



The Sainsbury Centre

for Mental Health

Forensic Mental Health Services

Facts and figures on current provision

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Sources of Data

All figures quoted in this document refer to England and Wales. The figures in this document are drawn from Department of Health and Ministry of Justice (and former Home Office) data, as well as some research conducted by independent organisations.

The data is the most recent that is available, and while the majority of the figures are for 2006 and 2007, some is taken from earlier years when the information was last gathered.

Unless stated otherwise, all statistics from 2006 and 2007 come from personal correspondence with the Home Office Mental Health Unit and the Department of Health. All statistics for 2005 and before are, unless stated otherwise, drawn from 'Statistics of Mentally Disordered Offenders 2005', published in March 2007 (this is the latest published government information with details of the numbers of offenders admitted to, detained in or discharged from forensic services).

Introduction

The number of people in prison with mental health problems is extremely high. Studies have shown that the prevalence of mental illness is so great that it affects as many as nine out of every ten prisoners (Singleton et al., 1998). The government has acknowledged that 'we continue to imprison too many people with mental health problems' (Home Office 2006a, p. 26). At the same time, the prison population has risen to unprecedented levels. It reached a record high of 81,106 at the end of May 2007 (Home Office 2007a, p. 5).

The Sainsbury Centre for Mental Health believes that effective diversion for the many prisoners who would benefit from treatment for mental illness outside the criminal justice system is of high importance. Diversion can ensure that people with mental health problems who offend are treated in the best and most appropriate settings available. It can also help to reduce the rising custodial population and the increasing re-offending rates for those leaving prison, both of which will help to protect the public and save money that would otherwise be spent on reconvictions.

Forensic mental health services play a very important part in the diversion process, particularly diverting people away from, or out of, prison. Forensic services provide secure detention in special hospitals with an emphasis on care and treatment rather than punishment. Information about forensic services is, however, only obtainable in parts, and for a complete understanding the information needs to be drawn from many different sources. As a result, the level of political and public awareness is often low, and debate is therefore infrequent and poorly informed. This document pulls together the key facts and figures to raise awareness and inform debate.

While the prison population has risen apace in the last decade, so has that of forensic services. The number of people detained in forensic services has increased year on year for more than a decade, rising from 2,650 in 1997 to nearly 4,000 by July 2007. In addition, the number of people newly transferred into forensic services is increasing every year, despite long delays in transfers from prison to secure hospitals. The forensic services population rose by 45 per cent in the ten years between 1996 and 2006. Most people in forensic services are young adult males, but there is a higher average age than in the prison estate. Women comprise one-in-eight of the forensic service population; twice their proportion of the prison population. While the majority of people detained in forensic services are held for five years or less, more than a quarter are detained for over ten years.

Offence types are mixed, but nearly half are detained for violent or sexual offences. Despite the often serious nature of the offences committed by those in forensic services, and an increase in the numbers recalled after a conditional discharge, re-offending rates two years after discharge are extremely low compared to those who are released from prison.

This document focuses on medium and high secure hospitals, where the vast majority (nearly 97 per cent) of people transferred on restriction orders directly from prison to forensic services are received. It should be noted that people charged with an offence can also be detained under the Mental Health Act in court, and may be transferred into other mental health services such as psychiatric intensive care units (PICUs) and community forensic mental health services. Prison mental health services such as 'In-reach' services and DSPD (Dangerous Severe Personality Disorder) units are not covered in this document. The focus of this document is on adult forensic services, and so does not include details on forensic CAHMS (Children and Adolescent Mental Health Services).

The document offers a current snapshot of the population currently detained. It raises a number of questions:

- Are forensic services an appropriate form of diversion?
- Would social, community-based, interventions be more appropriate and cost-effective?
- Should forensic services be massively expanded to cater better for the many thousands of mentally disordered offenders untreated in the prison estate, or should mental health care in prisons be dramatically improved and increased?
- Should a cap be placed on the time people are detained in forensic services?
- Should detention be linked to the seriousness of the crime committed or until treatment is complete?

We hope these will receive the attention they require from policymakers.

1. What is meant by Forensic Services?

Forensic services in this document refer to those that provide **the care of mentally disordered offenders - people who have been in contact with the criminal justice system and who have been transferred to secure hospitals.**

There are two main levels of security in forensic services hospitals to which both offenders charged with an offence and prisoners can be transferred: high secure and medium secure. There is also a low secure level, but very few offenders are transferred there directly from prisons or the courts. Rather the vast majority of people transferred from prison or the courts initially enter high or medium secure facilities. Therefore in this document 'forensic services' refer to high and medium secure hospitals. There are currently nearly 4,500 secure places (beds) in high and medium secure forensic services.

