



Directory of services for high-risk young people

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Acknowledgments

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1. Glossary

AIM	Assessment, Intervention and Move-on for sex offenders (treatment programme)
CAMHS	Child and Adolescent Mental Health Service
CBT	Cognitive Behavioural Therapy
DAT	Drug Action Team
DH	Department of Health
EBD	Emotional and Behavioural Difficulties
GP	General Practitioner
LA	Local Authority
LAC	Looked After Children
LD	Learning Difficulty
LHB	Local Health Board
MDT	Multidisciplinary Team
MST	Multi-Systemic Therapy
NCG	National Commissioning Group
NSPCC	National Society for the Prevention of Cruelty to Children
PCT	Primary Care Trust
PD	Personality Disorder
SCH	Secure Children's Home
SHA	Strategic Health Authority
STC	Secure Training Centre
SOTP	Sex-Offender Treatment Programme
YJB	Youth Justice Board
YOI	Young Offender Institution
YOT	Youth Offending Team

2. Introduction

This document is designed with the intention for use as a 'directory'; a reference point for mental health services around the UK who work with 'high risk forensic' young people. In order for it to be as useful a reference as possible, this report is structured in the following way.

This mapping exercise picked up some inconsistencies on the part of practitioners and in the literature about the scope and meaning of term 'forensic' mental health services. As a starting point, therefore, there was a need to understand and clarify what the word meant in practice, what services fit under this 'umbrella' term, and what clinical and psychosocial characteristics are shared by young people using forensic mental health services.

The report then goes on to outline the following services in England and Wales:

- i) National Commissioning Group (NCG) Medium Secure Units
- ii) Non-NCG 'forensic' in-patient units
- iii) Forensic Adolescent Community Treatment Service Teams (FACTS)
- iv) Community Based Forensic (Tier 3-4) Teams (CBFTs)
- v) Other services for those with complex needs.

For each of these services, an overview will be presented detailing whom the service is designed for, and there will be a brief summary of the key facts, findings and functions of these services. Finally, in each section, lists of services, with specific contact details will be provided.

The report will then examine the need for a variety of services and will finish with a discussion on some of the key issues surrounding this topic.

The Appendices provide a geographical summary of the services provided by region, as well as the services we visited as part of the scoping for this report, and a list of individuals interviewed in regard to the issues raised.

Sources of information for this document

In 2007, the Department of Health commissioned the Centre for Mental Health to carry out a mapping exercise to improve understanding and knowledge of services describing themselves as 'forensic'. A brief literature review was completed and visits were made to in-patient services and community based forensic teams to develop a deeper understanding of their core functions and activities. A questionnaire exploring practitioners' definition of forensic services was sent out to 18 practitioners involved in forensic services and was completed and returned by 10. This mapping exercise was also supplemented by other service audits completed during the same period by the

Centre which focused on models of health provision in Youth Offending Teams (YOTs) and in secure settings for young people in the Youth Justice System (YJS).

This directory has not focused on the full range of resources available for young people with sexually harmful behaviours since these issues are being addressed through a separate Department of Education and Department of Health work stream. It is important, however, to acknowledge the close overlap between forensic mental health work and specialist resources for those displaying sexually harmful behaviours.

Mental health problems of young people in contact with the youth justice system

There is evidence of a high prevalence of diagnosable mental health difficulties amongst young people coming into contact with the youth justice system and some evidence to suggest that young offenders in the community may have higher unmet needs than those in Young Offenders Institutions (YOIs) (e.g. Chitsabesan et al 2006). These studies have also shown a high prevalence of substance misuse amongst young offenders in the community (Hammersley et al, 2003).

A high proportion of people who have significant and ongoing contact with the criminal justice system have experienced disruptive childhoods and been in Local Authority (LA) care. There is also a high prevalence of mental health problems amongst other vulnerable groups such as looked after children. In a large scale study of children aged 5-17, Meltzer (2003) found that “45% were assessed as having a mental disorder, 37% had clinically significant conduct disorders, 12% were assessed as having anxiety and depression, and 7% were rated as being hyperactive”.

Defining ‘forensic’ mental health needs and services

Witcomb and Jasti (2007) note that adolescent forensic psychiatry is a relatively new field, which primarily deals with young people under the age of 18 who have been involved with the criminal justice system and who also pose a serious risk to themselves or others. Witcomb (2008) notes that the roots of adolescent forensic psychiatry are in both child and forensic psychiatry, and services “focus on the interplay between mental disorder, risk and offending behaviour, and with assessment and management occurring in the context of the developmental and family background of the individual patient”.

Confusingly, the term ‘forensic’ can mean many different things to different people within services.

The term forensic mental health is used both in the literature and by those interviewed as part of this study interchangeably and in a confusing manner to describe a wide range of client characteristics and worker skills and competencies. It is sometimes used to describe anyone working with young people with mental health difficulties who also offend. But it is also used to describe a set of highly specialist skills (Tier 4), competencies and resources for those young

people presenting with the most complex combination of risk (to self and others) and needs (Withecumbe, 2008, McDougal et al, 2008).

There is some ongoing debate regarding the point at which a young person's mental health needs in the YJS becomes a forensic mental health need (rather than being something that could be dealt with via less specialist Tier 3 community based CAMHS). Less specialist Tier 3 CAMHS are generally poorly designed and sometimes resourced for young people in the YJS and workers feel generally unconfident working with courts and with young people who offend (Durcan and Wilson, 2009).

Discussions with clinicians and managers in very specialist forensic services tend to highlight a view of adolescent forensic mental health services as being designed for a small number of young people with the most complex clinical presentations who present a risk to others as well as themselves and who are at risk of offending.

Conversely, however, during interviews with YOT health practitioners and mental health specialists working in custody, it was also clear that it is sometimes a term used by staff to describe the specialist skills and knowledge that mental health practitioners develop when they work in what can feel like an alien context for health practitioners – a criminal justice setting which has its own language, systems and procedures. These skills and characteristics include services:

- that have developed an understanding of the criminal justice context and of the roles of the various stakeholders.
- that have developed additional skills in understanding and managing risk of offending as well as treating and caring for those with poor mental health.
- which feel confident and sometimes make themselves more easily accessible to hard to reach populations.
- that are specialists in understanding the characteristics, health inequalities and multiple needs outlined in research which affect young people who end up in the youth justice system.

As a result of this, plus the fact that a large proportion of young people in the youth justice system demonstrate some form of mental health or emotional issue, it seems to be the case that all staff and services that work with such young people in criminal justice settings could refer to themselves as being a 'forensic' mental health service. In this directory, we are very much focusing on the very specialist branch of these services and how the knowledge base of such very specialist services can support the knowledge of those generally working with young people who are considered to be at high risk of offending.

The need for forensic CAMHS

A literature review has revealed little hard evidence about the need for forensic services in terms of population, bed numbers, staffing requirements, or outcomes. Little and Bullock (2004) note

that “research evidence...has not always played a part in the formulation of policy or the development of practice guidelines...Provision has developed piecemeal without much knowledge about young people’s needs...It is surprising that £150,000 per annum per young person can be spent on the most specialised interventions with so little known about outcomes”.

Instead of looking at the outcomes of forensic mental health services, researchers have tended to direct their energies towards assessing the needs of those using existing forensic mental health services, predominantly those placed in secure residential settings. For example, a survey by Kurtz et al (1998) looked at the needs of those young people who were considered for admission to a secure unit. All possible referring agencies were surveyed and findings revealed a large number of discrepancies. For example, 40% of Child and Adolescent Mental Health Services (CAMHS) had not received a referral from a youth justice services for those young people being considered for admission and 40% of those placed in secure psychiatric care had received no generic needs assessment (and had not received mental health assessment by CAMHS). This survey took place before the introduction of YOTs in 2000, and we can now assume that all young people will receive an Asset assessment. However, Harrington and Bailey (2006) state that “Asset was found to underestimate the rates of mental health problems. Of the 600 forms evaluated, only 15% of young offenders were identified with mental health problems. This is much lower than the 31% of young people identified in (their) national study”. Additionally, the Healthcare Commission (2008) did not find much improvement in identification and treatment interventions for mental health difficulties.

Nichol et al (2000) looked at one Strategic Health Authority (SHA) and found that 75% of young people living in all its residential facilities (penal, social services, special education and health agencies) had significant mental health needs, including some serious conditions like psychosis or suicidal ideation. They concluded that “the study revealed a picture that puts the many recent concerns about the risks and needs of looked after young people in a wider context. Huge needs were found in all the areas examined: in basic social adjustment, where the study revealed huge deficits on family adjustment and support, in mental health, where a high proportion of the young people had multiple emotional and behavioural problems, and in education, the majority of young people were severely behind in basic school subjects and had spent many years out of school. The picture of criminality in this study group was that overall, those in penal settings and in non-penal settings showed a comparable level of recidivism, but the rate of violence in the prison group was much higher. To a large extent, the needs of these young people were not being met”.

