

J. Devon & Cornwall Forensic Service **– Adjusted Guide To Langdon – 04/12/03**

1. Who Comes To Langdon?

Langdon Hospital provides a forensic psychiatric service for Devon and Cornwall. The hospital provides inpatient services for mentally disordered offenders transferred from prisons and the courts and also for those patients who are found to be unmanageable in local psychiatric units. Currently there are three consultant-led teams on site and referrals are made directly to consultant medical staff in the first instance and then redirected if appropriate.

All patients who are admitted to the facilities at Langdon Hospital already have an identified community psychiatrist who is invited to regular CPA meetings held on the site in all three units. This helps to reinforce local clinical ownership and develop a care pathway for patients once they are ready to leave the hospital.

2. What Is The Butler Clinic?

This is a thirty-bedded regional secure unit, consisting of three wards. Admissions are usually from the prison, courts or other hospitals. All patients are detained under the provisions of the Mental Health Act 1983. The majority will suffer from mental illnesses, such as schizophrenia, or mood disorders, such as manic depression. Many will be psychotic; in other words they will have lost touch with reality and be suffering from delusions and hallucinations. Aggression may be a manifestation of their illness, or they may have been involved in risky behaviours, such as arson. Some patients will have a dual diagnosis, e.g. mental illness and personality disorder. The majority will be detained under part III of the Mental Health Act, which deals with mentally disordered offenders. Some patients, mainly those who have come from general psychiatric units, are detained under part II of the Act (Civil Provisions).

There is a twelve-bedded admission ward, Cabot, where the patients who are most acutely ill and disturbed will be cared for. As they make progress, they will move to the rehabilitation wards, Raleigh and Drake. The Clinic contains some occupational therapy facilities/education to cater for patients who are well enough to start to make use of these but may not be sufficiently stable nor safe enough to go to the larger open occupational therapy facilities on site. Likewise, the Clinic has a fenced recreation area to allow patients scope for exercise and to get some fresh air. There are communal living spaces and individual bedrooms.

Local general psychiatrists are involved in planning after care so patients have a clear pathway through Langdon into the community, e.g. back to local psychiatric hospitals, hostels or registered mental health nursing homes. The subsequent placement will depend on the patient's clinical condition and risk assessment. Some patients who have been made subject to Hospital Orders by the courts (a sentence which recognises the treatment needs of the patient) may also be subject to a Restriction Order. This Order, made by the court, means that the consultant in charge of the patient's care cannot grant leave of absence from the hospital or discharge the patient without the involvement of the Home Office unless a Mental Health Review Tribunal dictates otherwise. This means that some patients on the site may, from a clinical perspective, no longer require conditions of medium security to manage their care but need to remain on the site for an interim period because of the Home Office requirements.

3. What Is Avon House?

Avon House is a fourteen-bedded open, but potentially lockable, unit for male patients with mental illnesses that have been difficult to treat. Their condition may not respond to medication and/or their forensic history or management has posed particular difficulties in conventional general psychiatric settings. They are all detained under the Mental Health Act and have come from the Butler Clinic. Whilst they no longer require conditions of medium security, they require a degree of structure and support, which is offered on the unit. The unit also has a backup bed at the Clinic if a patient cannot be contained at Avon House. The unit aims to provide rehabilitation at a pace which matches the patient's needs and provides a more domestic-style environment in recognition of the fact that many patients spend a long time on the unit, which effectively becomes their home.

4. Why Was Avon House Opened?

Avon House was developed in 1999 because it was recognised that a long-stay patient group was developing in the Butler Clinic, which had only been designed for patients to stay for no longer than two years. These patients no longer needed this level of security and the environment did not cater for their long-stay rehabilitative needs. Some Avon patients have done sufficiently well in this environment that they have been able to move off the site altogether, back to other facilities in their locality.

5. What Is The Leander Unit?

Leander Unit caters for those patients with mild to borderline learning difficulties (IQ 60 – 80). It consists of two residential wards at present with sixteen beds on

Stour, the admission ward, which also has a short term extra care facility. Dart Ward, which has a further sixteen beds, functions as a rehabilitation unit. This is an unusual facility in that most regional forensic services have not catered for this group, despite the clinical need, resulting in some instances in out of area placements to other units in the independent sector or inappropriate placements in medium security. This is also why the Leander Unit has been able to offer some placements to patients who have come out of area.

6. Why Is It Unusual?

The Leander Unit caters for those with borderline learning difficulties who have a history of offending, violence or other behavioural disturbance. Some will have a history of mental illness. Many will have multiple deficits, which in combination have led to delinquent behaviour. However, these individuals, with training and support in an environment that recognises their intellectual limitations, can be rehabilitated.