High Secure

All high secure beds are provided by the NHS. There are three NHS providers (Ashworth, Broadmoor and Rampton Hospitals), with around 800 high secure beds in total. In July 2007, 653 of these were occupied. High secure beds are designed for patients detained under the Mental Health Act 1983 who 'pose a grave and immediate danger to the public'. However, a report in 2000 noted that some patients detained in high secure hospitals did not require this level of security, and should be moved to a less secure environment. Subsequently 400 people were 'stepped down' by 2004 (see Tilt et al., 2000)

Medium Secure (see Appendix)

Medium secure beds are provided by both the NHS and the independent sector (the latter provide around 35 per cent of the medium secure capacity). There are around 3,500 medium secure beds in total, located across the country. A 2006 report on specialist mental health care services noted that 'the distribution of both NHS in-house and independent sector capacity remains very uneven throughout the country' (Laing and Buisson 2006, p. 19). They are designed for patients detained under the Mental Health Act 1983 who 'pose a serious danger to the public'. The security arrangements and standards for medium secure services are currently undergoing an assessment led by the Department of Health, the results of which will be published soon.

Low Secure

Low secure beds are provided by the NHS and the independent sector for patients detained under the Mental Health Act 1983 who 'pose a significant danger to themselves or others'. Normally, people will move down through to low-secure after a period of time spent in medium secure. They may also be used for voluntary patients. However, 'there are no definitive rules on what does or does not constitute low secure treatment...[and] some services are indistinguishable from services for "recovering mentally ill" people in care homes' (Laing and Buisson 2006, p. 20).

The recommended maximum length of stay in low secure settings is eight weeks. These beds are largely used by those directly detained from the community or who have been 'stepped-down' from medium secure facilities. Of those transferred between April 2005 and March 2006, only 2 per cent of sentenced prisoners, and 1 per cent of unsentenced prisoners, were transferred from prison directly to 'open' forensic services facilities (Department of Health, unpublished A).

Women's Enhanced Medium Secure Services

The NHS forensic services estate 'in the near future will also include the new women's enhanced medium-secure services (WEMSS) available in London, Leicestershire, and in the north-west' (Lord Hunt of King's Heath, Hansard, 11 Jun 2007). The largest of the three sites will be provided by The Orchard, a 60-bed unit in Ealing, which will provide 45 beds for WEMSS and 15 medium secure beds. It is due to open in September 2007.

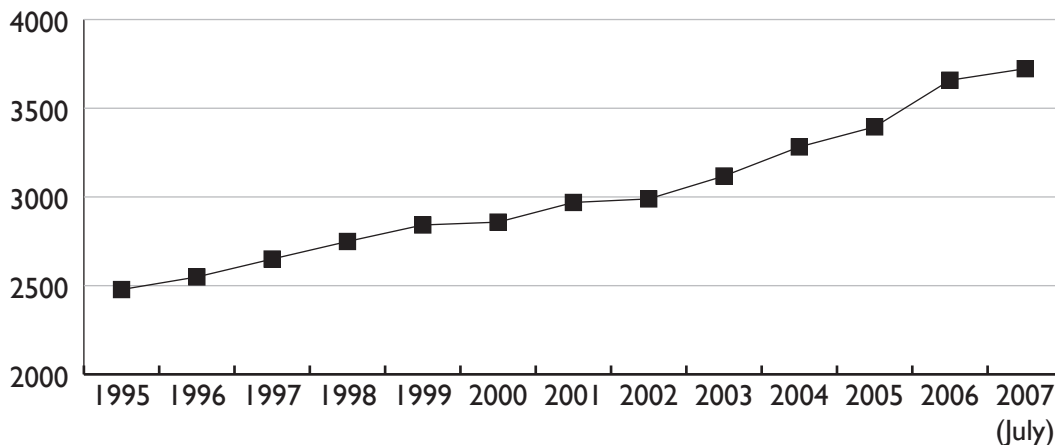
WEMSS are 'designed specifically for women who require enhanced levels of intervention and treatment within a medium secure setting and for whom current medium secure services are not appropriate. Patients will be admitted from high secure, low secure and psychiatric intensive care units. The Orchard service has a clear model of care underpinning the philosophy of treating women patients in the least restrictive environment with a focus on dynamic care planning and active engagement' (see www.theorchard.wlmht.nhs.uk).

2. The forensic services population

Numbers

The total number of people detained in forensic services has been increasing year on year for more than a decade. There were 3,658 people detained in forensic services at the end of 2006, up 7 per cent on 2005. By July 2007 the number had reached 3,723, a record high.

Figure 1: The forensic services population 1995 - July 2007



Gender

In July 2007, the forensic services population was 88 per cent male and 12 per cent female.