Clinical characteristics of in-patients in secure units

It is important to understand specifically who secure in-patient services for young people are for, and while there is a general paucity of literature examining this, a handful of papers have looked at the clinical characteristics of individuals admitted to, or referred to in-patient services.

Withecumb (2008) notes that diagnoses of severe mental illnesses such as schizophrenia and bipolar disorder are difficult in childhood, and very few young people in contact with the sorts of services described in this paper will demonstrate these more severe mental illnesses. It appears far more likely that the young person will be demonstrating forms of conduct disorder, which according to Meltzer et al (1999) is the most common psychiatric disorder in young people aged 5-15. Conduct disorder is defined as a 'persistent pattern of behaviour in which the rights of others are violated' (WHO, 1992). Withecumb and Jasti (2007) suggest that when considering the types of disordered cognitions (such as hostile attributions and a focus on aggressive cues) demonstrated in young people with conduct disorders, it is clear why this group are most likely to come into contact with criminal justice services. This is supported by the findings of Kratzer and Hodgins (1997) who note that adolescent conduct problems have been shown to predict later offending.

In relation to treatment of adolescent conduct disorder, it has been suggested that Multi-Systemic Therapy (MST) may be beneficial (Henggeler, 1999); this intervention combines various therapeutic models, including cognitive behavioural approaches, behavioural parent training, social skills training and approaches directed at the young person, school and locality. Withecumb (2008) also explores clinical diagnoses of psychopathy, sexual offending, and substance misuse, but acknowledges that "in practice it is common for young people presenting to adolescent forensic services to be adversely affected by multiple contributory factors [including] trauma and abuse, aggression, substance misuse, poor empathy and socialisation, mental illness, learning and neurological problems, inattention and impulsivity, antisocial, delinquent and conduct disordered behaviour".

Wheatley et al (2004) conducted a study examining the characteristics of 80 adolescents referred for secure in-patient care. They note that the young people requiring such care present most commonly with psychotic, personality or post traumatic stress disorders. In addition, of the young people assessed for admission, 90% presented with a risk of aggression, 60% presented a suicide risk, 50% had been charged with one or more offence and 30% had at least one conviction. Most of these young people had historically been detained under the Children and Young People's Act (1969), or the Mental Health Act (1983). Many young people in secure health care are seen as requiring detention and treatment in a secure environment due to the risk they pose to themselves. There are a wide range of psychiatric diagnoses, but co-morbidity (the existence of more than one diagnosis or difficulty) is common. A significant proportion of young people as young as 16 in the prison system present with mental health problems that go largely undiagnosed and untreated.

Wheatley et al (2004) note that the 'criteria for detention under the MHA is a grey area and mental state can fluctuate from week-to-week'. In other words, it is possible that the service users who did not meet the admissions criteria did not differ significantly, in their clinical or risk characteristics, compared to those currently admitted on the unit. They also pointed out that 'the

pattern of referrals indicates a substantial need for secure health care [in the form of forensic adolescent in-patient services] in the 14- to 18-year-old age range’.

What are the key settings for this population?

Withcomb (2008) notes that offending adolescents potentially have access to a wide variety of services including adolescent in-patient services, secure hospitals, forensic CAMHS, general CAMHS, Youth Offender Institutions (YOIs), Youth Offending Teams, Secure Training Centres (STCs), specialist schools, social services, Secure Children’s Homes (SCHs), voluntary sector and adult mental health services.

Young people up to the age of 18 years who are considered to be a risk to themselves or others can be held on Secure Accommodation Orders (Children’s Act 1989) in Secure Children’s Homes (SCHs), which are run and funded by Local Authorities. People who have reached the age of 10 (age of criminal responsibility) and who have committed offences can also be held in SCHs but these beds are paid for by the Youth Justice Board. They can also be placed in Secure Training Centres (STCs) or Young Offender Institutions (YOIs). A description of secure estate settings for young people can be seen in Figure 1.

Practitioners interviewed during the Centre for Mental Health’s mapping exercise suggested that many young people with forensic mental health needs end up in very different care settings in quite an ad hoc manner. They seemed to take different routes depending on a number of factors including who they had been assessed by, to what extent the young person’s needs were clear cut or multiple and complex, what context they had surfaced in, the knowledge and disciplinary background of those assessing the young person, what had previously been tried, local vacancies, which placements commissioners had been prepared to fund, the mix of residents already in these settings (and thus the impact of having too many with one type of problem) and the confidence of staff in these settings in managing the young person’s behaviour.

Medium secure units

As noted by Withecombe (2008), the NCG medium secure units were developed after an increasing awareness that there was a population of young people who had mental health needs to be treated that could only be done appropriately in a secure setting. These NCGs have a centralised and national referral system and admit 12-17 year olds. In order to be considered for admission, the young person must have been displaying behaviour which poses a serious risk to others, and the young person must be able to be detained under the Mental Health Act 1983. The NCG Units have a multidisciplinary team (MDT) made up of nursing staff, psychiatry, psychology, Occupational Therapy and social work, as well as having educational services available. While all units provide assessment and treatment for serious and enduring mental health problems, some have specialities (e.g. for emerging personality disorder).

Outreach and In-reach Adolescent Forensic Services

Mental health in-reach teams are teams of mental health professionals (sometimes multidisciplinary teams) who provide community mental health care to those in custody. In other words, these teams operate like a community mental health service, but within the custodial 'community'. In-reach services are founded on the principle of equivalence, the idea that individuals within the prison have the right to the same level of mental health care as they would were they not residing within the prison, and may use hospital transfers, assertive outreach and crisis intervention approaches if deemed necessary.

Outreach workers are mental health workers who provide support to a group of mentally unwell individuals who do not engage effectively with mental health services. The approach is characterised by seeing clients in their own environment, wherever that may be (Sainsbury Centre, 2001) in order to prevent the need for costly in-patient placements. CAMH Services do not traditionally work in an outreach manner and some commissioners are now recruiting assertive outreach workers who can work differently with vulnerable young people either to prevent them going into costly secure settings (Witcomb, 2008) or to support young people on their discharge/release from psychiatric or custodial settings. Where these services currently exist, they tend to focus on young people at the point of discharge from National Health Service secure psychiatric units.

In-reach to YOIs is well developed and established; however, the picture for other secure settings is more mixed. This report will not explore in-reach in detail as this issue is comprehensively dealt with in a separate report by the Centre for Mental Health (Centre for Mental Health, 2010)

Figure 1: Description of Secure Estate Settings for young people

Young Offender Institutions (YOIs)	Secure settings run either by the Prison Service or by the private sector. They take young people from the age of 15 to 21 years. However, those under 18 in YOIs are kept separate from young adults and their beds are commissioned by the Youth Justice Board. YOIs for males are much larger than other types of secure settings (and can have a capacity of up to 360 placements) and are not generally considered inappropriate accommodation for vulnerable young people with high risk factors, such as mental health or substance misuse needs ¹ . Young females are located in smaller units housing around 15 young women at a time.
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¹ <http://www.yjb.gov.uk/en-gb/yjs/Custody/YoungOffenderInstitutions/>

<p>Secure Training Centre (STCs)</p>	<p>Run by private operators under contracts with the Youth Justice Board, the contracts set out detailed operational requirements. They negotiate with local contractors to buy in specialist services meeting the needs of these contractual obligations. They can hold young offenders from the age of 12 to 17 and there are four such centres in England. They hold fewer young people than YOIs and they have a higher staff to young offender ratio. They have a maximum operational capacity of just under 90 beds.</p>
<p>Secure Children's Homes (SCHs)</p>	<p>Smaller units designed to focus on the physical, emotional and behavioural needs of the young people they accommodate. They are run by local authority social services departments and are overseen by the Department of Health and the then Department of Children Schools and Families.</p> <p>Secure children's homes provide young people with support tailored to their individual needs and charge the Youth Justice Board a unit price per bed taking into account all resources and services contracted in to meet needs. They have a high ratio of staff to young people and are generally small facilities, ranging in size from 6 to 40 beds.</p>

3. Types of Services Available

i) National Commissioning Group (NCG) Medium Secure Units (MSU)

These are also known as NCG National Secure Forensic Mental Health Services for Young People (SFMHS for YP). The NCG group are responsible for commissioning highly specialised services in England, including a number of medium secure psychiatric units for young people. For these services there is a national referral process with national funding pending acceptance, agreed admission criteria and a peer review process that prioritises admissions and maximises use of available bed spaces. National referral meetings for entry into the service take place weekly. There are no catchment areas for these services, as they are national services, although ideally young people admitted to services are placed in the unit that is nearest their home and is able to cater for their needs. The national admissions criteria for these units can be seen in Figure 2.