Many of this group are young. The approach has the potential to produce significant benefits for the patients and cost savings to multiple agencies, such as health, social services and the criminal justice system. Admissions are principally from the prison, acute psychiatric wards and some community facilities. Depending on the clinical picture, assessments may take place with patients detained under the Mental Health Act, whilst others will be assessed whilst on bail as a prelude to a Community Rehabilitation Order (formerly Probation Order). For the latter they will serve the first part of their order whilst in hospital, whilst the latter part will allow for supervision in the community.

The Leander Unit is an open facility. There would be Human Rights Act implications for placing patients on bail or on orders supervised by the Probation Service, in a locked environment. The ethos of the unit is to help promote a sense of autonomy in patients, i.e. to help them own responsibility for their actions and to work in partnership with the team of clinicians who care for them. This means that patients must be motivated to work on their issues and participate in a full therapeutic programme.

7. What Are The Connelly Flats?

This facility provides five places where patients can be exposed to more independent living with staff support. The facilities are not staffed over night. Placement here is often a prelude to patients leaving the site to go to more independent living. Patients come from the Butler Clinic or the Leander Unit.

8. What Other Facilities Are There On Site?

There is a gym, central occupational therapy department and a WRVS canteen in the extensive hospital grounds. There are administrative facilities and offices for the clinical teams. The site-wide facilities provide part of the therapeutic programme for patients from all units. Patients who are well enough are encouraged off their units, in an attempt to replicate the structure of a more normal day, to participate in occupational therapy, education, the vocational work rehabilitation scheme and attending the gym. Patients are tested out by being trusted with graded and increasing amounts of leave, which they initially use in the hospital grounds. There has been a WRVS canteen on the site, which is popular with the patients. Eventually they will be granted leave in the community and go further afield.

9. The Butler Clinic Is Sometimes Known As A Medium Secure Unit. Why?

Some history may help here. By the early 1970's a reduction in locked facilities for psychiatric patients led to a crisis in the NHS. Following the publication of the Glancy and Butler Reports there was a thrust to develop so called 'medium secure' forensic units to cater for patients who were considered to pose significant risks in open facilities (low secure) but who did not require facilities offered by the special hospitals (so called maximum or high security).

10. What Does Medium Security Mean?

The term 'medium secure' as such was never defined. It was never clear whether 'medium' described length of stay or degree of physical security. As one criterion for admission was a stay of no longer than two years the adjective was thought to describe the length of stay. The fact that the term 'long term medium security' has now gained parlance complicates the issue. Security was never defined in terms of structure in any document explicitly at the time the medium secure units were developed. However, there was always an implicit requirement in the early statements made which referred to the quality of the patient. High security hospitals were defined for individuals in terms of their absconion risk: the criterion for medium security has been that 'those individuals would not pose a grave and immediate danger if they were to abscond'.

11. So How Does This Compare To High Or Maximum Security Of A Special Hospital Like Broadmoor, Ashworth Or Rampton?

Mainly in terms of the absconsion risk. The special hospitals have their own admission criteria which include a definition for individuals ‘who **would** be an immediate and grave risk to the general population if they were to abscond’.

12. So What Does Security Really Mean?

In practice security is often a combination of physical security and staff skills. Staff do this in a number of ways. If they are able by their psychological skills to develop good working relationships with patients, this will help patients feel safer and reduce the risks they pose. By providing a full therapeutic programme they engage the patients in constructive rehabilitation, which promotes more normal behaviour, as well as reducing the risk of untoward incidents through boredom or lack of purpose. This extends to staff providing recreation activities and leisure opportunities outside a normal working week. Finally, staff observation and vigilance play a key part in providing security.

13. Where Does The Independent Sector Fit In?

Because of a relative lack of beds or a spectrum of service provision both within rehabilitation psychiatry and learning disability locally, psychiatrists in both specialties may have to place patients out of area in the independent sector. The vast majority of beds in the independent sector are badged as medium security although practically the level of provision and secure features varies. There is a potential problem in that once patients move to the independent sector and are placed in such facilities, they are sometimes seen to be ‘forensic’ even though their placement may have resulted because of a lack of more suitable local alternatives. It is important that this trend is recognised, because one of the implications is that forensic services might be expected to repatriate this group when they have had no involvement in their initial placement and the individuals concerned may not need rehabilitating through the forensic service and run the risk of being stigmatised.

There is often confusion between the need for a secure bed and the requirement for forensic psychiatric services. For example, patients in acute general psychiatry may need a secure bed within a PICU (Psychiatric Intensive Care Unit) for a short period, whilst not meriting forensic services. Similarly, some patients with a learning disability may have long term challenging behaviour, which necessitates a secure environment without ever coming to the attention of the criminal justice system or requiring forensic psychiatry.

14. Is There Movement Of Patients Between High, Medium And Low Security?

Yes, there always has been. Patients move from the Butler Clinic to general psychiatric units or open facilities. Likewise, patients whose clinical presentation permits a move from high security to the Butler Clinic are transferred locally. This has always been the case since the Butler Clinic was opened in 1983.

15. Contact Details

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16. DIAGRAM OF LANGDON HOSPITAL CAMPUS