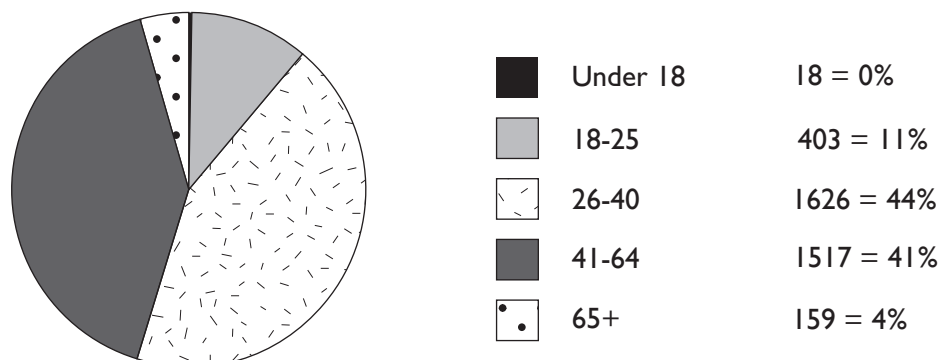
The female population is proportionately higher in forensic services than in prison. 12 per cent of the forensic services population in July 2007 were women (458 in total). This compares to a 6 per cent share in prison (4,508) (Home Office 2007a, p. 5).

The proportion of women in forensic services has remained steady between 1995 and 2007. In contrast, in recent years the female population in the prison estate has risen proportionately faster than that of the male population.

Age

In July 2007, 84 per cent of the forensic services population were between 26 and 64 years old. Eleven per cent were aged 25 years or younger and 4 per cent were over 65, including 14 people over 80 years old.

There are very few people under the age of 18 in forensic services. There were only 18 such people in the forensic services population in July 2007. By comparison, in May 2007 there were 2,450 children aged 15-17 in young offender institutions (Home Office 2007a, p. 5).

Figure 2: Restricted patients detained in hospital by age, July 2007

Ethnicity

The information on ethnicity is drawn from Mental Health Act Commission's 'Count Me In Census 2006', published on 23 March 2007.

29 per cent of people in forensic services who had been directly transferred from prison following a custodial sentence (S.47 Mental Health Act 1983) were not of 'white British' ethnic origin. 12 per cent were of 'Black or Black British' origin, and 4 per cent were 'Asian or Asian British' ethnicity.

56 per cent of those transferred while on remand or awaiting trial (S.48 Mental Health Act 1983) were not of 'white British' ethnic origin. 20 per cent were recorded as 'Black or Black British' and 7 per cent as 'Asian or Asian British'.

Of those who had been transferred directly from court (S.37 Mental Health Act 1983), precisely one third were not of 'white British' ethnic origin. 18 per cent were of 'Black or Black British' origin, and 4 per cent 'Asian or Asian British'.

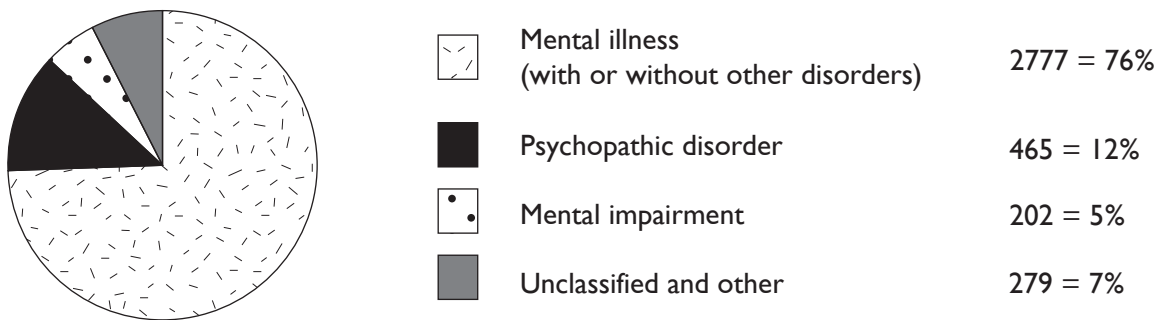
By contrast, the latest prison caseload statistics show that 25 per cent of prisoners were of 'non white' ethnicity. 6 per cent were 'Asian or Asian British', and 15 per cent 'Black or Black British' (Home Office 2006b, p. 114)

According to the latest census of the UK population, 7.9 per cent of UK residents are of a non-White ethnic group. 4 per cent reported as 'Asian or Asian British' and 2 per cent as 'Black or Black British' (ONS Census 2001). These statistics highlight the over-representation of ethnic minorities in both the prison and forensic mental health service estates.

Diagnosis

All of those transferred to forensic services have a ‘mental disorder or impairment’. The majority, just over three quarters, were diagnosed with a mental illness, with or without other disorders.

Figure 3: Restricted patients by type of mental disorder, July 2007



A higher proportion of female restricted patients detained in hospital with a mental disorder appear to be diagnosed with psychopathic disorder than for males. In 2005, 12 per cent of detained males had the diagnosis compared with 21 per cent of female restricted patients detained in hospital with a mental disorder.

In contrast, it appears that a higher proportion of detained males have a diagnosis of mental illness compared to females detained in hospital with a mental disorder (70 per cent compared to 51 per cent in 2005).