Figure 2: Admissions criteria for NCG MSUs

Referral has to be from a psychiatrist. The young person will only be considered for clinical assessment by SFHMS for YP if they meet all of the criteria;

- **The person is under 18 at the time of referral**

AND

- **The person could be detained under part II or part III of the MHA (1983)**

AND

EITHER

- **The young person presents a risk to others of one or more of the following**
 - **Direct violence liable to result in injury to people**
 - **Sexually aggressive behaviour**
 - **Destructive and potentially threatening use of fire****(NB It is not necessary that the referred young person should be facing criminal charges for these risk behaviours, but it is necessary that there should be reliable accounts of such behaviour)**

OR

- **The young person is in custodial care and presents a serious risk of suicide and / or severe self-harm**

AND

- **The referrer can give evidence that serious consideration, and testing where appropriate, of alternatives has already been tried prior to referral, indicating that the case has exceeded the ability of available mental health services to meet the need.**

The assessing unit will then report back to the nationally coordinated referral group on their assessment of the case. The referral group require an understanding of the ability to detain the young person under the MHA, whether treatments can be offered for the presenting condition and whether the patient can be managed by the physical and relational security issues, before accepting an admission to one of the units.

Generally, these units provide an in-patient secure forensic mental health service for young people aged 12-18 years, and can cater for young people of both sexes and with a range of mental health problems. Some units also have specialised wards for young people who have a combination of offending history, mental health problems and a neuro-developmental disability or intellectual disability. There are currently 7 NCG units in England, providing a total of 105 placements.

Limitations of NCG provision

It seems important to note that generally, among these units, there are difficulties in admitting someone quickly in an emergency. This may be due to the fact that there is a national referral system, and assessment for admission by these units can take time.

Additionally, there is a relatively low provision of units catering for young people who have a learning disability, combined with mental health issues and who fall into the 'forensic' category, although Malcolm Arnold House (St Andrews Healthcare) is specifically for young people who are in this group, and the Roycroft Unit (Newcastle) has 7 of 25 beds specifically for young people with this combination of complex needs. Some practitioners in secure custodial settings talked of the particular challenge of placing young women with learning disabilities and other complex forensic needs in NCG settings.

Discussion with staff at these units also highlighted a general lack of appropriate provision for young women with emerging borderline personality disorders. Although some units accepted young women with these emerging difficulties, others felt less able to support them particularly if they already had one or two other young women on the unit with similar presentations. Some interviewees felt that many young women slipped between the cracks of services failing to access the support they needed at an early enough stage. Staff at NCG units also talked of a lack of appropriate provision for young people with conduct disorders whose needs did not generally meet the criteria for placement in medium secure forensic mental health units.

Finally, discharge and step down care from NCG units was reported as a problem by practitioners interviewed during this mapping exercise. In many areas, tier 3 CAMHS were described as poorly designed to support young people's needs at the point of discharge from in-patient settings. Staff at one unit said that they preferred to discharge to adult mental health services where possible since these services were more likely to use assertive outreach and home treatment models (though this might involve the young person being placed in their unit until they were 18, rather than being discharged earlier). Also, in contrast to adult provision, there were very limited facilities which could be used as a lower secure 'step down' or half way house to support young people with their discharge back to the community. Some practitioners in community or custodial settings cited examples of young people who they had seen get 'stuck' in forensic medium secure mental health settings for many years.

<p>Ardenleigh Unit</p> <p>Birmingham and Solihull Mental Health Foundation trust 385 Kingsbury Road, Erdington, Birmingham B24 9SA Tel: 0121 678 4400 Website: http://www.bsmhft.nhs.uk/our-services/yascc/youth/forensic-camhs/</p>	
Male / Female	Male & Female
Beds available through NCG funding	20
Contact	Dr Ian Russell / Fiona McGruer
Working links	<p>Provide in-reach services to:</p> <ul style="list-style-type: none"> • Brinsford YOI • Swinfen Hall (18-21) • Stoke Heath <p>Support Birmingham YOTs.</p>
<p>Comments</p> <p>Ardenleigh is a medium secure forensic unit, accommodating secondary aged young people up to the age of 18. The criteria for admission to Ardenleigh are that the young person has a mental health problem and has a propensity to act in ways that threaten serious harm to others. Many will also be liable to harm themselves; many will have committed serious offences</p> <p>They have a multidisciplinary team with psychiatrists, psychologists, social workers, nurses, occupational therapists and teachers.</p> <p>The unit has specialist science, art and technology rooms, three other classrooms, an ICT library, a small hall and a soft play area, and access to a gymnasium, swimming pool and AstroTurf football pitch. Teaching staff teach a broad and balanced curriculum to the young people, subject to an assessment of their individual risks, abilities and needs.</p> <p>The unit has good links with families as many of the young people come from the Birmingham area.</p> <p>There is no provision for young people with a learning disability.</p> <p>Young people may stay for lengths of time ranging from a month to a few years as ‘everyone is different and each young person has individual care needs and different periods of getting better’.</p>	

<p>Bill Yule Adolescent Unit</p> <p>South London and Maudsley NHS Trust The Bethlem Royal Hospital, Monks Orchard Road, Beckenham, Kent BR3 3BX Tel: 020 3228 4142 Fax: 020 3228 4905 Website: http://www.camhs.slam.nhs.uk/Services/NationalandSpecialist/tabid/343/Default.aspx</p>	
Male / Female	Male
Beds available through NCG funding	10
Contact	Dr Theo Mutale / Beulah Nyatoro
Working links	<p>Offer consultation sessions to:</p> <ul style="list-style-type: none"> • Southwark YOT. • Connexions • Other community practitioners <p>Hold regular 'professional meetings' with community practitioners.</p> <p>Use Care Programme Approach</p> <p>High discharge rates back to the community reported.</p> <p>Work with Maudsley Hospital (Forensic services for young people) – an outpatient service.</p>
<p>Comments</p> <p>The unit is a highly specialist (Tier 4) CAMHS multi-disciplinary team comprising of psychiatry, psychiatric nursing, clinical psychology, social work, occupational therapy, art therapy, music therapy and dance/movement therapy. The unit also provides an onsite educational programme</p> <p>It provides an assessment, care and treatment service for young men, aged 13-18, who have severe behavioural and psychiatric problems, often associated with offending behaviour and who can be detained under part 1 or 2 of the Mental Health Act.</p> <p>The unit does not have the resources to be able to provide in-reach / out-reach to secure settings.</p>	

Gardener Unit	
<p>Greater Manchester West Mental Health NHS Foundation Trust Bury New Road, Prestwich, Manchester M25 3BL Tel: 0161 772 3668 Fax: 0161 772 3443 Website: http://www.bstmht.nhs.uk/C9/Gardener%20Unit/default.aspx</p>	
Male / Female	Male
Beds available through NCG funding	10
Contact	Dr Andrew Clark / Helen Kirby
Working links	<p>Provides in-reach services to Hindley YOI.</p> <p>Operate a Forensic Adolescent Community Treatment service (FACTS Team) – offering training and consultancy to local community based and custodial based staff.</p> <p>Work closely with G-MAP – a private sector organisation for young people with sexually harmful behaviours (based locally to the unit - http://www.g-map.org/about.php).</p>
Comments	
<p>The unit is a highly specialist (Tier 4) CAMHS Team.</p> <p>The service provides secure in-patient care and multidisciplinary assessment and treatment for 11-18 year old men suffering from suspected mental illness and meeting the criteria for detention under the Mental Health Act.</p> <p>Important parts of the service provided include:</p> <ul style="list-style-type: none"> - A safe, secure and therapeutic residential environment. - An intensive care facility - A comprehensive multi-disciplinary assessment and treatment service - Eclectic therapeutic treatment approaches, which are client focused. The specific treatments include pharmacological treatments; psychosocial interventions; cognitive behavioural therapies; group work is facilitated where appropriate. - Risk Assessment and Risk Management. - Post discharge outreach work and/or advice. 	

- Health and social needs assessment through implementation of the Care Programme Approach.
- Young people attend the onsite school.

The service has a strong continuous improvement approach to workforce development, commencing with essential skills training at induction, refresher training for existing staff and the development of specialist posts to improve the quality of care provided. The service has trained 2 advanced practitioners who support consultant medical staff in the care of young people and who are a resource for other clinicians providing specialist adolescent forensic and learning disability expertise.

