

Forensic mental health services

This factsheet looks at forensic mental health services. It explains what they are, how you could be passed to them and how you can be discharged.



KEY POINTS

- Forensic mental health services mainly work with people who have a mental illness and have been involved with the police, court or prison.
- These services help you to get the support and treatment you need.
- You can get help from forensic mental health services in the community.
- If you need to be in hospital, you will be in a secure hospital. You will usually be under a section of the Mental Health Act.
- Secure hospitals have different security levels – high, medium and low.
- You can get treatment and therapy in hospital. They run programmes to help you understand why you carried out a criminal offence. They can also give you help with drug or alcohol problems and anger.
- How you are discharged from a secure hospital depends on which section of the Mental Health Act you were under.
- You should get support after you leave a secure hospital and you may be entitled to free aftercare services under section 117 of the Mental Health Act.

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1. What are forensic mental health services?

Forensic mental health services are for people who have a mental illness and are, or have been a risk to other people. This risk is usually linked to their mental illness.

Forensic mental health services can be in the community, police stations, courts, prisons and hospitals. This factsheet looks at all of these but focuses on secure hospitals.

Often people in touch with forensic mental health services are involved in the criminal justice system in some way. This includes police, courts and prison. However, forensic mental health services can also help someone even if they are not involved in the criminal justice system. Sometimes other mental health services cannot deal with someone's risk or challenging behaviour.

If you have a mental illness and are involved with the police, courts and prisons, these services can move you from the criminal justice system into the health system. This is called 'diversion'. You can find more information on this in our '**Mental Health and the Criminal Justice System (police, courts and prisons)**' factsheet. You can download it for free at www.rethink.org/factsheets or call us on 0300 5000 927 and we can send you a copy.

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2. Police and forensic mental health services

The police may take you to the police station because they think you have carried out a criminal offence. The police also have powers under the Mental Health Act. This means they can take you to the station if you need to be in a place of safety because of your mental health.

They can ask a forensic physician (a doctor, nurse or paramedic) to come and assess your mental health.

In some areas, there are Liaison and Diversion Schemes, which local police can contact. Staff in these services can come to see you at the police station and assess your mental health. They can try to make sure you get the right support for your mental health and can 'divert' you from the criminal justice system.

You can find out more about what can happen at the police station in our **'What happens at the police station'** factsheet. You can find out more about the powers the police have under the Mental Health Act in our **'Section 135'** and **'Section 136'** factsheets. You can download these for free from www.rethink.org. Or call 0300 5000 927 and ask us to send you a copy.

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3. Court and forensic mental health services

Some courts have Liaison and Diversion Schemes. Staff in these services can see you at the court and assess your mental health. They can try to make sure you get the right support for your mental health and can 'divert' you from the criminal justice system.

If the court is going to sentence you, this service can make recommendations to the court about your sentence. However, it is up to the magistrate or judge to make the final decision.

You can find out more about what happens in court in our **'Criminal courts and mental health'** factsheet. You can download this for free at www.rethink.org. Or we can send you a copy if you call us on 0300 5000 927.

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4. Prison and forensic mental health services

Mental health services in prisons vary but all prisons have a healthcare team and some have an in-reach team. An in-reach team is similar to a Community Mental Health Team (CMHT).

If you become unwell and need to be in a mental health hospital instead of prison, you will need to have an assessment. The prison healthcare staff can arrange this.

If you are in prison and have a mental illness, the prison should work with community mental health services. This will help to make sure you have the right support after you are released.

You can find more on mental health services in prison in our **'Healthcare in prison'** factsheet from www.rethink.org. Or call 0300 5000 927 and we can send you a copy.

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5. Community forensic mental health services

You can get support from forensic mental health services in the community as well as in prison or hospital.

You might get this support after you have been in prison or a secure hospital. However, you don't need to have been in prison or hospital to get help in the community.

There are two kinds of community forensic mental health services. Sometimes specialist forensic healthcare professionals like psychiatrists or nurses work with Community Mental Health Teams (CMHTs). Sometimes there is a local specialist Community Forensic Mental Health Team (CFMHT).¹ These are not set up in every area of the country.

A CMHT or CFMHT is made up of different healthcare professionals such as psychiatrists, psychologists, social workers, nurses and support workers.

