

Cambridge University Press
978-1-909-72636-9 – Handbook of Secure Care
Edited by Geoffrey L. Dickins , Philip Sugarman , Marco Picchioni
Frontmatter
[More Information](#)

Handbook of Secure Care

Cambridge University Press

978-1-909-72636-9 – Handbook of Secure Care

Edited by Geoffrey L. Dickins , Philip Sugarman , Marco Picchioni

Frontmatter

[More Information](#)

Cambridge University Press
978-1-909-72636-9 – Handbook of Secure Care
Edited by Geoffrey L. Dickins , Philip Sugarman , Marco Picchioni
Frontmatter
[More Information](#)

Handbook of Secure Care

Edited by Geoffrey Dickens, Philip Sugarman
and Marco Picchioni

RCPsych Publications

Cambridge University Press
978-1-909-72636-9 – Handbook of Secure Care
Edited by Geoffrey L. Dickins , Philip Sugarman , Marco Picchioni
Frontmatter
[More Information](#)

© The Royal College of Psychiatrists 2015

RCPsych Publications is an imprint of the Royal College of Psychiatrists,
21 Prescot Street, London E1 8BB
<http://www.rcpsych.ac.uk>

All rights reserved. No part of this book may be reprinted or reproduced or utilised in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

British Library Cataloguing-in-Publication Data.
A catalogue record for this book is available from the British Library.
ISBN 978-1-909726-36-9

Distributed in North America by Publishers Storage and Shipping Company.

The views presented in this book do not necessarily reflect those of the Royal College of Psychiatrists, and the publishers are not responsible for any error of omission or fact.

The Royal College of Psychiatrists is a charity registered in England and Wales (228636) and in Scotland (SC038369).

Printed by Bell & Bain Limited, Glasgow, UK.

Contents

List of tables, boxes and figures	vii
List of contributors	ix
Preface	xi
1 The evolution of secure and forensic mental healthcare <i>Philip Sugarman and Geoffrey Dickens</i>	1
2 Mental disorder and offending <i>Nuwan Galappathie</i>	15
3 Clinical risk assessment in secure care <i>Ashimesh Roychowdhury, Muthusamy Natarajan, Laura O’Shea and Geoffrey Dickens</i>	27
4 Risk management in secure care <i>Geoffrey Dickens, Ashimesh Roychowdhury and Muthusamy Natarajan</i>	48
5 Recovery in secure environments <i>Shawn Mitchell and Ian Callaghan</i>	67
6 Personality disorder <i>Piyal Sen and Mark Morris</i>	84
7 Women’s mental health, aggression and offending <i>Katina Anagnostakis</i>	99
8 Offenders with intellectual disability in secure services and the criminal justice system <i>Eddie Chaplin and Jane McCarthy</i>	113
9 Secure mental healthcare for young people <i>Enys Delmage and Ernest Galton</i>	131
10 Secure care for people with autism spectrum disorder <i>Jane Radley and Huw Thomas</i>	148
11 Acquired brain injury, trauma and aggression <i>Nick Alderman</i>	163
12 Managing aggression and violence in older people <i>Graeme A. Yorston</i>	179

CONTENTS

13	Firesetting in secure settings: theory, treatment and management	193
	<i>Theresa Gannon, Nichola Tyler and Geoffrey Dickens</i>	
14	Specialist psychological treatment programmes in secure mental healthcare	211
	<i>Clive Long and John Shine</i>	
15	Nursing in secure mental healthcare settings	231
	<i>Geoffrey Dickens</i>	
16	Prescribing for specialist populations	252
	<i>Camilla Haw</i>	
17	Human rights in secure psychiatric care	269
	<i>Catherine Penny and Tim Exworthy</i>	
18	Quality assurance and clinical audit in secure psychiatric care	287
	<i>Fiona Mason, David Thomas and Lesley Wilson</i>	
19	Psychological support following violent assault and trauma: what works for staff in secure settings?	308
	<i>Annette Greenwood and Carol Rooney</i>	
	Index	325