<p>Malcolm Arnold House</p> <p>St Andrew's Healthcare, Billing Road, Northampton NN1 5DG Tel: 01604 614 320 / 614 242 Website: http://www.stah.org/about-us/locations-and-facilities/northampton.html</p>	
Male / Female	Male &Female
Beds available through NCG funding	10
Contact	Dr Ernest Galton / Alison Beeby
Working links	Provides a national service due to the small number of units catering for young people with these needs.
<p>Comments</p> <p>The unit is for young people with the same problems as specified under NCG criteria, but who also have a <u>learning disability and or autistic spectrum disorders</u>.</p> <p>This service has a comprehensive multidisciplinary programme which includes input by:</p> <ul style="list-style-type: none"> • Psychiatry, • Psychology, • Education, • Occupational Therapy, • Speech Therapy, • Physiotherapy, • Dietetics • Art therapists • and Nursing staff. <p>The unit has a Solution Focussed philosophy which seeks to engage young people by helping them work towards a realistic 'preferred future'. The programme includes a comprehensive 12-week assessment, moving on to a longer-term tailored treatment including:</p> <ul style="list-style-type: none"> • Remedial Education • Anger Management • Relaxation and specialist sensory equipment • Social Skills training (including Mind Reading Programme developed by Cambridge University) • Offence related groups (based on the G-map Challenge Group model) • Individual Behavioural programmes 	

In addition to these programmes, a wide variety of occupational and recreational activities which are considered to be a core part of treatment. Facilities include a multi-gym, cafe, indoor swimming pool, library, recreation centre, chaplaincy service and chapel and a primary care suite.

The unit adopts a treatment philosophy of rehabilitation and integration back into the community. The adolescent service helps young people work towards leading independent lives by maximising their potential through positive interventions.

Roycroft Unit	
Northumberland, Tyne and Wear NHS Trust St Nicholas Hospital, Jubilee Road, Newcastle NE3 3XT Tel: 0191 223 2226 Website: http://www.ntw.nhs.uk/section.php?l=4&p=280	
Male / Female	Male & Female
Beds available through NCG funding	25
Contact	Dr Alison Westman / Derek Henderson
Working links	Operate a FACTS team which runs on the same site by the same trust (The Kolvin Clinic – see FACTS Team section of this document).
Comments	
<p>The unit opened in September 2000, as a result of a £1.4 million investment by Newcastle City Health Trust.</p> <p>They have a specialised 4 bed female unit and a highly structured 7 bed male unit, as well as another 7 bed mixed ward.</p> <p>The unit includes a range of treatment including psychopharmacological, social behavioural, cognitive behavioural, psychodynamic, psycho-educational and systemic.</p> <p>The service has reputation for being specialist in the treatment of emerging personality disorder in young people.</p> <p>In the same complex as the Roycroft, the Lennox unit can be found – a medium secure unit for young people (male aged 12 to 18) with learning disabilities and a mental illness. The Lennox unit includes 7 NCG funded beds).</p> <p>The unit Provides a safe, structured therapeutic environment to meet the social, psychological and educational needs of the young person.</p>	

Wells Unit	
West London Mental Health NHS Trust Uxbridge Road, Southall, Middlesex UB1 3EU Tel: 020 8483 2244 Fax: 020 8483 2246 Website: http://www.wlmht.nhs.uk/services/w/wells_unit.html	
Male / Female	Male
Beds available through NCG funding	10
Contact	Dr Nick Broughton / Gina Hillis
Working links	Has good links with Feltham YOI providing in-reach services. Numerous young people from Feltham are frequently admitted to the Wells Unit.
Comments	
<p>Situated within the Three Bridges Secure unit on the West London Forensic Services site.</p> <p>Dedicated in-patient accommodation is for adolescent males between 12 and 18 years old, providing care for young men who have offended and have complex mental health needs. The service is for young people detained under the Mental Health Act 1983 (amended 2008) and who, because of their behaviour, represent a direct and serious risk to themselves and / or others and require treatment within conditions of security.</p> <p>The unit provides a 'highly specialised multi disciplinary assessment and treatment service at Tier 4 CAMHS Level'.</p> <p>Team includes psychiatrists, nurses, psychologists, occupational therapists, arts therapists and social workers.</p> <p>A significant part of the young people's day is spent on educational activities delivered by a team of qualified teaching staff and teaching assistants, to build on any education received to date, and allow development through achievement within a learning and therapeutic environment.</p>	

Bluebird House Hampshire Partnership NHS Foundation Trust Tatchbury Mount, Calmore, Southampton SO40 2RZ Tel: 02380 874 600 Fax: 02380 874580 (safe haven) Website: http://www.hampshirepartnership.nhs.uk/our-services/specialised/bluebird-house/	
Male / Female	Male & Female
Beds available through NCG funding	20 (one ward was temporarily closed at the time of publication)
Contact	Dr Simon Hill / Pete Betts
Working links	Provides in-reach services to: <ul style="list-style-type: none"> • Vinney Green SCH • Ashfield YOI Link to community forensic team in southern half of South Centre SHA.
Comments Bluebird House is a Tier 4 CAMHS team. Bluebird House is the first purpose built secure adolescent NHS unit in the south of England providing assessment, treatment and care for young people, both male and female, aged 12-18 years who are experiencing complex mental health difficulties and pose a risk to themselves or others. The unit provides services for young people with emerging personality disorder and other mental health problems. The team also has a specialism around substance misuse and provides speech and language therapists to meet speech, language and communication needs. Family Therapy is also offered to young people and their families whilst at Bluebird. This provides an opportunity for family members to talk together about a variety of issues such as family relationships, hopes for the future or events that led up to the young person's admission to Bluebird. These issues will be predominantly decided upon by the young person and their family but supported and facilitated by the Family Therapist. Young people follow a 'structured day' which allows for their time to be meaningfully utilised and there is space for free time so young people can develop skills to manage themselves. Education (12-19 years) is provided on site by Tutton Further Education College, through LSC funding.	

Sessions may include time within the Learning and Therapy Centre or with other members of the multi-disciplinary team dependent on an individual's care plan.

During evenings and weekends activities within the unit are planned which may include sports, board games, quizzes, arts and crafts, film nights etc.

ii) **Non-NCG secure inpatient services**

Perhaps as a result of NCG Services having a very specific and defined national set of entry criteria, a number of other units have been designed and commissioned to cater for the needs of young people who may have a complex set of problems, but who are not considered to be suitable for NCG services. Unlike the NCG beds, the home area commissioner must agree funding for a young person to be placed in these units.

St Andrews Healthcare –Lowther Unit & Malcolm Arnold House

In addition to 10 beds commissioned by the NCG, St Andrews has numerous other medium secure private contracted services for young people, at the Lowther adolescent service and at Malcolm Arnold House, both of which are based in Northampton and built to medium secure standards.

Along with the 10 NCG-commissioned beds, there are a further 90 beds in these services for males and females, some of which are for young people with mental health problems and others for individuals with a learning disability.

These services take spot purchases from PCTs, usually for those individuals who do not meet the criteria for the NCG beds. These services work with young people with emerging personality disorder and take a lot of young people from Wales (as there are no in-patient forensic services for young people there). These services provide a quicker response to emergencies than the NCG units, provided that the young person's home PCT agrees funding.

Lowther Unit (St Andrews Healthcare)

Billing Road, Northampton, NN1 5DG

Tel: 01604 614242

Website: <http://www.stah.org/about-us/locations-and-facilities/northampton.html>

Male / Female	Male & Female
Beds	60
Contact	Tony Griffiths (ward manager)

Comments

Specifically for 'forensic' young people with a mental illness.

5 wards:

John Clare Unit (14 beds) – Female admissions ward (13yr+)

Heritage Unit (12 beds) – Female ward (16-18yr)

Nesbitt Unit (10 beds) – Female Pre-discharge (16-18yr)

Richmond Watson Unit (12 Beds) – Male admissions unit (13yr+)

Boardman Unit (12 beds) – Male Pre-Discharge (16-18yr)

Malcolm Arnold House (St Andrews Healthcare)

Billing Road, Northampton, NN1 5DG

Tel: 01604 614 320 / 614 242

Website: <http://www.stah.org/about-us/locations-and-facilities/northampton.html>

Male / Female	Male & Female
Beds	40 (10 of which are NCG funded – see previous section)
Contact	Dr Ernest Gralton / Alison Beeby

Comments

Specifically for 'forensic' young people with a Learning Disability.

4 Wards:

Bayley Unit (10 beds) – Male Forensic LD Service (13-16yr)

Heygate Unit (10 beds) – Male Forensic LD Service (16-18yr)

Church Unit (10 beds) – Mixed gender neuro-developmental disability (13-16yr)

Fenwick Unit (10 beds) – Mixed gender neuro-developmental disability (16-18yr)

Westwood Centre (Tees, Esk & Wear Valleys NHS Trust)

The Westwood Centre, Child and Adolescent Low Secure Unit,
West Lane Hospital, Acklam Road, Middlesbrough TS5 4EE
Tel: 01642 352 926 Fax: 01642 352 925

Website: <http://www.tewv.nhs.uk/Our-Services/Children-and-young-peoples-services/Young-peoples-secure-services/>

Male / Female	Male & Female
Beds	10 beds (2 local, 8 national)
Contact	Leah Allinson (Unit Manager)

Comments

Service commissioned in 2004 by Tees, Esk and Wear Valleys NHS Trust.