If you work with community forensic mental health services, they can work with you and ultimately aim to pass you along to the standard (non-forensic) community mental health services.

If you get support from a CMHT or CFMHT, you will usually be under the Care Programme Approach (CPA). CPA means that you will have regular contact with a care coordinator. Your care coordinator might be a social worker, community psychiatric nurse (CPN) or an occupational therapist. They will work with you to write a 'care plan', which sets out how your needs will be met.

You can get more information in our '**Community Mental Health Teams (CMHT)**' and '**Care Programme Approach (CPA)**' factsheets. You can download them for free from www.rethink.org.

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6. What are secure hospitals?

When people talk about forensic mental health services, they often mean secure hospitals. These hospitals provide care and treatment to people with mental illness who are a risk to other people. The NHS or private organisations run secure hospitals. You may hear the names 'secure hospital', 'secure ward' or 'secure unit'.

If you are in a secure hospital, you will usually be under a section of the Mental Health Act.

Secure units are gender specific so there will be separate wards for men and women. There are adolescent units too, for people under 18 years of age.

There are different levels of secure hospitals - low, medium and high security. We look at what this means in the [next section](#) of this factsheet.

Personality disorders

Some services specifically help people with personality disorders. They may only be for people with dangerous and severe personality disorder (DSPD). DSPD is not a clinical diagnosis and many doctors think it is controversial.

The Government set up DSPD units in high secure hospitals and prisons. They assessed and treated people with DSPD. Some of the DSPD units are now closing because research found that they are very expensive and not effective enough.

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7. What does high, medium and low secure mean?

Secure hospitals can be low, medium or high secure.

High secure

High secure hospitals treat people who need high levels of security because they could be dangerous, violent or are a high risk to other people.

Prisons in England and Wales are called Category A, B, C or D prisons, depending on how secure they are. Category A prisons are the most secure. High secure hospitals are as physically secure as a Category B prison at least. If someone would be in a Category A prison, a high secure hospital can set up the same level of security.²

There are three high secure hospitals in England and Wales – Ashworth (in Merseyside), Broadmoor (in Berkshire) and Rampton (in Nottinghamshire).

Medium secure

Medium secure hospitals are not as secure as high secure services. However, they still have to meet a certain level of security. They can provide different levels of secure care as the patients there will have different needs. For example, as you are working towards leaving, the hospital could build up your unescorted leave.³

Low secure

The definition of low secure is not as clear as medium and high secure. Low secure units have less physical security than medium secure units but are more secure than standard mental health wards.

You may be in a low secure hospital if you are detained under the Mental Health Act and other mental health services cannot treat you because of your risk to other people or because you have challenging behaviour.

You can move between the different levels. You could move to a less secure hospital if you become less of a risk to other people. On the other hand, if you become more of a risk you could move to a more secure hospital.

You may be moved down the levels of security before you are discharged back into the community.

The Department of Health has written guidance for secure hospitals. They set out what standards low⁴, medium⁵ and high secure hospitals^{6,7} should meet.

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8. How could I come under forensic mental health services?

Secure hospital

You can be taken to a secure hospital in a number of ways. We mention the Mental Health Act, which is the law that can be used to admit you to hospital for assessment and/or treatment for a mental illness.

You could be taken to secure hospital because:

- The police arrest you and take you to hospital so the staff there can assess your mental health.
- The police use their Mental Health Act powers to take you to hospital as a place of safety (section 135 and 136 of the Mental Health Act).
- The court uses the Mental Health Act to transfer you to hospital for assessment and/or treatment (under sections 35, 36 or 38 of the Mental Health Act).
- The court sends you to hospital instead of a prison sentence (a hospital order under section 37 of the Mental Health Act).
- You are transferred from prison while you are on remand waiting for your trial (section 48 of the Mental Health Act).
- You are transferred from prison while you are waiting for the court to sentence you (section 47 of the Mental Health Act)
- The general mental health hospital cannot safely treat you because of your risk or behaviour so has to transfer you to a secure hospital.
- Your Community Mental Health Team or Community Forensic Mental Health Team thinks that you have become unwell and need to be in hospital. They could arrange for you to have a Mental Health Act assessment.