Tables, boxes and figures

Tables

3.1	2 × 2 contingency table showing potential outcomes of risk assessment for violence	31
3.2	2 × 2 contingency table showing potential outcomes of risk assessment for violence for 1000 service users where base rate of violence is 10%	31
4.1	Security domains and related risk considerations	51
4.2	Elements of relational security	52
5.1	Differences between conventional approach to mental health and recovery-oriented services	69
6.1	Comparison of DSM-5 and ICD-10 classification of personality disorder	86
9.1	Prevalence of self-harm and mental disorders among young offenders (aged 13 to 18 years)	134
13.1	A summary of the M-TTAF trajectories: tier 2	202
15.1	The six binary constructs model of forensic psychiatric nursing	235
18.1	Standards headings	290
18.2	Quality Network for Forensic Mental Health standards	291
18.3	CQC key lines of enquiry	292
18.4	Proposed qualitative and quantitative measures of quality within secure psychiatric care	293
18.5	Suggested audits and audit questions within secure psychiatric care	296
18.6	Caldicott principles: considerations within clinical audit	301
18.7	Example: Standard – The rapid tranquillisation prescription adheres to the local policy	304
18.8	Example: Audit of rapid tranquillisation action plan	304

LIST OF TABLES, BOXES AND FIGURES

Boxes

3.1 HCR-20 items	36
3.2 START items	38
4.1 Six stages of structured professional judgement	49
17.1 Articles 1–14 of the European Convention on Human Rights, with those most relevant to mental health practice highlighted	270
18.1 Example of audit report methodology section	304

Figures

3.1 Example receiver operating characteristic (ROC) curve	32
11.1 A protocol for the management of acquired brain injury aggressive behaviour disorders	165
11.2 Reduction of aggression and maintenance of therapy expectations in three patients with acquired brain injury participating in neurobehavioural rehabilitation	173
13.1 A summary of the M-TTAF: tier 1	199
18.1 HQIP four stages of clinical audit (2009)	294
18.2 Potential stakeholders in clinical audit	295

Contributors

- Nick Alderman** Director of Clinical Services, Partnerships in Care
Katina Anagnostakis Associate Medical Director, Training and Education, and Consultant Psychiatrist, St Andrew's Healthcare
Ian Callaghan National Service User Lead, My Shared Pathway
Eddie Chaplin Research Lead, South London and Maudsley NHS Foundation Trust, and Visiting Researcher, Institute of Psychiatry, Psychology & Neuroscience, King's College London
Enys Delmage Lead Psychiatrist, Adolescent Service, St Andrew's Healthcare
Geoffrey Dickens Research Manager and Head of Nursing Research, St Andrew's Healthcare, and Professor in Psychiatric Nursing, University of Northampton
Tim Exworthy Clinical Director and Consultant Forensic Psychiatrist, St Andrew's Healthcare
Nuwan Galappathie Consultant Forensic Psychiatrist, St Andrew's Healthcare Birmingham
Theresa Gannon Director of the Centre of Research and Education in Forensic Psychology and Professor of Forensic Psychology, University of Kent
Ernest Galton Clinical Director, St Andrew's Healthcare
Annette Greenwood Trauma Service Manager, St Andrew's Healthcare
Camilla Haw Consultant Psychiatrist, St Andrew's Healthcare and Professor in Mental Health, University of Northampton
Clive Long Associate Director of Psychology and Psychological Therapies, St Andrew's Healthcare, and Professor in Clinical Psychology, University of Northampton
Fiona Mason Chief Medical Officer, St Andrew's Healthcare
Jane McCarthy Consultant Psychiatrist, East London NHS Foundation Trust, and Visiting Senior Lecturer, Institute of Psychiatry, Psychology & Neuroscience, King's College London
Shawn Mitchell Associate Medical Director and Consultant Psychiatrist, St Andrew's Healthcare