NHS Low Secure unit for young people in the country. Is on the same site as general adolescent in-patient unit.

The trust aims to use 2 beds itself and allow other PCTs to make spot purchases.

Catchment Population: predominantly a regional resource. Also provides some services to out of region referrals and has taken patients from Scotland. Open to referrals from health, social care and YOTs. Currently receive most referrals from health.

Service includes:

- **Assessment:** MDT assessment of individuals' needs, including risk and needs of carers / families.
- **Treatments:** psychiatric, psychological, social, educational, family-focused perspectives.
- **Psychological therapies:** cognitive, behavioural, psychodynamic, integrative and creative therapies.
- **Referrals:** Offer emergency admissions from courts, police stations, and accepts referrals from the Early Intervention in Psychosis service.
- **Patient profile:**
 - a) Adolescent boys and girls aged 12-18 who are experiencing mental health problems & who are young offenders.
 - b) A younger group is considered on an individual basis.
 - c) Can accommodate patients with mild to moderate learning disabilities.
 - d) Have expertise in Autism and emerging personality disorder.
 - e) All disorders catered for, but patients are not considered to have the risk management issues necessary for medium secure services

The unit lacks educational and training resources for those aged 16yrs+.

iii) Tier 4 custodial estate mental health resources for young people with complex and specialist needs

These units are based on the sites of YOI and provide specialist mental health services for young offenders on wards that are separate to the rest of the YOI population.

The Keppel Unit	
Wetherby Young Offenders Institution (YOI), York Road, Wetherby, West Yorkshire LS22 5ED Tel: 0193 754 4200 Website: http://www.yjb.gov.uk/en-gb/practitioners/Custody/Enhancedsupport/KeppelUnit.htm	
Male / Female	Male
Beds	48
Contact	Terry Wilson (Unit Manager)
Comments	
<p>This is a specialist unit on the site of Wetherby YOI. It caters for young men.</p> <p>The Keppel Unit accommodates 48 vulnerable young men (16yr+) who are too old to be housed in SCHs or STCs, but who are unable to engage in another custodial regime (such as a YOI). The unit has been designed to accommodate young people who cannot cope in the YOI due to their complex and specialist needs. The YJB has stated that the unit is only meant to deal with young people with low-level mental health needs.</p> <p>Where possible, the unit has been specially designed to have a less institutional feel, with open spaces and natural light. Young people respond more positively in such environments improving the likelihood of them engaging with education or other activities that could affect their behaviour in the long term.</p> <p>The main rationale behind the unit is that specially trained staff, working in higher staff ratios as part of a multi-disciplinary team, will be able to build positive relationships with young people, thereby encouraging them to engage in the regime. The Keppel Unit has a discrete staff made up of discipline, education, mental health, health care, caseworkers, psychologists and substance misuse staff. A number of structured offending behaviour and therapeutic and occupational interventions are delivered. Young people also attend education session on the unit.</p> <p>Catchment Area: North East, North West, West Midlands and Yorkshire and the Humber.</p>	

Referral Agencies: All referrals come via the placements team at the Youth Justice Board (020 3372 7866). Referrals can be made by YOTs, STCs, SCHs and YOIs.

Services are provided for young people with;

- Low-level mental health issues
 - Learning disabilities
 - Autistic spectrum disorders
 - ADHD
 - Conduct disorder
 - Small build / physically immature
 - Emotionally immature
 - Medical needs
 - Dysfunctional family background
 - History of multiple care placements
- Recent trauma (such as loss of a family member)

The Willow Unit

HMP Hindley, Gibson Street, Bickershaw, Wigan, WN2 5TH

Tel: 01942 663 100 Fax: 01942 663101

Website: <http://www.hmprisonservice.gov.uk/prisoninformation/locateaprison/prison.asp?id=438,15,2,15,438,0>

Male / Female	Male
Beds	8
Contact	Ray Hill (Governor)

Comments

A resource for young men in the North West usually, although some young people have ended up in the unit as a result of having a record of disruption and violence towards staff and other young people in other custodial units around the country.

Used for young people in custody who have complex needs, where they receive a high level of individual specialist care.

Transfers are managed by the Prison service with the consent of the Governor in charge at YOI Hindley.

Have input from 2 consultant CAMHS forensic psychiatrists from the local secure unit, a clinical psychologist and an assistant psychologist (working with residential staff helping them to manage difficult young people with improved skills and confidence), an arts therapist and three PCT funded counsellors providing generic counselling, specialist counselling for sexual abuse and violence within the family. Also there is an emphasis on mental health awareness training for staff, as well as learning disability nurses and speech and language therapy input. Additionally, the young men have the opportunity to receive outreach education each day.

Some Willow Unit officers have completed courses in therapeutic skills, and an emphasis is placed on establishment of strong relationships between staff and young people. This is facilitated by unit staff working 12 hour shifts to ensure continuity of care and establishment of said relationships.

Every young person has an individual management plan with short term behavioural goals that are set and reviewed at weekly meetings attended by the young person and secure care staff, mental health staff and education, case workers (when possible) and a governor. The young men also receive therapeutic interventions from mental health specialists as well as support from secure care staff. There is a system in place for the staged reintegration of the young people from the unit back to the main YOI.

Many of the young people in the unit have long histories of serious behavioural and attachment problems, often resulting in disciplinary moves between prisons. Many have experienced severe disruptions in early life including histories of multiple placement breakdowns in foster care, early offending and previous secure placements, all resulting in serious problems with emotional regulation arising from disrupted attachments and traumatic life events. Staff are supported to model positive attachments and pro social modelling to encourage progress.

iv) Forensic community treatment services (FACTS)

In 2007/8, when this mapping was completed, there were 3 FACTS Teams in:

- Manchester
- Newcastle
- South Wales

The difference between FACTS Teams and Community Based Forensic Teams (described in the next section) is that FACTS teams have traditionally originated from services providing medium secure care and at one time were the sole repository of forensic mental health knowledge. Some practitioners from FACTS will also provide an in-reach service to YOIs and other 'secure estate' institutions.

FACTS are multidisciplinary teams, commissioned by clusters of local PCTs (17-20). They offer assessments to other regions and localities (e.g. Newcastle provides services to Scotland) but can only offer therapeutic programmes in their own areas. It is preferable for the teams to take referrals from mental health sources, but can also accept referrals from other YOT practitioners without mental health backgrounds.

FACTS are targeted towards young people deemed to pose a high risk, who have histories of violent behaviour, but who are based in the community. Caseloads of FACTS workers often include a number of young people who have been convicted of committing sexual offences. The teams differ in terms of their home visiting policy, but all offer appointments outside of the clinic and work closely with families and carers. The FACTS team were also considered to respond quickly; the people interviewed as part of this project felt that their main strength was the ability to offer advice, consultation and assessments for those practitioners who are struggling to work with some difficult young people in the community.

In addition to providing a parallel community CAMHS for their own patients, the FACTS team also provide a consultancy service for practitioners in mainstream Tier-3 CAMHS and in YOTs, where FACTS members can provide training. The direct care that they provided was described as an outreach-style response.

The greatest challenge for these services has been their capacity to respond to demand, as there were only three formally established teams in existence at the time of this mapping exercise. Services are inconsistently available, depending on geographical region. The North West and North East seem to be better provided for in terms of a FACTS service (although there are still some service gaps in these areas); outside of these regions these type of services do not seem to be as readily available.

Manchester FACTS Team (National Forensic Adolescent Consultation and Treatment Service)

FACTS Team, Bury New Road, Prestwich, Manchester M25 3BL

Telephone: 0161 772 3601

Website: <http://www.bstmht.nhs.uk/C10/Forensic%20Adolescent%20Consultati/default.aspx>

Part of Greater Manchester West NHS Mental Health Foundation Trust, and work alongside the Gardner Unit which is based on the same site (see NCG MSUs).

Catchment population: covers PCTs from Greater Manchester, as there is a commissioning arrangement, and other PCTs can buy-in. Service is for 10-18 year olds. The young people are all high risk, but living in the community. FACTS work with young people who exhibit high-risk forensic behaviours in the context of significant mental health needs.

