectual Disability is no longer included with the document.	Steven McCulloch Clinical Policy Manager.

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A Guide to Making Referrals to Forensic Services

1. Outline of the Service

The Forensic Directorate provides services to the NHSGGC area. There are also national and regional services within the medium secure service at Rowanbank Clinic, forming a key component of the Scottish Forensic Estate. Central to our management of forensic patients is the Care Programme Approach and all patients case-managed by the Directorate are subject to enhanced CPA as set out in CEL 13 (2007) Guidance for Forensic Services.

Within the Directorate clinicians work in multi-disciplinary forensic teams which include:

- Consultant Forensic Psychiatrists and resident medical staff on rotation
- Clinical Psychologists
- Occupational Therapists
- Speech and Language therapy staff
- Dietician
- Pharmacists
- Nursing Staff.

The service is viewed as a **tertiary service** and therefore does not routinely accept referrals directly from primary care, nor does the service routinely accept admissions out of hours.

In **emergency situations only** the Consultant Forensic Psychiatrist and the Forensic Senior Nurse on call should be contacted. They will offer advice in relation to admission assessment and admission pathway.

The service is divided into the following areas:

• Medium Security

Medium secure in-patient services are based at Rowanbank Clinic, Stobhill Hospital; this is a 74 bedded unit.

- Male mental illness beds are available to patients from the West of Scotland region (NHS GGC, NHS Lanarkshire, NHS Ayrshire & Arran, NHS Dumfries & Galloway and the Argyll and Bute HSCP area of NHS Highland). The male mental illness service comprises 1 male admission Ward (12 beds) and 4 male mental illness rehabilitation wards (44 beds).
- There are 6 female medium secure beds within the service for NHS Greater Glasgow & Clyde patients. The service will occasionally accept female patients from other Health Board areas on a case-by-case basis.
- Rowanbank hosts the National Medium Secure Intellectual Disability service for Scotland which provides 8 male beds & 4 female beds, accepting referrals from all Scottish Health Boards.

• Low Security

Low secure in-patient services for NHSGGC are based at Leverndale Hospital. There are currently 52 low secure beds:

The configuration comprises of:

- 30 male mental illness (MMI) beds across 2 locked clinical areas.
- 8 male intellectual disability beds
- 9 male pre-discharge beds (MMI & LD)
- 5 Low Secure Female Beds

2. Forensic Community Mental Health Services

There are 2 Forensic Community Mental Health Teams contacted through the Douglas Inch Centre:

- Greater Glasgow FCMHT
- Clyde FCMHT

Both teams have a caseload comprising mainly patients subject to compulsory measures, including Restricted patients. The service does look after some informal patients, particularly complex cases with significant risk issues, but will aim to move patients back to general psychiatry community teams when appropriate.

3. Forensic Intellectual Disability Services

There are both medium and low secure Intellectual Disability beds as noted above. The medium secure beds are provided as a National service. There are extra governance arrangements to ensure equity of access to all Health Board areas.

In terms of community forensic Intellectual Disability services, a small team led by one Consultant Psychiatrist covers the NHS Greater Glasgow & Clyde area for those patients who require ongoing forensic input (including Restricted patients) in the community. The teams have a base at the Douglas inch Centre, although peripheral clinics are held too for patients to attend.

4. Forensic Liaison Services

a) Prison sessions

The Forensic Directorate provides consultant forensic psychiatrist sessions to 4 prison sites in NHS GG&C:

- HMP Barlinnie
- HMP Greenock
- HMP Low Moss
- Lilias Centre (CCU)

b) Sheriff Court Diversion Schemes

There is a court diversion scheme coordinated by the Forensic Directorate 5 days per week covering:

- Glasgow Sheriff Court
- Greenock Sheriff Court
- Paisley Sheriff Court
- Dumbarton Sheriff Court

c) Forensic Opinion Work

The Directorate frequently receives requests (mainly from colleagues in general adult psychiatry) for forensic opinions and risk assessments. Each request is discussed at our weekly referrals meeting. We do our best to respond as quickly as possible to provide opinions but occasionally requests will be refused because they do not seem appropriate at the outset (e.g. requests for a second opinion on diagnosis). Forensic opinions will provide a clinical view on risk and risk management, but we do not provide formal risk assessments routinely.

Occasionally opinions on high-risk individuals subject to Multi-Agency Public Protection Arrangements (MAPPA) who are not on our caseload may be provided, but this would be discussed on a case-by-case basis.

d) STAR Service

The STAR service is a specialist psychological service offering assessment, consultation and treatment across NHS Greater Glasgow and Clyde. Individuals who are referred to the service must meet the criteria for a major mental disorder and have committed, or are deemed at risk of committing, a serious sexual or violent offence. It is delivered by a team of Clinical Psychologists and other disciplines working within DFMH&LD. Referrals are accepted from within DFMH&LD, MAPPA, Criminal Justice Social Work and other NHSGG&C mental health services. It does not have access to crisis services and case-management remains with the referrer.

e) Medication to Manage Problematic Sexual Arousal (MMPSA) service.