LIST OF CONTRIBUTORS

- Mark Morris** Clinical Director and Consultant Psychiatrist, St Andrew's Healthcare
- Muthusamy Natarajan** Consultant Forensic Psychiatrist, St Andrew's Healthcare
- Laura O'Shea** Research Assistant, St Andrew's Healthcare
- Catherine Penny** Specialty Registrar in Forensic Psychiatry, South London and Maudsley Rotation, Visiting Teacher at the Institute of Psychiatry, Psychology & Neuroscience, King's College London
- Marco Picchioni** Honorary Consultant Forensic Psychiatrist, St Andrew's and Senior Lecturer, St Andrew's Academic Centre, Institute of Psychiatry, Psychology & Neuroscience, King's College London
- Jane Radley** Consultant Psychiatrist, St Andrew's Healthcare
- Carol Rooney** Director of Nursing, Partnerships in Care
- Ashimesh Roychowdhury** Associate Medical Director, Clinical Informatics and Consultant Forensic Psychiatrist, St Andrew's Healthcare
- Piyal Sen** Consultant Forensic Psychiatrist, St Andrew's Healthcare and Visiting Researcher, Institute of Psychiatry, Psychology & Neuroscience, King's College London
- John Shine** Consultant Psychologist, St Andrew's Healthcare
- Philip Sugarman** Chief Executive Officer, St Andrew's Healthcare
- David Thomas** Director of Quality and Governance
- Huw Thomas** previously Consultant Psychiatrist at St Andrew's Healthcare, Birmingham
- Nichola Tyler** Postgraduate Researcher, University of Kent
- Lesley Wilson** Head of Clinical Effectiveness, St Andrew's Healthcare
- Graeme A. Yorston** Consultant Forensic Psychiatrist, St Matthews Hospital

Preface

In any society a small proportion of people with mental disorder present with behaviour that transgresses norms and violates the rights of others. Concurrently, the same people are often vulnerable themselves – to violence, to abuse or exploitation by others – or at risk of neglect or self-harm. High rates of mortality are well documented. Long conceptualised as a ‘forensic’ population, they interface between mental health and criminal justice systems, and require containment for a time in secure services to manage risk. In recent years a growing realisation has been that both protection of the public and the personal recovery of these patients must be championed by progressive, specialist clinicians. The label ‘forensic’ is an insufficient descriptor of this group of services which provide care and treatment for mentally disordered offenders, but also for a range of individuals who have not been diverted from the criminal justice system. Many clinicians who work in secure services do not self-identify as ‘forensic’ practitioners. This book provides an overview of the clinical populations, professions, assessment and treatment approaches used in a wide range of specialist secure services. It does so with the intent of providing the broadest possible perspective and so we have opted to title our book the *Handbook of Secure Care*.

The aim of secure services has shifted over time from primarily containment to active programmes of therapy and rehabilitation within care pathways, which aim for less restrictive placements through levels of security, leading to open and community care and reintegration into wider society. Concurrently, services have grown, with an increase in the past decade in the number of secure mental health beds in many countries. In the 21st century this expanding sector has seen new super-specialisms (i.e. subspecialties) whose more bespoke skills reflect the needs of diverse niche groups. This diversity is expressed across diagnostic boundaries, from mental illness and intellectual disability to autism, brain injury and degenerative disorders. Distinct secure care pathways have evolved for men, women, adolescents and the elderly. Dedicated facilities also now exist for younger adults and the pre-lingually deaf.

PREFACE

Despite their diversity, these services share commonalities. Multi-professional assessment of risk, resilience and need is central, leading into outcome-focused recovery programmes. Secure services now include more psychiatrists, psychologists, nurses and occupational therapists than ever before, but also teachers, pharmacists, dieticians, language therapists and physical exercise technicians, a unique body of expertise bringing secure services into the mainstream, and providing these marginalised patient groups with equal access to the psychological, physical and social interventions they require.

The assurance of quality is a real challenge as secure services have a mixed and turbulent history of achievements and failures over many years. The new era of healthcare governance depends on transparency, and governments should and do demand reporting compliance and convincing evidence of higher standards and better outcomes, as well as controls on cost. The solution to providing more for less can only ever be the sharing of best practice from centres of excellence, together with clinical leadership in a spirit of challenge and ambition for what can be achieved.

Currently no single text within the wider forensic mental health field addresses secure specialist in-patient care. A team of clinicians from St Andrew's Healthcare, a multi-site hospital group and the largest charitable provider of public healthcare in the UK, has come together to produce this volume with a range of colleagues. As the only non-governmental teaching hospital in the UK, partnered with the Institute of Psychiatry, Psychology and Neuroscience at King's College London and several other leading universities, St Andrew's teaches a unique range of students across the professions, including postgraduate doctors and PhD students. Among many courses organised wholly or jointly by the charity's staff are masters modules in specialist care in Northampton and London, from which the idea for this work developed. We believe it represents the cutting edge of specialist secure care, and is intended as a much-needed resource for all students and professionals in the field of forensic care and challenging behaviour.