Services

- FACTS work within the CPA (Care Programme Approach) and are able to do home visits to engage clients, offer appointments outside the clinic, and work closely with family and carers.
- FACTS are primarily an assessment/outreach team with the ability to provide outpatient treatment packages.
- **Assessment:** In the FACTS team, there is a range of skills and expertise, so are able to offer multi-disciplinary holistic assessments of young people by child and adolescent psychiatrists, YOT workers, social workers and forensic clinical psychologists. The outpatient assessment package offered by FACTS will lead to recommendations to meet the needs and manage the risks. FACTS offer assessment of specific forensic behaviours including fire-setting, sexual offending, serious violence (including homicide), pre-occupation with weapons and explosives.
- **Treatment:** The FACTS take on a limited number of out-patients for treatment. However, the service recognises the need to further develop the therapeutic/treatment aspect of the service within the North of England.
- **Provision of Second Opinions, Training and Consultation:** can be provided for other agencies involved in the care of young people with high-risk behaviours or mental health problems. Also involved in offering training to local YOTs and CAMHS and works on a consultancy basis with CAMHS workers. Training can be in all aspects of adolescent forensic mental health.

Working relationships: McGuiness Unit: an adolescent psychiatric unit for low-risk young people which is on the same site (along with the Gardener Unit). Also local YOTs and CAMHS.

Newcastle FACTS Team – The Kolvin Clinic

The Kolvin Clinic, St Nicholas Hospital, Jubilee Road, Newcastle upon Tyne NE3 3XT

Tel: 0191 222 8145

CONTACT: DR AJ Westman

Kolvin Clinic is a tier 4 FACTS team, commissioned by a consortium of 20 North East PCTs.

Catchment Population: they do assessments nationally (also cover Scotland) and offer therapy on a regional basis. They also go out of their own PCTs area to see young people but do not do home visits.

Services Provided:

- **Assessment:** Provide assessment and consultation for serious and violent crime against the person, sex offenders. Also offer risk management and assessment.
- **Treatment:** Offer individual CBT for sex offenders. Also offer Cognitive Centre Foundation Training (from Canada - <http://www.cognitivecentre.com/>).
- **Consultancy:** Offered to regional CAMHS Services for specific children and offer telephone advice on referrals.
- Pass back on to local Tier 3 CAMHS if possible, but work with young people up to the age of 20+.

Working relationships:

- Provides in-reach services to 4 secure facilities in the region (Castington YOI, Hassockfield STC, Aycliffe and Kyloe House SCH's).
- They work closely with Tier 3 and Tier 4 CAMHS.

Wales FACTS Team

FACTS Team, Hafod Newydd, Glanrhyd Hospital, Tondu Road, Bridgend CF31 4LN

Tel: 01656 674 954

CONTACT: Tracey-Lee Davies (Clinical Nurse Administrator)

In Wales, there are FACTS teams covering North and South Wales. In South Wales, the FACTS team is hosted by Bro-Morgannwg NHS Trust, and in North Wales is hosted by Denbighshire NHS Trust.

The Health Commission Wales (HCW), suggest that referrals to the FACTS must be made by a CAMHS psychiatrist and may come from any Local Health Board (LHB) area for assessment. If accepted, the FACTS team will advise the appropriate treatment and in 'exceptional circumstances' provide direct care to support the CAMHS team.

Services provided:

- **Consultation, advice and training:** to staff and practitioners of specialist CAMHS, and to staff of other certain agencies (agencies involved will be the subject of negotiations between the successful provider and HCW).
- **Direct Clinical Service:** for young people in response to selected and negotiated referrals from specialist CAMHS.

Population for entry into service (NOTE these are similar to the NCG criteria):

- In order to define forensic mental health, the HCW suggests that, "Forensic Mental Health has been defined as an area of specialisation that, in the criminal sphere, involves both the assessment and treatment of those who are mentally disordered and whose behaviour has led, or could lead to offending".
- Aged 10-18.
- Present with severe disorders of conduct and emotion, neuro-psychological deficits or serious mental health problems.
- Exhibit dangerous, high risk behaviours and who have become (or are likely to become) involved in criminal proceedings.
- As well as the above, young people who present a high risk to others through such behaviours as fire-setting, physical assault and sexual offending.
- Important to note that the referred young person does NOT necessarily have to be facing criminal charges for these risk behaviours, but it is necessary that there should be reliable accounts available of such behaviour.
- The HCW also suggest that 'service provision should be provided whenever possible by Tier 1-3 community based services. In such a system, admission of a young person to a mental health in-patient unit is regarded as exceptional even and the length of stay should be as brief as possible'.

v) Community Based Forensic Teams (CBFT)

These teams offer a range of services including consultation and training, direct work with young people with very complex needs, specialist assessment, and in three cases providing in-reach services to local custodial units. These services have emerged as part of community services rather than being aligned to local medium secure in-patient services.

CAMHS Forensic Team

(Child & Adolescent Forensic Mental Health Service, formally CAF Team)

Boundary Brook House, Churchill Drive, Headlington, Oxford OX3 7LQ

Tel: 01865 325859 or 0845 219 1459

Fax: 01865 325844 or 0845 219 1444

CONTACT: Dr Nick Hindley (consultant)

Website: http://www.obmh.nhs.uk/?page_id=1546

Team provides Tier 4 equivalent CAMHS expertise to a variety of levels and to a variety of institutions and networks working with young people in the criminal justice system. They state that, “the team provides specialist child and adolescent mental health expertise at a variety of levels, and to a variety of institutions and networks working with young people under 18 years old who are either in the criminal justice system or are presenting with risk of harm to others”.

Commissioning: Initially gained a grant from the Department of Health, but have now sustained funding from the regional specialist commissioning group. The DH have been very impressed with the model, to the extent that they are now funding an extension into the rest of South Central Strategic Health Authority as a pilot site and model for other areas to emulate.

Catchment Population; Oxfordshire, Berkshire, Milton Keynes and Buckinghamshire.

Referrals: Local CAMHS and YOTs across Thames Valley Area, dealing with difficult cases where a specialist forensic opinion can aid the local management of the young people. They state that the service is “principally a tertiary referral service for CAMHS teams (including CAMHS / YOT link workers). However, the team wishes to be accessible to all agencies (e.g. social services, YOTs, prisons, courts, solicitors, education, etc.) which may have contact with risky young people, or young people in the criminal justice system who have mental health difficulties. For this reason, contacts about possible referrals are welcomed for all agencies; referrals are usually only accepted with the knowledge and active support from local CAMHS Tier 3 services”.

Service provides:

- **Liaison and advice:** to courts and the wider legal system.
- **Multidisciplinary mental health in-reach:** into YOI Huntercombe where it undertakes

clinical and risk assessments, interventions and health promotion activities. Team also has informal links with Oakhill STC in Milton Keynes, although it is not commissioned to provide mental health in-reach to the institution.

- **Training, advice and consultations:** to local YOTs, CAMHS and services for looked after children.

Model works very well, but a lack of provision was identified by the team for young people with autism and learning difficulties.

Sheffield Forensic CAMHS

Sheffield Children's NHS Trust

7 St Peter's Close, Sheffield, South Yorkshire S1 2EJ

Tel: 0114 2260660

CONTACT: Dr Vaidya (Lead Psychologist), James Lang (Consultant)

Commissioning: This service has evolved through enlightened and joined-up commissioning by Sheffield CAMHS forum and Local Authority use of the CAMHS grant for work with looked-after children.

Referrals: This multi-disciplinary team is unique in that it is based in the YOT, from where it gets 60% of its workload. Most referrals are therefore from YOT health practitioners seeking diagnosis, risk assessments, psychological testing and medication. Children in local STC and SCHs are also able to self-refer.

Catchment population: Is in Sheffield. The Forensic CAMHS Team is located in the YOT, and does most of its work in the community. Also covers Looked After Children. Do 6 sessions a week in Aldine House (a SCH for 8 children who come from all over England) referred by the YJB, with whom they have a contract.

Patient Profile:

- Young people with increasingly emotional, psychological and social exclusion needs.
- Work with young people with all forms of mental disorders, learning disabilities and sex offenders with mental health vulnerabilities.

Services:

- **Prevention work**
- **Assessments:** Psychological and risk assessments.
- **Reports:** Can prepare forensic reports for court.
- **Intervention:** Offer an MST (multi systemic therapy) pilot programme. Also offer direct interventions (such as family and group therapy).
- **In-reach Service:** Provided to the local SCH, which takes welfare and criminal justice placements, and provides mental health assessment and treatment for Sheffield looked after children. The children placed in local SCHs may come from any area of England or Wales, but the services for the YOT and looked after children are for residents of Sheffield.
- **Consultation and Training:** To STC and SCH care staff, and to the Looked After Children's team.
- **Training:** Offer training for staff at Aldine House SCH. This includes training in psychodrama and the use of the Strengths and Weaknesses questionnaire as an outcome

measure, as well as in training in care packages.