3. Admissions and transfers

Admissions

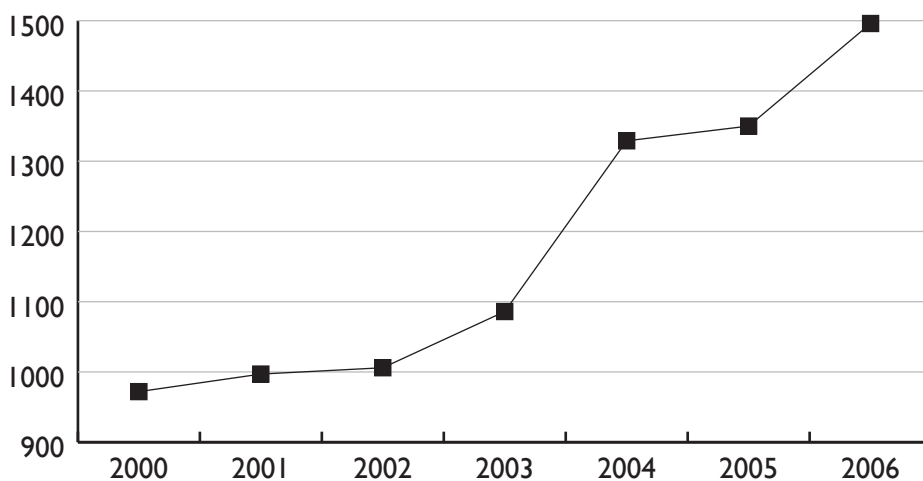
Admissions to forensic services can occur in a number of ways and from a variety of routes. Three of the most common are as follows:

- Patients may **transfer to secure services directly from prison**. Once transferred, the original custodial sentence length only remains relevant if the treatment ends before the sentence. In this case the individual would be returned to prison. Transfers from prison also occur for those who are on remand or are unsentenced.
- A court can give a mentally disordered offender **a restricted or unrestricted hospital order as an alternative to prison**. These derive from Section 37 of the Mental Health Act 1983. Restricted orders seek to ensure people continue to be monitored and treated after they leave hospital. Unrestricted patients are managed solely by clinicians and restricted patients are subject to certain powers by the Secretary of State for Justice.
- Patients can be **transferred to secure services directly from community mental health services**.

1,496 people were admitted to forensic services in 2006, an 11 per cent increase on 1,350 in 2005 and a 54 per cent rise since 2000, when 972 were admitted. New admissions represented 41 per cent of the forensic service population in 2006.

The overall number of admissions to forensic services has been increasing year on year. The NHS Plan (Department of Health 2000) announced the provision of 500 new secure beds for forensic services. The report notes that: 'Modernising mental health services is one of the Government's core national priorities. We have already set out a ten year programme to put in place new standards of care. Extra investment already committed will allow us to create, by April next year [2001], almost 500 extra secure beds, over 320 24-hour staffed beds, 170 assertive outreach teams and access to services 24 hours a day, seven days a week, for all those with complex mental health needs' (Department of Health 2000, p. 118).

Figure 4: Annual admissions into forensic services, 2000-2006



The number of people who are admitted to forensic services directly from prison (under Section 47 of the Mental Health Act 1983) is increasing. 961 people transferred into forensic services in 2006 were transferred directly from prison, up 15 per cent from 834 in 2005.

Almost half of these prisoners transferred from prison into forensic services did so while on custodial remand in local prisons (Under Section 48 of the Mental Health Act 1983). In 2006, 49 per cent (473) of admissions to forensic services from prison were people un-sentenced on custodial remand, while 51 per cent (488) were prisoners transferred from prison following sentencing.

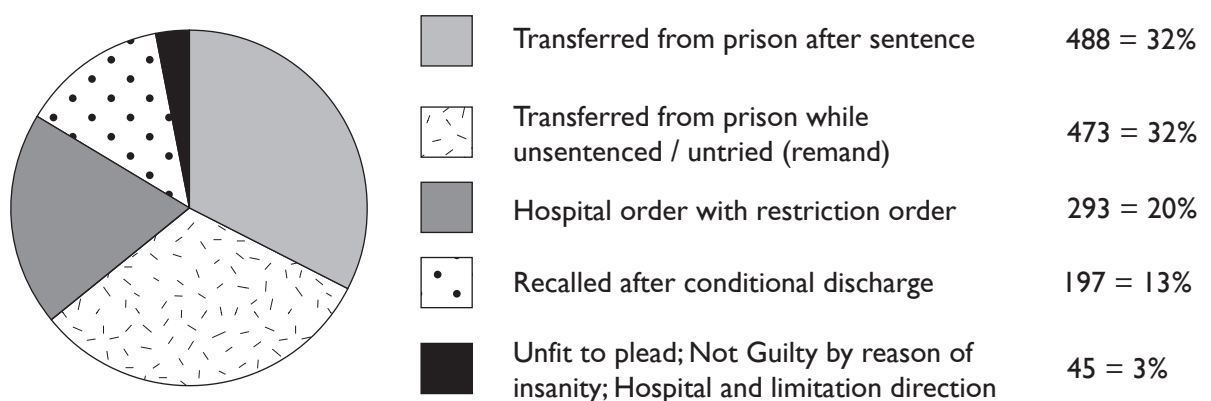
Figure 5: Type of Prison setting transferred from, April 2005 - March 2006



Source: Department of Health, Analysis of Mental Health Unit, Home Office Transfer Data, Between April 2005 - March 2006, Unpublished)

The number admitted under 'restricted hospital orders' has remained stable in recent years. In 2006 there were 293 admissions of this type (23 per cent of the total admission). People detained in hospital under a restriction order (Section 37 of the Mental Health Act 1983) have usually committed an offence punishable by imprisonment but as a result of mental disorder are not imprisoned but ordered to be detained in hospital for treatment, without limit of time.

