

## Audit in practice

### The development of a district based forensic service

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Recent reports have highlighted the continuing lack of adequate provision for the difficult or offender patient. The move to community care, coupled with the closing of the larger institutions, has put a strain on traditional forensic services. They are being increasingly asked to deal with the difficult, non-offender (Glancy) patient in addition to their more traditional offender-type (Butler) patient. This paper describes how one unit has developed to serve the needs of Rotherham and neighbouring health authorities. We do this by illustrating the current lack of provision and by describing the types of patient treated over a two year period.

Trent Region is the second largest in the country, covering an area of 5,700 square miles, and has a population of 4.5 million. The Butler report recommended 40 secure beds per million population with a figure of 20 beds per million being eventually agreed by the DHSS, leaving a requirement of 90 beds for the region. It was originally intended to have two secure units for Trent Region, one serving the south in Leicester (Arnold Lodge Secure Unit in the Towers Hospital), and one serving the north of the region in Sheffield. Due to local opposition the unit in Sheffield never materialised. The Towers currently has 45 beds, some of which are run as therapeutic community beds. There is a shortfall of at least 45 beds for the Trent Region. The unit described was developed in an attempt to service this shortfall, a shortfall perhaps accentuated by its location in the northern part of the region.

#### *The unit*

A district hospital ward was converted into a secure unit by incorporation of unbreakable polycarbonate windows, double locked doors, a high fenced recreation area (Home Office Specifications) and two seclusion rooms, one of which is now used as an office. Emphasis is also placed on the human element of security and a conscious attempt is made to keep to the upper limit of the Butler recommendation

for the staff/patient ratio. There are 23 ward-based nurses, a consultant psychiatrist with a special interest in forensic psychiatry, a senior registrar, and a rotational registrar attached to the unit. In addition there is a consultant based social worker, an occupational therapist and occupational technician, together with psychology services. External agencies are encouraged to attend our multidisciplinary meetings and the probation services and a social service day centre are located within a few hundred yards of the unit. There are 10 functioning beds with plans to expand this number to 15.

When the unit first opened in October 1985 the intention was to service the needs of Rotherham district. Since the appointment of a special interest forensic psychiatrist in 1986 the unit has gradually developed, offering a secure facility to the five neighbouring health authorities in the north of the region (Sheffield, Doncaster, Barnsley, Chesterfield and Bassetlaw).

#### *The study*

The admissions to the unit in 1988 and 1989 were identified by means of the ward based case register. All pertinent notes were retrieved and data extracted. These consisted of name, age, sex, referral address, referral source, mental health status, case note diagnosis, index offence where appropriate, and disposal.

Of the 31 admissions, the majority (24) were male with a mean age of  $34.5 \pm 10.3$  years. The overall mean length of stay was  $14.2 \pm 12.8$  weeks.

Table I shows the varying legal categories at the time of admission with reference to their final case note diagnosis. Three of the 4 Section 2s were regraded to Section 3, two of the Section 35s were renewed for a further four weeks and a further two were regraded to section 37 of the Mental Health Act 1983. There were three patients on restriction orders, one Section 41 and the others Section 49. The main ICD-9 diagnosis is shown in Table I; there were two secondary diagnosis of alcohol abuse, one of organic

TABLE I  
Legal category and diagnosis

Legal status	Schizophrenia	Depression	Psychopathy	Manic illness	Schizo-affective disorder	Totals
2	3	—	—	1	—	4 (13%)
3	7	1	1	5	3	17 (55%)
35	5	—	1	—	—	6 (19%)
37	1	1	1	—	—	3 (10%)
47	1	—	—	—	—	1 (3%)
Totals	17 (55%)	2 (6%)	3 (10%)	6 (19%)	3 (10%)	31 (100%)

TABLE II  
Admissions and discharges

Facility	Number admitted from	Number discharged to
Community	1	10
Local psychiatric hospital	8	7
Non-local psychiatric hospital	12	9
Special hospital	2	1*
Court/prison transfer	7	1
Police custody	1	0
Regional secure unit	0	0
Total	31	28

1 – Deceased. 2 – Remain in-patients. \*Proved unsuitable after 12 months trial leave.

disorder, and a further two of psychopathy. Offences committed by patients under hospital orders covered a wide range, including manslaughter, attempted murder and arson. There were two cases of attempted rape and four also had charges of theft or robbery.

Table II shows the source of the admissions and their eventual discharge arrangements.

### Comment

Our study shows that the type of patients looked after over the past two years is comparable in many ways to the population of the regional secure units. During the two year study period no patients were referred from Rotherham to the regional unit at Leicester. Current philosophy in asking individual

health authorities to provide their own small (often 2–3 bed) intensive care facilities is not without its disadvantages. It is often not welcomed by the district and can lead to unnecessary fragmentation, and is seldom a cost-effective way of providing a service. The idea of providing a supra district model like ours can cater for the shortfalls from the regional centre and overcome the geographical disadvantages of having one major centre servicing a large region.

Further evolution of the service, incorporating half-way houses linked to the unit, should help provide a more complete package allowing for greater throughput of patients. This should have an impact on other related problems such as the difficulties in discharging special hospital patients as recently highlighted in the media.

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### Further reading

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