- Are able to respond quickly to crisis situations (but not a 24 hour service).

The team suggested that they would like to work with sentencers to provide them with a greater understanding of mental health needs.

Working relationships:

- Aldine House SCH
- Sheffield YOT
- Other YOTs and CAMHS in Yorkshire and Humber

Unified Adolescent Team (UAT) – Portsmouth and South East Hampshire

The Unified Adolescent Team,

Oak Park Children's Services, 8 Lavant Drive, Havant, Hampshire PO9 2AW

Leaflet: http://www3.hants.gov.uk/uat_publication_web_version.pdf

OR

Swanwick Lodge Children's Secure Unit,

Glen Road, Off Swanwich Lane, Swanwich, Southampton SO31 7HD

Tel: 01489 581 913 Fax: 01489 572 921

Website: <http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/swanwicklodge.htm>

A small multidisciplinary team covering Portsmouth and South East Hampshire; are at Tiers 3 and 4.

Commissioning: Jointly commissioned by Hampshire PCT, Portsmouth City Council and Hampshire County Council.

Population: Covers ages 12-20 (though receive no funding for 18-20's), and is unique in this respect. However, no extra funding is received for 18-20 year olds. Tends to deal with those who are excluded from CAMHS.

Services provided:

- **Assessment:** Use SAVRY risk assessment, and have 3 monthly MDT meetings which help to contain risk.
- **Treatment:** Work on an assertive outreach model for a small number of direct cases. Use AIM for sex offenders, and have done some 'training the trainers' in AIM with workers in Portsmouth, but would like to extend this training to the rest of the region. Have an interest in developing 12 week therapeutic courses combining therapies and activities. Also offer practical activities including cooking, sports and arts to clients.
- **Consultation and training and specialist assessment:** To individual workers and teams from health, social care and YOTs – staff consultation with YOT and residential social workers in children's homes takes place weekly.
- UAT follows up their own young people in prison, but struggle to do this if they are placed in distant units – court reports are provided if distance permits.
- Work with YOT mentors from the prevention side of the YOT.
- Reports are provided for looked after children in the area who are on the caseload of the local YOT.

Working Links:

- The NCG-MSU Bluebird Centre (UAT provides psychological therapies there).
- Swanwick Lodge unit and some children's homes – provide psychological therapies.

- Hampshire YOT and social care – the UAT team provide consultancy and advice.
- Relationship with local CAMHS is distant.
- Links with secure settings are difficult due to distances, although they try to maintain links with own patients and write forensic reports for court if possible.

Tier 3 Forensic CAMHS – Maudsley Hospital

The Michael Rutter Centre for Children and Young People
Maudsley Hospital, DeCrespigny Park, Camberwell, London SE5 8AZ

Tel: 0203 228 2841

Website: <http://www.slam.nhs.uk/service-finder/service-details.aspx?su=SU0269¤tPage=0&service=CAMHS+Tier+4>

A tier 3 service run by South London and Maudsley NHS Trust (SLAM), and based in the Michael Rutter Centre for Children and Young People at the Maudsley Hospital.

Services: Outpatient assessment, treatment and care provided for by a multidisciplinary team (psychiatrists, psychologists, social workers, community psychiatric nurses, psychotherapists, occupational therapists, art, music and drama therapists. The team provides care for people with offending histories who, with appropriate care and treatment, pose a low risk to the public. The team are trained in SOTP for sex offenders. The service can also provide civil and criminal court reports, though there are different funding arrangements for those outside SLAM.

Population: Children and young people, up to the age of 18, who have complex and ongoing mental health problems, and who are either involved with the criminal justice system, or who are at risk of being so in the future. The catchment population covers 4 London boroughs - Southwark, Croydon, Lambeth and Lewisham, but can accept spot purchases from any PCT. Also takes referrals from South East England, for young people aged 10-18 years, and will mostly deal with risk assessments for LAC who pose a risk in the placement they are in. Note that LD and PD are more prevalent than mental illness.

Working links:

- Local Police
- Public Protection Unit
- Multi-Agency Public Protection Arrangement (MAPPA)
- Links to other SLAM services – YOT (Croydon) is SLAM run, plus ARTS (Lewisham)
- Orchard Lodge SCH

South Tees Forensic Child and Adolescent Mental Health Service

Targeted CAMHS team, Adolescent Forensic Service, Lancaster House, Falcon Court,
Westland Way, Preston Farm Industrial Estate, Stockton TS18 3TS
Tel: 01642 853555 Fax: 01642 853556

Opening Hours - 9am-5pm (Mon-Fri) though out-of-hours appointments can be offered by prior arrangement and the discretion of the team member concerned.

Home assessments are undertaken when appropriate.

The service is intended for young people aged 10-18 years (as recommended by the Reed Committee), exhibiting a profile of serious offending which appears driven, at least in part, by mental illness, abnormal development and/or mental health issues that suggest an increased risk to self and/or others.

They include young sexual/violent offenders, arsonists, adult perpetrators of intra familial sexual abuse when family work represents the preferred treatment. Also young offenders in LA residential care who are experiencing mental health problems requiring assessment and treatment in a low/medium secure environment.

Referrals from: GP's, social services, other health professionals, youth offending services, custody diversion, Tier 3 and Tier 4 teams.

The service has a protocol with South Tees Youth Offending Service in order to ensure the mental health needs of young offenders are met. This has been applauded at national YJB level. More recently they have been chosen as a 2 year pilot site for a national custody diversion project (one of 6 in the country) which was successfully tendered for. Funding came from the Department of Health for 1.0 staff nurse.

vi) Complex Needs Services

These teams are what might be deemed 'soft' forensic services. They will be working with some children who do not have a clear diagnosis and not all have psychiatrists as integral members. To some extent these teams appear to be Tier-3 CAMHS services who have prioritised the most troubled or at-risk groups (e.g. children in contact with the youth justice system and looked after children). However, they are parallel services to existing Tier-3 CAMHS. Four of these teams have been identified as part of this mapping exercise and they serve Lewisham (London), Nottinghamshire, Northumberland and Staffordshire.

Like the CBFTs (Community Based Forensic Teams) described in the previous section, these community teams have evolved to fill the void between Tier-3 community services and Tier 4 in-patient services. There is a view in the field that they fill a void left by mainstream tier 3 CAMHS.

Lewisham Adolescent Resources Team (ART)

Lewisham ART Services, 23 Mercia Grove, London SE13 6BJ

Tel: 0208 314 9742 Fax: 0208 314 3462

CONTACT: Dr Phil Collins

Website: <http://www.slam.nhs.uk/service-finder/service-details.aspx?su=SU0236¤tPage=0&service=CAMHS+Tier+3>

Commissioning: Team was set up in 1999 with mental health development funding (CAMHS innovation grant). Commissioned by the YOT and funded by South London and Maudsley NHS trust (SLAM).

ART provides a tier-3 mental health service to the YOT specifically and to other referrers of young people with offending behaviour and mental health concerns. It evolved from a youth worker model. Is now more a health model, but is not clinic based.

Services:

- Have in-house forensic CAMHS psychiatrist time.
- Have regular referral meeting and a short waiting list.
- Operate CPA care coordination.
- Prescribing of medication available.
- **Assessment:** Include forensic psychiatric assessment, risk management, specialist mental health assessment including psychological tools and assessment of sexually harmful or violent behaviour.
- **Mental Health interventions:** CBT, psychotherapy, family and parenting support, anger management programmes, AIM programme for sexually harmful behaviours, Eye Movement Desensitisation and Reprogramming (EMDR) for Post Traumatic Stress Disorder (PTSD). Plus

- substance misuse interventions (Motivational Interviewing, solution focused therapy, harm reduction, cannabis reduction programme, safer injecting practices, holistic practices such as acupuncture and Reiki).
- Point of entry to the youth justice system screening and assessment and same day assessments for court.
- Multi-agency assessments on convicted young people to advise about type of placement.
- **Consultation and Training:** To networks of professionals regarding young people displaying a wide range of harmful, high risk behaviours, including sexually inappropriate behaviour.
- Work assertively and in an outreach manner when needed.
- Liaison with YOI when young people are held in custody, including passing on issues relating to risk.

Team:

- The ART is housed in the same building as the YOT. The YOT itself has no health practitioner but, at least in terms of mental health referrals, the ART model meets mental health needs and is well received by YOT case managers.
- ART is an integrated, multidisciplinary team engaging with the most difficult young people and adopts an assertive outreach approach.
- The Drug and Alcohol Strategy Team-funded substance misuse nurse forms part of the team.