Figure 6: Restricted patients admitted to hospital by legal category, 2006

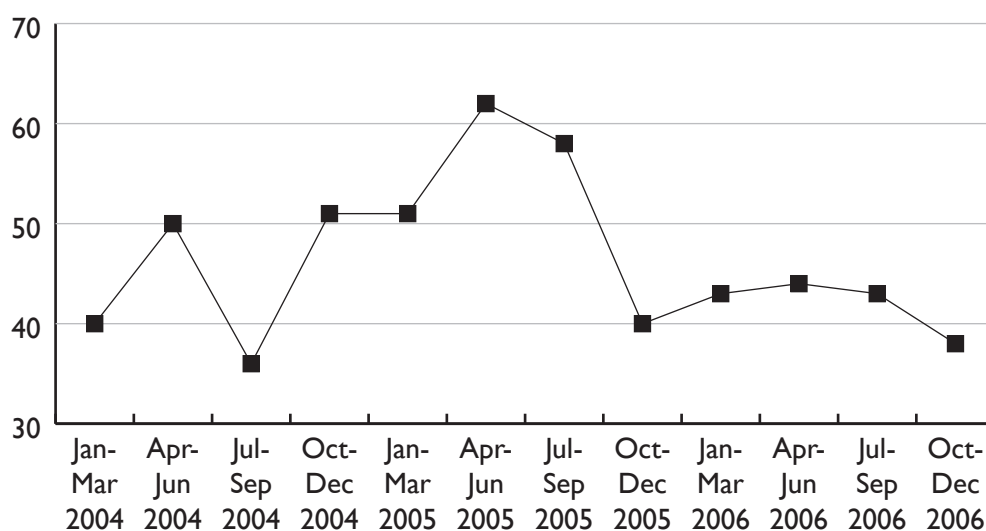


Fewer people are being directly admitted into high security hospitals. 8 per cent of all admissions into forensic services were received into high security hospitals (112) in 2005, down from 10 per cent in 2004 (130 out of 1,329).

Transfer waiting times

An average of 42 prisoners per quarter waited more than three months for transfer from prisons to forensic services in 2006.

Figure 7: Number of prisoners at the end of the quarter waiting longer than 3 months for transfer, 2004-2006



Source: Department of Health, Prison Mental Health Transfer Statistics April 2006, Unpublished

One study of a London prison found that after transfer from prison to forensic services has been decided prisoners wait an average 53 days for their transfer. The British Medical Journal notes that ‘well known factors contributing to this failure include the lack of diversion of mentally disordered prisoners by the courts and the police; poor care in the community; and the pressure on beds in acute psychiatric intensive care units and in medium secure units. Less recognised factors are the lack of “stepdown facilities” and of appropriate pathways of aftercare, with the consequent bed blocking in medium secure units’ (Sales and McKenzie 2007, p. 1222. See also Birmingham 2003, Rutherford and Taylor 2004, Senior and Shaw 2007).

Some prisoners who are recommended by the prison for transfer to forensic services are not accepted and are kept in prison. When transfer requests have not been accepted after a second mental health assessment by an external provider’s consultant psychiatrist, 33 per cent of the time it is because the prisoner was ‘not meeting the criteria for transfer under the Mental Health Act

1983'. Where prisoners are not accepted for transfer, 55 per cent are managed on the 'main wing' of the prison, and 35 per cent in the prison's inpatient unit (Department of Health, unpublished B).

When a transfer has been agreed, 'lack of bed availability, was the most common reason for delay in transfers (73 per cent) (Department of Health, unpublished B). However, in June 2007, the Government stated that: 'There has been a significant decrease in the number of people waiting over 12 weeks for a transfer – in the quarter ending March 2007, 40 prisoners [who had been waiting more than 12 weeks] were waiting, down from 51 in the same quarter in 2005' (Rosie Winterton MP, Hansard, 27 June 2007).