You can find out more about these sections of the Mental Health Act in our factsheets:

- Section 35
- Section 36
- Section 37
- Section 37/41
- Section 47/49
- Section 48/49

- Section 135
- Section 136

You can download them for free from www.rethink.org or we can send you a copy in the post.

Community forensic mental health services

You may work with community forensic mental health services after leaving hospital. We look at what you could expect after hospital in [Section 17](#) of this factsheet.

The police or court may ask the community forensic mental health services to work with you.

You do not have to work with this service if you do not want to. Sometimes mental health services may be more worried about your mental health if you refuse to keep in touch with them. This can lead them to arrange a Mental Health Act assessment for you if they are very concerned.

If you have got a conditional discharge after being in hospital, not working with the community services could make an absolute discharge more unlikely. It could also lead to the hospital bringing you back in for assessment and treatment. You can find out more about conditional and absolute discharges in [Section 16](#) of this factsheet.

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9. What are the accommodation and wards like in secure hospitals?

Different secure units have different accommodation. In some, you will have your own bedroom with a bathroom. Some hospitals have shared bathrooms.

There are different wards for men and women, with separate wards for people under 18.

Each ward will probably have a shared communal area with a TV and games, a kitchen, dining room for meals, outside space, meeting rooms and a segregation/seclusion room.

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10. Will I have a treatment plan in secure hospital?

When you are in hospital, a team of different staff organise your treatment. This team is often called a multidisciplinary team, and is made up of psychiatrists, nurses, social workers, psychologists, occupational therapists and security staff.

The team holds regular meetings about your treatment and review whether you still need to be kept in hospital.⁸

While you are under the Mental Health Act, you will have a Responsible Clinician (RC). This is usually your psychiatrist, who is responsible for your care and treatment whilst in hospital. If you have any concerns about your care or treatment, it is best to speak to your RC first of all.

Your RC and the multidisciplinary team will put together a treatment plan for you. This looks at the treatment and support you will be getting in hospital. What is in your plan depends on what you need and why you are in a secure hospital. [Section 11](#) looks at the treatment and programmes that a secure hospital can give you. You may also hear your treatment plan being called a care plan.

Hospitals should use the Care Programme Approach (CPA) when putting together your treatment plan. You can find out more about CPA in our factsheet '**The Care Programme Approach (CPA)**'. You can download it for free from www.rethink.org/factsheets. Or call 0300 5000 927 and we can send you a copy.

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11. What treatment and programmes are there in secure hospital?

Offending behaviour programmes

If you are in a secure hospital because you have committed an offence, the hospital will probably ask you to take part in offending behaviour programmes. They help you to look at why you committed the offence and what may increase the chance of you doing it again.

They can look at violent offences and sexual offences. There are also programmes to help you with any drug or alcohol issues, anger management or problem solving.

These programmes can be very intensive and hospitals try to adapt them for people with mental illness.

Treatment and therapy

Your treatment will depend on which mental illness you have. Your Responsible Clinician and team will put together a treatment plan and ask you if you agree with it. They will also ask your carer or close family if you agree to this.

The hospital may suggest you take medication. The hospital staff could give this to you by injection or you could take it yourself in tablet form. If you do not want to take medication, the hospital staff may be able to treat you without your consent. This depends on the section of the Mental Health Act you are under. You can find this information in our factsheets:

- Section 35
- Section 36
- Section 37
- Section 37/41
- Section 38
- Section 47/49

- Section 48/49

The hospital may offer you talking therapy such as Cognitive Behavioural Therapy (CBT). You can find out more about therapy in our factsheet '**Talking Therapies**'.

You can download our factsheets for free at www.rethink.org or call us on 0300 5000 927 and we can send you a copy.

Independence and social skills

The hospital will encourage you to learn skills that make you as independent as possible when you leave hospital. Some hospitals may have specific courses to help with living and social skills.

The Occupational Therapy department is usually responsible for helping you with this. An Occupational Therapist (OT) can help you with things like cooking or budgeting skills. Some hospital wards have kitchens where an OT can help you learn how to prepare and cook a meal.

Education, Training and Employment

The hospital may have a range of education or vocational courses that you could do. They could help you with your English or Maths skills (you may hear them called literacy or numeracy courses). Some courses can help you with computer skills or help you to get a qualification.

