Interface between Forensic Services and PICUs – Easing Patient Pathways

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Patient pathway

The "patient pathway" is the route that a patient will take from their first contact with an NHS member of staff through referral, to the completion of their treatment.

timeline, on which every event relating to treatment can be entered.
Why me

- Consultant Forensic Psychiatrist to Medium secure intensive care unit Severn at Reaside clinic
- Consultant Forensic Psychiatrist to HMP Hewell (Blakenhurst)
- Liaison responsibility with 3 PICU for acute cases.
Enhancing a patient pathway

- **Step 1:** Identify potential pathway opportunities
- **Step 2:** Prioritise and agree the pathways to maximise health improvement
- **Step 3:** Explore and agree what needs to happen and commission and structure accordingly
- **Step 4:** Implement and review your pathway
Psychiatric intensive care units (PICUs) were designed to create a safe and controlled environment for the management of acutely disturbed psychiatric patients on a short-term basis, with high staffing levels and a limited number of beds.
PICU Patient

- Mental disorder with or without illicit substance abuse/dependence
- Risk to others of violence not manageable without ICU resources
- Risk of absconsion with violence
- Sometimes high public/press profile locally
Providing care proportionate to risk

- A fundamental principle of mental healthcare is that the level of security to which a service user is subjected should be as non-restrictive as possible
- Proportionate to the degree of risk that they actually present at the time
ICU vs Security level

- PICU
- MSICU (medium secure intensive care)
- HICU (Maximum secure Intensive care)
PICU

Patients' behaviour not manageable/suitable for admission to general adult wards.
PICU Characteristics

- More highly staffed (1 staff : 2 patients)
- Seclusion, isolation areas
- Locked
- Some units have airlock/5.2 meter fence
Patient Characteristics

- Mostly non restricted
- Mostly from community or general adult wards
MSICU

- Disturbed patients not manageable in Medium secure admission or other wards.
- From PICU
- Serious risk of absconsion
- Fire setting, serious sexual violence, use of weapons
MSICU Characteristics

- Highly staffed (1:1 or close)
- Within a Medium secure unit
- Physical security (5.2 m fence, airlock, robust build)
- Relational security
- Forensic Psychiatrist, MDT.
- Searches
- Contraband policy
- Leave, visitor policy
Utilization of the workforce and facilities

- Higher base establishment of nursing posts by determining yearly average rather than ad hoc bank and agency use

- Proactive rather than reactive management of serious and imminent violence using deescalation medication and seclusion

- Use of Seclusion with strict safeguards and review policy in place preferable to restraint
MSICU Patient characteristics

- Mostly restricted
- Most transferred from Prison
- Charged or convicted with serious violence
Maximum security ICU

- Grave danger requiring conditions of maximum security, mental disorder, Additionally
- serious unprovoked or random assaults on members of the public
- serious sexual assaults on members of the public
- displaced aggression
- psychotic symptoms involving specific people which could lead to violent acts against them
- arson
- the use of poison or drugs to cause harm to others
- persistent, scheming, determined absconding
- sadistic behaviour
- use of firearms, knives, explosive devices, missiles and other weapons
- hostage taking
Maximum security

- A propensity to kick or punch not sufficient to qualify
- A person who persists in causing minor injuries and minor nuisances would not qualify, despite the considerable difficulties and strain inflicted on others.
- Assaults in hospital not in themselves evidence of a need for admission to higher secure Hospital
Cases not suitable For Forensic services

- Severe mental impairment
- Are unlikely to inflict serious physical injury on others though exhibiting extreme disruptive or anti-social behaviour in the community or local hospital
- Require close observation to prevent self-injury, unless this is associated with a probability of violence to others
- Require long-term care, but for whom conditions of lesser security would be adequate
- Would benefit from the stability and support of a physically secure regime, but are not necessarily a serious risk to the public
- Are aged over 65
- If not would require exceptional evidence of failure to settle in lesser security in these cases.
Patients in need of ICU

- Disturbed patients in a crisis in the community
- Disturbed patients already in hospital not manageable at the level of security
- Prison transfers
Patients in the Community/Hospital

• An integrated primary, secondary and tertiary care approach in developing locally agreed pathways of care.