4. Lengths of stay

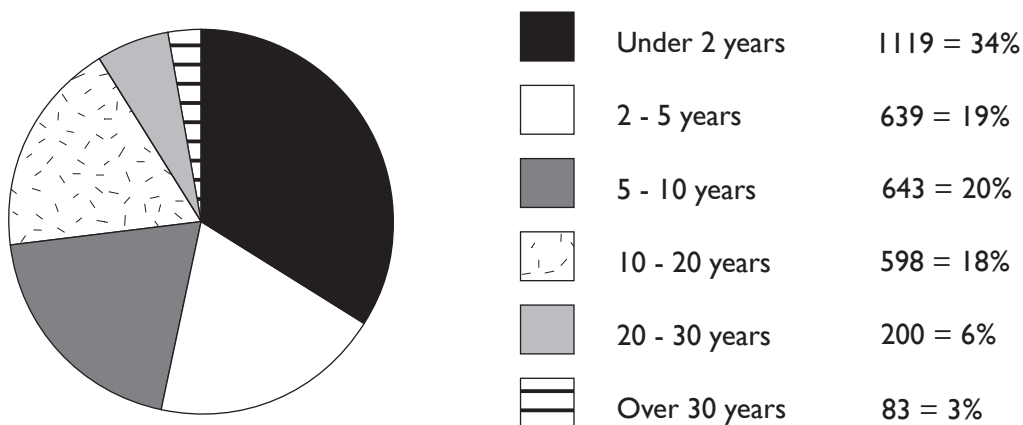
This section draws from 'Statistics of Mentally Disordered Offenders 2004', published in December 2005. This is the most recent published data on forensic services and patient lengths of stay.

More than half (53 per cent) stay in forensic services for less than five years. 34 per cent leave after less than two years.

One in five of those admitted stayed for between five and ten years. 18 per cent were detained for between ten and twenty years, while 6 per cent were detained for between 20 and 30 years.

3 per cent of convicted people admitted to forensic services stayed for more than 30 years.

Figure 8: Lengths of stay for those detained in the forensic services population, 31 December 2004



Note: in figure 8, the 'Under 2 years' category includes those classified as released when 'unsentenced or untried'. Nearly half of the 192 people who left forensic services while classified as 'unsentenced or untried' were discharged in less than three months (93, 48 per cent). Of the rest, 47 (25 per cent) stayed for between three and six months, while 52 (27 per cent) were detained for over six months.

Of those diagnosed with a 'psychopathic disorder', 50 per cent had spent more than 10 years in hospital. This compares to 33 per cent of those suffering a form of 'mental impairment' and only 25 per cent of those suffering from a 'mental illness' (with or without 'other disorders').

Once admitted to a secure hospital from prison, the offender's original sentence issued by the court at the time of their conviction becomes irrelevant to their length of stay in forensic services. The original tariff only becomes relevant again if the person who has been transferred is returned to prison on release from forensic services, where they will continue to serve the remainder of their custodial sentence.

5. Offences committed

This section draws from 'Statistics of Mentally Disordered Offenders 2004', published in December 2005. This is the most recent published data on forensic services and offence categories. These figures refer to the offences that were originally committed, not to offences by people while detained.

The number of people admitted to forensic services in 2004 was up on admissions during 2003 in every offence category (except 'theft and handling stolen goods'). 2004 also saw the highest numbers in each offence category for at least 5 years, and in many cases they were the highest numbers for the whole of the previous decade.

The most common offence committed by people admitted to forensic services in 2004 was 'violence against the person' (36 per cent of the total). This was a 20 per cent rise on numbers for this offence from 2003 (398 to 478). However, the proportion of admissions for people convicted of violence against the person had remained stable since 1996.

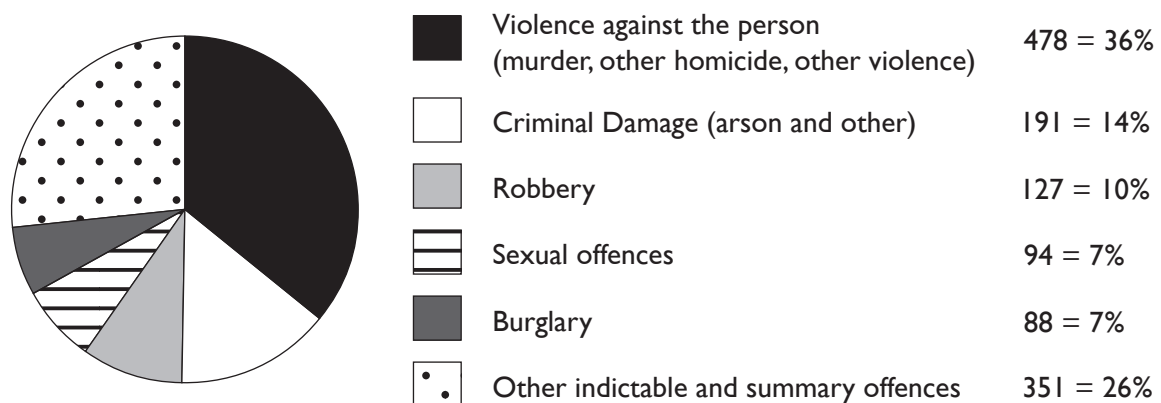
The next most common offences were 'criminal damage' (14 per cent, mostly for 'arson') and 'robbery' (10 per cent).