Some hospitals may even have work programmes, where you can help in the hospital kitchens or café. If you are allowed leave from the hospital, you could work in the community.

Each hospital has different activities, so check with your hospital about what you could do.

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12. What is seclusion?

Seclusion is where you are kept in a room and supervised by a member of staff. The room may be locked. The hospital should only use seclusion if you are showing very disturbed behaviour and are likely to harm other people. It should not use it as a way to punish you.⁹

All hospitals should have a policy on how they use seclusion. If you want to see the policy for your hospital, you can ask a member of staff. An advocate could also help you to get this information. You can find out more about advocates in Section 18 of this factsheet.

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13. Are there any leisure activities in secure hospital?

The wards in secure hospitals have communal areas, where you can sit and chat with other patients. You can also watch TV, listen to music or read.

Each ward will usually have its own outside space. Sometimes the hospital may have space to grow vegetables and encourage you and other patients to look after an area of the garden.

Hospitals should look after your physical health and nutrition. There may be sports facilities so you can take part in team sports such as football. The hospital may also have a gym you can go to.

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14. Can I leave the hospital grounds?

If you are under the Mental Health Act, you cannot leave the hospital without permission. Some patients are allowed to leave the hospital grounds if the level of risk to themselves and to the public is low. You get leave under section 17 of the Mental Health Act.

Your Responsible Clinician can give you leave unless you have restrictions added to your hospital order (you are on section 37/41, 47/49 or 48/49). If you do have restrictions, the Ministry of Justice has to give permission for you to leave the hospital.

You usually build up to leaving the hospital grounds. First of all, a staff member may accompany you off the ward to the hospital grounds. Then you may be able to leave the ward and stay within the hospital grounds without any staff. After this, you may be able to leave the hospital grounds with a staff member and then leave the hospital on your own.

If you are allowed to go out into the community, you may build up your time away from the ward from a few hours to overnight leave. You may have to keep to certain conditions when you are on leave, such as not going to a particular location.

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15. Can I smoke in hospital?

Check with your hospital to see what their smoking policy is. Some hospitals have special smoking areas for patients. These are usually in the ward's outside space. Some hospitals completely ban smoking.

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16. How can I get discharged from secure hospital?

How you are discharged from hospital depends on how you came to hospital and what section of the Mental Health Act you have been held under.

How can I be taken off my section?

If you are in a secure unit, you are likely to have come there from the criminal justice system and be under a forensic section of the Mental Health Act.

Depending on your section, your Responsible Clinician, the Mental Health Act Managers (sometimes known as Hospital Managers) or the Tribunal can discharge you from your section. You do not have the right to appeal if you are under certain sections of the Mental Health Act.

If you are on a section 37/41, 47/49 or 48/49, this means you have a restriction order added to your hospital order. This means that only the Ministry of Justice can discharge you.

You might be under a non-forensic section of the Mental Health Act, such as a section 2 or 3. If so, there is information on how you can be discharged in our '**Discharge from detention under the Mental Health Act**' factsheet, which you can download for free at www.rethink.org.

Mental Health Act Managers (sometimes referred to as Hospital Managers)

They are members of the community who are not employed by the local NHS Trust. They make sure the hospital uses the Mental Health Act properly. They are a bit like school governors.

You can appeal to the Mental Health Act Managers. They can review why you are under section but do not always have the power to discharge you. This depends which section of the Mental Health Act you are under.

Tribunal

The tribunal is an independent panel that can decide if someone should be discharged from their section or not. It does not always have the power to discharge you. This depends which section of the Mental Health Act you are under.

The panel is made up of a legal member (usually a solicitor or barrister), doctor (usually a psychiatrist) and a lay member with mental health experience (for example, a retired social worker).

The tribunal will hear from your doctor and also get views from the nursing staff and a social worker. Your carer, relatives or friends can also attend the tribunal if you would like them to be there.

If the tribunal says you should stay under your section, you have to wait a certain amount of time before applying again.

You can find out more about how your particular section can end in our factsheets:

- Section 35
- Section 36
- Section 37
- Section 37/41
- Section 38
- Section 47/49
- Section 48/49

What is a conditional and absolute discharge?