The MMPSA service is led by a Consultant Forensic Psychiatrist and offers assessment and prescribing of MMPSA for a small, select group of sex offenders. Patients are not case managed by the wider Forensic Community Mental Health Team and if they need assessment/treatment for mental disorder this should be addressed by the appropriate service, which could be (and most often is) primary care or the General Adult Psychiatric service.

MMPSA can be useful in the management of problematic sexual thoughts and behaviours in some individuals. MMPSA is an adjunct to psychological interventions which help to reduce the risk of sex offending. Medication is prescribed on a voluntary basis with informed consent. Referrals for assessment may come from the NHS, the police, criminal justice social workers and psychologists.

Broadly, the criteria are:

1. Males who have sexually offended and or who pose a risk of sexual offending where there is a problem with:
 - a. Sexual pre-occupation
 - b. Hypersexual arousal
 - c. Deviant sexual fantasist which has not responded to psychological interventions and/or has been subjectively difficult to control.
2. The individual is willing to consider taking medication on a voluntary basis.

Referrers are encouraged to contact the Consultant Psychiatrist, based within the Glasgow FCMHT, for advice before making a referral.

5. Criteria for Acceptance by the Forensic Directorate

5.1 General Criteria/Referrals to Forensic Inpatient and Community Services

- Patients are over 18 years of age.
- Patients must have a diagnosis of mental illness and/or intellectual disability.
- Patients must be viewed as presenting a risk of serious harm to others due to mental disorder. Serious harm is obviously a broad descriptive term and is difficult to provide a comprehensive list of behaviours that would meet the criterion; examples would include assault to severe injury, serious assault, murder, rape and arson.
- If a patient is being considered for inpatient care, he or she must be liable to detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 or the Criminal Procedure (Scotland) Act 1995. Detained patients must have an identified MHO.
- Patients with a sole diagnosis of personality disorder will not normally be accepted by inpatient forensic services. However, it is acknowledged that there is a lack of general agreement on both diagnosis and treatment of personality disorders. In Scotland, the detention of patients with a primary or sole diagnosis of personality disorder tends to be reserved for short-term crisis admissions or to establish a diagnosis; there are a very small number of patients subject to Restriction Orders in the State Hospital with a sole diagnosis of personality disorder. The admission of such patients to inpatient beds will therefore only be on an exceptional basis. Similarly, community forensic services will, on an individual basis, consider referrals with a sole diagnosis of personality disorder, only for specific time limited interventions that would not normally be available from other Mental Health Services.
- The service does not have specialist expertise in the management of challenging behaviour due to moderate to severe learning disabilities or acquired brain injuries. For that reason, the service may offer advice on more suitable services where a referral can be directed, rather than accept such patients to inpatient or community forensic services.
- There should be an agreed exit strategy from forensic services prior to the case being accepted, namely what happens when the patient no longer needs forensic input.
- Occasionally a community patient may be considered as not requiring medical input from the FCMHT but as potentially benefiting from a specific time-limited intervention by a forensic clinical psychologist e.g. as part of the STAR Service. In such circumstances, the overall medical responsibility would remain with the referring consultant/team/GP for the duration of the intervention, including retaining responsibility for emergency or out-of-hour care.

5.2 Referrals to Medium Security

- The Forensic Network in Scotland publishes [Guidance on Patient Referral to or within Scottish High and Medium Secure Services](#). This document sets out specific referral criteria for medium secure settings across Scotland and provides guidelines for **male, female and intellectual disability** patients at both the acute presentation and rehabilitation stages.

This document should be consulted prior to making a referral, particularly Tables 3 and 4 relating to acute admissions and Table 5 relating to step-down care.

- Patients transferring from high security to medium security should have had escorted rehabilitation outings prior to being referred for step down from high to medium secure care.

5.3 Medium Secure Intellectual Disability Referrals

- Funding for the service is provided through NSD – NHS National Services Division - if patients are accepted as requiring management within the medium secure IDservice.
- The service accepts referrals from across Scotland.
- Patients must meet criteria for learning disability / disorder of intellectual disability.

5.4 Female Medium Secure Referrals

- The general criteria for admission apply to women in the same way as they do to men.
- The Rowanbank Female service is funded for patients in NHS GG&C, apart from NSD beds for patients with an Intellectual Disability as these are nationally funded.
- For acute admissions for assessment, reference should be made to the Forensic Network Guidance on Patient Referral to or within Scottish High and Medium Secure Services. However, it is important to recognise that there are limited bed numbers for women across Scotland in the secure estate in general, and therefore length of stay in medium secure units can be lengthy with more bespoke arrangements for step-down being required, particularly where patients are from health boards with no local lower secure provision for women.
- Studies suggest women are more likely to have experienced childhood sexual abuse than men, and female forensic patients often have more of a history of adulthood victimisation than male patients, mainly by intimate partners. Women are also more likely to develop PTSD after a traumatic event. Overall, female violent offenders are more likely to have been mentally and physically abused as an adult than non-offenders. It is therefore highly desirable to have such patients in single sex accommodation whilst in a medium secure facility.