The number of people admitted to forensic services who have murder convictions increased by 65 per cent in the five years between 2000 and 2004 (62 to 102). For non-fatal 'violent' offences, meanwhile, the increase was 46 per cent during the same period (221 to 323).

Among patients admitted aged 40 or over, 'violence against the person' was proportionately more common (45 per cent) than in the other age groups (33 per cent). However, 'robbery' was more common among those under 40 (12 per cent) than those aged 40 or over (3 per cent). In addition, 'burglary' was twice as common in the younger group (8 per cent) than the older group (4 per cent).

Eight people were detained in forensic services during 2004 as 'immigration detainees'.

Figure 9: Restricted patients admitted to forensic services during 2004, by offence type



6. Discharges and disposals

There were 1,133 discharges or disposals of restricted patients from forensic services during 2005, 7 per cent more than in 2004 when there were 1,060. 469 (or 41 per cent) of those discharged were returned directly into the community.

The most common discharge or disposal in 2005 was 'conditional discharge into the community' (32 per cent). This was followed by 'discharged by the court, not into the community', where they remained in hospital unrestricted (27 per cent). 14 per cent 'remained in hospital, unrestricted' (without a court appearance) and 14 per cent were 'returned to prison'.

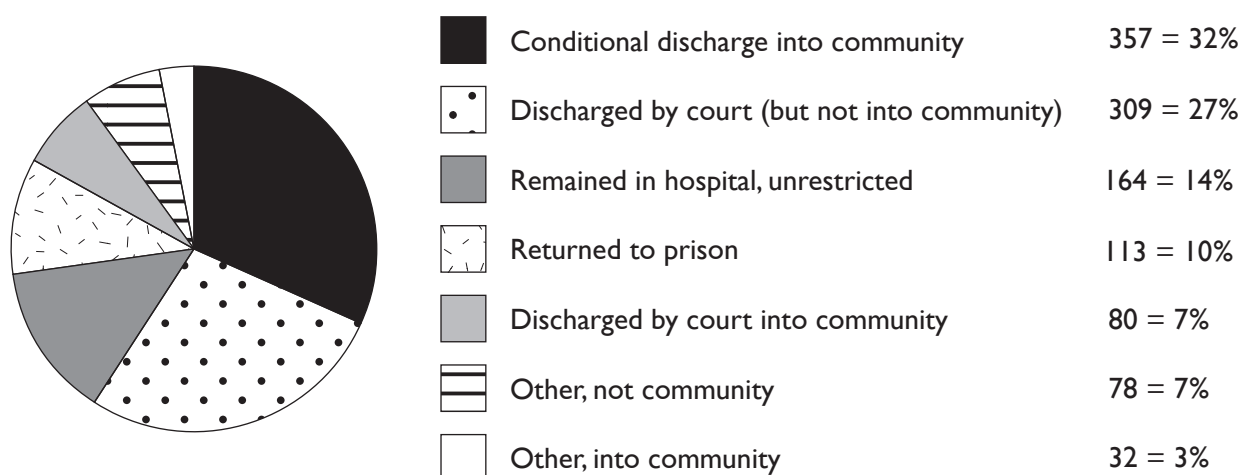
The number of people discharged directly into the community from forensic services has increased by 38 per cent between 2000 and 2005 (340 to 469).

76 per cent of those discharged into the community (357) in 2005 had conditional discharges, authorised by either the Secretary of State or a Mental Health Review Tribunal.

10 per cent of people who left forensic services in 2005 returned to prison to resume their sentence (113 out of 1,133). This is a decrease from 13 per cent in 2004 (135 out of 1,060). The figure includes 47 unsentenced or untried (remand) prisoners who were returned to prison after discharge (4 per cent).

A quarter (164 or 25 per cent) of those discharged, but not into the community, remained in hospital. At this point they are no longer subject to their previous restrictions.

Figure 10: Discharge / disposal of patients from forensic services, 2005



7. Recalls and re-offending rates

There has been a large increase in the number of people recalled to forensic services after a conditional discharge. 197 restricted patients were recalled to hospital after a conditional discharge during 2006, an increase of 25 per cent on 2004.

Recalls represent 13 per cent of total admissions to forensic services. This proportion has doubled in recent years. In 2000, recalls amounted to only 7 per cent of new admissions (there were 65 in total).

Re-offending rates for those first discharged from forensic services into the community are extremely low compared to those among people released from prison. 843 patients were discharged for the first time between 1999 and the end of 2003. Of the 717 matched cases (those located on the Police National Computer), fewer than 1 in 10 (7%) of those people re-offended within two years of discharge.

Of those released and matched, 2 per cent re-offended for violent or sexual offences. In comparison, the overall re-offending rate for adult prisoners within two years of release is 27 per cent for sexual offences and 46 per cent for violent offences (Home Office 2007b).