If you are on a hospital order, you will probably get a conditional discharge first. This means you have to keep to certain conditions when you are back in the community, such as accepting treatment for your mental health. If you do not meet the conditions, the hospital could bring you back to stay there.

You can apply for absolute discharge 1 year after you got your conditional discharge and then every 2 years after. If you get an absolute discharge, you do not need to meet any conditions.

Will I have to move to a lower security hospital before discharge?

Before leaving secure hospital, you may move down security levels. If you are in a medium secure unit, you may be moved to a low secure unit to build up to leaving. You do not have to move down the levels to be discharged though.

If you are in a high secure unit, you are very likely to move down to lower security levels before you can leave.

Can I stay in hospital after my section ends?

If your section under the Mental Health Act ends, you can still stay in hospital as a voluntary patient.

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17. What support can I get after leaving a secure hospital?

The care that you can expect when you leave hospital depends on which section of the Mental Health Act you were detained under.

Before you leave hospital, the hospital should work with you to put together a care plan under the Care Programme Approach (CPA). This looks at the support you can get for your needs. You can find out more about CPA at www.rethink.org.

Aftercare services

If you were on a section 3, 37, 37/41, 47/49 or 48/49, the NHS and Social Service must provide you with free aftercare services under section 117 of the Mental Health Act. This can include things such as supported housing as well as treatment. You can get further information on this in our '**Section 117 aftercare**' factsheet, which you can download for free from www.rethink.org or call 0300 5000 927 and ask for a copy to be sent to you.

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18. What if I have problems with forensic mental health services?

If you are unhappy with your support from forensic mental health services, then the help of an advocate can be useful. An advocate can help you to understand the mental health system and help you to be fully involved in decisions about your care. An advocate is independent from mental health services and can help to make your voice heard with problems you may

come across. They may be able to help with writing letters for you or attending appointments or meetings.

If you are in hospital under the Mental Health Act, you are entitled to an Independent Mental Health Advocate (IMHA). You can meet with an IMHA privately. There are often leaflets or posters with the IMHA service's details. You can also ask a member of the ward staff for this.

You can also have an IMHA if you are on leave from hospital but are still detained under the Mental Health Act. You can also have one if you are on conditional discharge.

If you are not entitled to an IMHA, there may still be a local advocacy service in your area who you can contact for support. You can search online or call us on 0300 5000 927 and we can search for a local service. You can find more information on advocacy in our '**Advocacy**' factsheet.

You could make a formal complaint if you are unhappy with your care from forensic mental health services. You can find more information about complaining in our '**Complaining about the NHS or Social Services**' factsheet. You can download our factsheets for free from www.rethink.org/factsheets or call 0300 5000 927 and request that a copy is sent to you.

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19. Information for carers, friends and relatives

Rethink Mental Illness has written a guide especially for carers, friends or relatives of someone in forensic mental health services. You can download this for free from www.rethink.org or call 0300 5000 927 and we can send you a copy.

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¹ Thomson, L. The forensic mental health system in the UK. In Soothill, K., Rodgers, P. and Dolan, M. (eds) *Handbook of Forensic Mental Health*. Devon, UK: Willan Publishing; 2008. p19-63.

² Joint Commissioning Panel for Mental Health. *Guidance for commissioners of forensic mental health services*. May 2013. Available from www.jcpmh.info/wp-content/uploads/jcpmh-forensic-guide.pdf (Page 8, accessed September 2013)

³ See reference 2

⁴ Department of Health. *Mental Health Policy Implementation Guide, National Minimum Standards for General Adult Services in Psychiatric Intensive Care Units (PICU) and Low Secure Environments*. London: The Stationery Office; 2002.

⁵ Department of Health. *Best Practice Guidance, Specification for adult medium secure services*. London: The Stationery Office; 2007.

⁶ Department of Health. *The High Security Psychiatric Services (Arrangements for Safety and Security)*. London: The Stationery Office; 2011.

⁷ Department of Health. *National Standards for the provision of Social Care Services in the High Security Hospitals*. London: The Stationery Office; 2001.

⁸ As note 1

⁹ Department of Health. *Code of Practice Mental Health Act 1983*. London: The Stationery Office; 2008.

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Rethink Mental Illness

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