6. Information Required from the Referring Agency

Referrals will be considered from a variety of sources: IPCUs; general adult psychiatry wards and outpatient services; forensic services elsewhere in the country including community, low, medium and high secure care; the courts; criminal justice social work; and prisons. Prior to referral, a Consultant Psychiatrist or senior member of the referring team should have assessed the patient. Referrals from junior team members will only be considered if the referral has been discussed with and countersigned by a senior member of the team.

The following information is required by letter or email:

- Patient details: name; CHI number; DOB; address; named person details; GP; RMO; MHO details; legal status and dates of orders; any other restrictions e.g. subject to MAPPA, registered sex offender, etc.
- Clinical details: working diagnosis; current mental state; description of ongoing therapies; medication; a timetable of the patient's current activities (for those patients being referred for forensic rehabilitation).
- A copy of the statutory care plan.
- A summary of past psychiatric history, in particular information regarding previous treatments in secure care and how the individual responded.
- A reasoned description of perceived risks. A risk assessment should be carried out by the referrer. In some cases, this will be a basic risk screening tool. However, for those patients referred for step-down care, an up-to-date structured clinical judgement risk assessment e.g. HCR-20-V3, RSVP-V2, SARA should accompany the referral with a risk management plan which includes a risk formulation (including protective factors) and relevant scenario planning. For referrals from other medium secure or high secure services in Scotland, there is an expectation that patients should have a traffic light risk management plan and a clear outline of any psychological work undertaken.
- A description of the perceived outcome of the referral and the anticipated exit strategy from forensic services:

For referrals from general psychiatry, there should be an acknowledgement that the patient should be transferred back to general psychiatry services when they no longer require forensic care.

7. **Making a Referral**

7.1 Inpatient Referrals

All referrals for inpatient care (i.e. to medium/low security) or requests for forensic opinions for inpatients in non-forensic settings should be sent to the forensic bed manager via the generic referral mailbox:

gac.forensicinpatientreferrals@nhs.scot

If the referral is an emergency / urgent then please the Forensic Bed manager (0141 232 6432) & / or on-call forensic consultant through switchboard (0141 201 0000 / 3000).

For any other inpatient enquiries please contact the Bed Manager: 0141 232 6432

The referral will be discussed at the weekly allocations meeting (Wednesday morning), and the referrer will be contacted by the allocated clinician whether accepted or not.

7.2 Community Referrals

Referrals for Assessment / opinion by Forensic Community Services (FCMHT/FCLDT) should be sent to the generic referral mailbox:

gac.forensiccommunityreferrals@nhs.scot

Referrals for STAR Service (psychology) should be sent to:

gac.psychology.stad@nhs.scot

For any other community enquiries please contact:

Community Service Manager and Glasgow & Clyde MH/LD Team lead: 0141 427 8266

8. **Timescale for a Multi-disciplinary Assessment**

- Times are from date of first Allocation Meeting following receipt of the referral.
- The table below does not describe all scenarios (e.g. a WoS patient in a North of Scotland prison or a patient referred to from England) but should still be used as an indicator of general principles in more exceptional cases.
- A discussion with the referrer at an early stage is advisable to ascertain the degree of urgency required and whether any flexibility exists regarding timescales for initial assessment and/or completion of assessment. An interim feedback report may be appropriate in some cases.
- Some Urgent referrals may require assessment within 24 hours following discussion with the referrer. The timescales for Urgent referrals are for completion of assessment.

Referral Source	Recipient	Routine	Urgent
GGC Low Security	Medium Secure - Acute	N/A	5 working days
Prison in WoS	Medium Secure - Acute	N/A	5 working days
FCMHT	Medium Secure - Acute	N/A	Most will require same day assessment/admission/recall
WoS Hospital Setting	Medium Secure - Acute	2 weeks	5 working days
GGC GAP/LD Inpatient	Medium Secure - Acute	2 weeks	5 working days
GGC GAP/LD Outpatient	Medium Secure - Acute	N/A	N/A (presumably admission to IPCU/locality being considered)
TSH	Medium Secure - Rehab	3 weeks to initiate 6 weeks to complete	N/A
NSD (National)	Medium Secure - LD	3 weeks to initiate 6 weeks to complete	2 weeks
TSH	Low Secure	3 weeks to initiate 6 weeks to complete	N/A
GGC GAP/LD Inpatient	Low Secure	2 weeks	5 working days
GGC Medium Security	Low Secure	3 weeks to initiate 6 weeks to complete	N/A
FCMHT	Low Secure	N/A	Most will require same day assessment/admission/recall
GGC GAP/LD Outpatient	Low Secure	N/A	N/A (presumably admission to IPCU/locality being considered)
GGC GAP/LD Outpatient	FCMHT	4 weeks to initiate. 6 weeks to provide initial feedback	N/A (presumably admission to IPCU/locality being considered)
Medium Security	FCMHT	3 weeks to initiate. 6 weeks to complete	N/A
GGC Low Security	FCMHT	3 weeks to initiate. 6 weeks to complete	N/A

10.Appendices

8..1Guidance on Patient Referral to orwithin Scottish High and Medium Secure Services