It is important to note that it is difficult to draw conclusions when comparing the re-offending rates of those released from prison and those discharged from forensic services. Some possible reasons for the comparatively low re-offending rates of those discharged from forensic services include:

- closer supervision of those discharged from hospital in the community than for ex-prisoners (Section 117 of the Mental Health Act 1983);
- the nature of the original offence may have been directly related to the mental illness of the discharged person, and therefore the individual may be less likely to re-offend after receiving treatment;
- admissions to forensic services include those charged but not necessarily convicted of a crime, so it is possible that they may not have actually offended in the first place;
- the impact of some drugs on lifestyle post-discharge may reduce offending behaviour;
- some people 'discharged' from forensic services remain in hospital voluntarily, and therefore are less exposed to the potential to re-offend.

8. Deaths in forensic services

The number of people who died while in forensic services changed little between 2000 and 2005, despite an increase in overall population levels. In 1998, 32 people died while detained, compared to 26 people out of 1,133 in 2005.

Comparatively, the number of deaths per year in prison has been more variable (See www.inquest.gn.apc.org/data_deaths_in_prison.html). In 2000 there were 142 deaths in custody, including 82 suicides. In 2004 there were 208 deaths, of which 95 were suicides. In 2006 there were 154 deaths, and suicides had decreased to 67. The decrease by 2006 from 2004 is largely attributed to the work of the 'Safer Custody Unit' and the Assessment, Care in Custody and Teamwork (ACCT) Plans (See www.hmprisonservice.gov.uk/adviceandsupport/prison_life/selfharm/).

Appendix

Table 1: NHS medium secure bed capacity by Strategic Health Authority, 2005 (based on Laing and Buisson 2006, p. 19)

Strategic Health Authority (current configurations)	Beds
London (Previously North Central London; North East London; North West London; South East London; and South West London)	848
North West (Previously Cumbria and Lancashire; Cheshire and Merseyside; and Greater Manchester)	418
East of England (Previously Norfolk, Suffolk and Cambridgeshire; Essex; and Bedfordshire and Hertfordshire)	301
Yorkshire and The Humber (Previously North and East Yorkshire and North Lincolnshire; West Yorkshire; and South Yorkshire)	271
East Midlands (Previously Trent; and Leicestershire, Northamptonshire and Rutland)	241
West Midlands (Previously Birmingham and Black Country; Shropshire and Staffordshire; and West Midlands South)	226
North East (Previously Northumberland, Tyne and Wear; and County Durham and Tees Valley)	200
South Central (Previously Thames Valley; and Hampshire and Isle of Wight)	197
South West (Previously Avon, Gloucestershire and Wiltshire; Dorset and Somerset; and South West Peninsula)	93
South East Coast (Previously Surrey and Sussex; and Kent and Medway)	91
Total for England	2,886

Table 2: Major Providers of Independent Mental Health Hospitals including Medium Secure Services in the UK, 2006 (Laing and Buisson 2006, p. 20)

Provider	Hospitals	Beds
Partnerships in Care	13	748
Care Principles Ltd	5	301
St Andrew's Group	3	224
Priory Group	2	144
Covenant Healthcare Ltd	3	110
Craegmoor Ltd	4	89
Cygnets Health Care	1	82
Alpha Hospitals Ltd	1	42
All other providers	4	87
Total	36	1,827

Note: These figures are the total forensic services bed numbers in independent hospitals that provide medium security. They include some lower security status beds, not just medium secure.

Independent Sector

Table 2 above shows that a large proportion of the medium secure forensic services beds are provided by the independent sector (private / non-NHS commissioned).

Statistics from 2006 show that there were 36 independent hospitals which provide more than 1,800 secure beds with a medium-secure primary client. Partnerships in Care are currently the largest provider, followed by Care Principles Ltd, St Andrews Group and the Priory Group. Care Principles also have five medium secure hospitals for people with learning disabilities (Laing and Buisson 2006, p. 20).

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The Criminal Justice Programme at the Sainsbury Centre for Mental Health

The Sainsbury Centre for Mental Health (SCMH) has launched a new work programme to improve mental health care for people in contact with the criminal justice system.

Our aim is to be at the leading edge of advocating for progress and of finding practical ways of achieving improvements. Our priorities are:

1. Diversion:

Keeping people with serious mental health problems out of the criminal justice system through better custody and court diversion schemes.

2. Mental health care:

Support for those offenders currently getting the least effective care:

- those with common mental health problems, such as depression and anxiety;
- those with personality disorders;
- those with a 'dual diagnosis' of both mental health problems and substance misuse;
- and to support the development of improved primary mental health care systems.

3. Resettlement:

Resettlement for people with mental health problems to ensure better access to employment, housing and health and social care when they are released from prison.

4. Young people:

Support for young people with mental health problems who come into the criminal justice system.

Our aim is to achieve change through research and analysis, piloting and evaluating new approaches, and promoting good practice from the UK and abroad.

For further information on our work and to register for our monthly email bulletins visit our website at www.scmh.org.uk.

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