• Local care pathway should describe the way in which patients move through the stepped care process, by whom they are treated and at what point.

• To include clear criteria for admission to PICU and Medium secure ICU.
• Criteria for transfer back from MSICU
• Understanding of service demand and capacity.
Standardise paper referral systems to improve recording and efficiency and where appropriate, record by the date of referral.
The crisis transfer eg: Patient in police station

- Full assessment including assessment by senior psychiatrist.
- Assess risk before admission, before signing section papers!
- Review PNC before admission.
- Joint assessment with Forensic services before admission.
- When risk not manageable in PICU say so.
- Remand in prison to enable fuller assessment, patient pathway planning and bed availability probably necessary. Preferable to inappropriate admissions.
Bradley report recommended that the Department of Health should develop a new minimum target for the NHS of 14 days to transfer a prisoner with acute, severe mental illness to an appropriate healthcare setting.

There are plans to include the minimum waiting time in the local mental health contracts for prisons.
High secure Transfers

- Pose a grave and immediate danger to others if at large.
- Preventing determined escape attempts.
- Charged or convicted of a grave offence, including those with sadistic or sexual motives.
- Assessed as being of an immediate danger to others if at large in the community.
- Significant capacity for co-ordination of outside help to perpetrate an escape attempt or absconding.
- Abscond from hospital; would seriously undermine confidence in the criminal justice system.
- Significant risk of subversion of staff.
- Risk predominantly to others.
- Offenders with a history of violent behaviour who cannot be managed in medium secure.
Typical patient

- As part of an organised gang, carried out a series of post office hold ups using a sawn-off shot gun. Shot a post office worker, charged with murder and 10 different armed robberies.
- Currently Psychotic
- Rest of the gang still at large, large amount of money still unaccounted for.
- Past conviction for smuggling fire arms
Medium Secure transfer

• Patients who present a serious but less immediate danger to others.
• Physical security with security protocols and procedures, supported by high levels of staff.
• Are sufficient to deter all but the most determined to escape or abscond.
• Prisoners can be considered for medium security if they meet any of the following criteria:
  • Risk predominantly to others.
  • Significant capacity or risk to attempt escape.
  • Serious but less immediate danger to the public if at large.
  • Offenders with a history of violent behaviour who cannot be managed by local services.
  • Past failed placements in lower levels of security.
  • Repeated violent behaviour within custody or care.
Typical Patient

Peter, charged with attempted murder and rape, stabbed his neighbour and allegedly raped her, known to local assertive reach team with diagnosis of schizoaffective disorder.

Non compliant with medication and punched a prison officer in prison. Manic
Low Secure Units/Locked Wards/PICU (Psychiatric Intensive Care Unit)

Patients who present a less serious physical danger to others. Security arrangements are provided to impede rather than completely prevent those who wish to either escape or abscond.

Low Secure provision will have a greater reliance on staff observation and support rather than physical security arrangements.
Low Secure Units/Locked Wards/PICU (Psychiatric Intensive Care Unit)

- Prisoners are considered for placement in low security/locked wards if they meet any of the following criteria:
  - Acute illness
  - Mix of offending and non-offending behaviours such as challenging behaviour, self-neglect, and deliberate self-harm.
  - History of non-violent offending behaviour.
  - Risk predominantly to others.
  - Low risk of abscond
Typical Patient

John suffering with Schizophrenia, charged with commercial burglary, stole from BQ warehouse, psychotic, non compliant with medication in prison, verbally abusive in prison but not physically violent.
Summary

- Develop and use PICU, MSICU,
- Agree admission criteria for PICU and MISCU and patient pathways between them
- Develop and agree patient pathways into and out of Prison with stakeholders
- Understand your remit and limitations, set it out explicitly by way of a philosophy and operational procedures document.
- Build relationships
- Commission based on agreed patient pathways