Population:

- Caseload includes young people who have committed sexual offences.
- Approximately 50% of the caseload is from BME communities, which may be an over-estimation, as a high proportion of Lewisham residents are from BME communities. This may reflect on others services (mental health and criminal justice).
- Borough of Lewisham YOT young people aged 10-18.

Gaps in Provision:

- Have difficulties ensuring effective transition to adult services.
- Have gaps in provision for autism and learning disabilities.

Working relationships:

- Courts
- Mappa
- Lewisham YOT
- Tier 3 CAMHS
- Other London borough's health practitioners in YOTs and CAMHS, via the London forum.

Head 2 Head, Nottinghamshire (+ Mansfield Service)

Head 2 Head, Thorneywood Unit, Porchester Road, Nottingham NG3 6LF

AND

Head 2 Head, CAMHS, The Forest, Southwell Road, Mansfield NG18 4HH

Tel: 01623 784827 / 31

Website: <http://www.nottinghamshirehealthcare.nhs.uk/our-services/local-services/child-and-adolescent-mental-health-services/head-2-head/>

A large tier-3 CAMHS service operating outside the YOTs, in Nottingham City and Nottinghamshire County. Operate an assertive outreach model, seven days a week. There is a feeling in the team that there is little need for Tier-4 services as they are able to manage the complex needs within their own resources.

Commissioning: by the PCT, LAs and Drug Action Team (DAT).

Three core areas of work:

- Youth Offending (approximately 60% of the workload – YOT does not have a health practitioner on site)
- Substance misuse / dual diagnosis
- Sexually harmful behaviours

Catchment Population:

- 10-18 year olds in Nottingham City and Nottinghamshire County.
- The team has now absorbed part of the Early Intervention in Psychosis Service for 14-18 year olds, and also deals with the same age group who have dual diagnosis.

Treatments: Offer a good range of therapies; staff is predominantly mental health nurses. There is access to a psychiatrist, but no psychologist. The team have a strong focus on engaging young people and are flexible as to where contacts occur. The team offers counselling, CBT, psychotherapy, brief therapy, medication, family therapy, attachment therapy, trauma therapy.

Working relationships:

- City and County YOTs
- DAT
- Social Care
- CAMHS
- Clear pathways into adult mental health, where there is an in-patient unit.
- Secure Estates: Foston Hall YOI, Clayfields SCH, Rainsbrook STC.

Northumberland Young People's Service (NYPS)

A small Tier-3 assertive outreach mental health intervention service.

Commissioning: NYPS is jointly commissioned and funded by LA, SORTED and Northumberland YOS.

Population:

- Aimed at young people aged 10-18 with 'special circumstances' – defined as young people registered with a GP within Northumberland who are currently either within a looked-after-care system and/or accessing support from 'SORTED' (a teenage substance misuse service) and Northumberland Youth Offending Service (YOS).
- The team works with children and young people and multiple needs, but whose individual problems often fall below the thresholds of other specialist services.
- Service provided for BME populations, young people with autism, emerging personality disorder, learning disabilities and sex offenders.
- Service sees about 100-110 new young people per year, and each worker has about 25 on the caseload.

Referrals: Only accepts referrals from commissioning agency staff. Have a no refusal approach to referrals.

Services:

- Service offers some assertive-outreach, often visits family homes and areas where young people feel most comfortable (due to geographical spread of catchment area, places much emphasis on flexibility on where clients are seen).
- NYPS offers consultancy, supervision, support and training to multi-agency staff working with young people in Northumberland.
- Complete court reports using the network of all local agencies.
- Provides clinical supervision and consultation to some YOT health practitioners in the area and consultation to workers from other agencies.
- Philosophy is a solution-focused client-centred approach that actively encourages service user participation.

Do not provide emergency assessments out-of-hours.

Working relationships; LA, PCT, Kolvin Clinic (FACTS), NSPCC (to whom they refer sex offenders), Early Intervention in Psychosis Service, CAMHS LD Service.

Engage (Staffordshire; Forensic Psychology Model)

Engage Service, 16/17 Pearl House, Anson Court Business Centre,
Staffordshire Technology Park, Beaconside, Stafford ST18 0GB

Tel: 01785 257 570

CONTACT: Dr Sharon Giblin (Clinical Psychologist)

Website: <http://www.southstaffshealthcare.nhs.uk/services/childrens/engage.aspx>

Service is unique in that it is psychology-led. It provides tier-3 back-up to the YOT, which have 3 health practitioners of different backgrounds, who are very satisfied with the support their young people get from Engage.

Funding: Engage is funded by a LA CAMHS grant, and the service is governed by a partnership steering group, so no one agency has ownership, but all have an interest.

Catchment Population: 10-18 year olds sentenced to community orders supervised by 3 YOT teams in the county, excluding Stoke-on-Trent City. However, are a very small team, covering a wide geographical area, so resources are tightly stretched. Additionally, are not resourced for prison in-reach or prevention. Engage offers interventions solely to YOT clients, but they offer assessments for young people referred by GPs or CAMHS.

Referrals: Accept referrals from multiple sources - YOS, GP, social services, CAMHS, voluntary agencies, and self-referrals from young people and families.

Services:

- Uses an outreach model and psychosocial model.
- Assessments may be provided and consultations to all of the above, but only offers interventions to YOT young people.
- **Interventions:** Indirect intervention in the form of formal consultation service available to any professional – statutory and voluntary – working with young people who are offending or at risk of offending.
- Work closely with YOIs if clients are placed there.
- Refers to NSPCC for sex-offender work.
- Recently secured a bid to provide assessment and consultation to the Intensive Fostering Project, enabling assessment and some long-arm monitoring of mental health needs of young people on the programme.
- For substance misuse and dual diagnosis issues, they work closely with YOT substance misuse workers.
- Provide consultation and advice to the YOT health practitioners and CAMHS nurses.

Working relationships: Local YOTs and Secure Estate. Voluntary sector services such as NSPCC, and statutory agencies such as social services and education.

Leicester Partnership NHS Trust – Young People’s Team

Leicester Partnership NHS Trust

Young People’s Team, Westcotes House, Westcotes Drive, Leicester LE3 0QU

Tel: 0116 295 2900 or Fax: 0116 295 2899

This service is a targeted CAMHS multidisciplinary team providing mental health services for children in care, young offenders, post-adoption and city homeless children and young people (at Border House)

It provides mental health assessment and intervention services.

Open 8.30am-5pm (Mon-Thurs) and 8.30am-4.30pm (Fri)

Referrals: should be made directly to the team by qualified health and social care professionals

vii) Other Services

There are also some promising community based innovations which are being trialled at the moment, such as Multi-Systemic Therapy (MST), Diversion Pilots, Intensive Fostering, and pilot programmes for personality disorder as well as 6 young people's Youth Justice Liaison and Diversion pilots. They are all dealing with children and young people with complex needs, and are all designed to prevent escalation into more formal forensic health and criminal justice settings, as recommended in the Bradley Review (Bradley, 2009). There are also some discrete projects working with young people with sexually harmful behaviours, but these fell outside the scope of this mapping exercise.

12 MST Pilots

- **Barnsley**
- **Leeds**
- **Peterborough** – Pilot is led by a psychologist, with good links to community CAMHS services.
- **Cambridgeshire** – Well established MST service, and is currently being funded for a trial aimed at abused and neglected young children.
- **Brandon Centre – has MST schemes for 2 YOTs; Camden and Haringey.**
 - Brandon work with high-end young people, and has shown promising results in improving family relationships and reduction in offending.
 - Brandon Centre MST Service is commissioned locally by a combination of CAMHS, Safeguarding, Special Educational Needs, YOT and Drug and Alcohol Services.
 - Brandon Centre itself is commissioned by DH and YJB to form a MST Problem Sexual Behaviour Team (MST-PSB) for a pilot to test this intervention.
- **Merton** – MST pilot for looked after children and offenders.
- **Greenwich** – MST pilot for young people with sexually harmful behaviours and with young people with complex disorders, supported by the Bracton Centre (Dartford) which provides psychiatric services for adults.
- **Kingston**
- **Hackney**
- **Reading**
- **Trafford**

For more details see: http://www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_117344

6 Youth Justice Liaison and Diversion pilots

- South Tees
- Peterborough
- Lewisham
- Kensington and Chelsea

- Halton and Warrington
- Wolverhampton

For more details see:

http://www.centreformentalhealth.org.uk/criminal_justice/youthjustice_pilots.aspx

4. Conclusion

This mapping exercise has sought to understand better the tasks fulfilled by forensic mental health services and to map both established services and some of the newer services emerging to meet the well documented unmet needs of young people in the Youth Justice System.

From this, we can conclude that:

- Some forensic services are highly specialist and expensive in-patient resources.
- Others provide a service that has developed expertise in risk assessment (to self and others) and in understanding the language and concerns of criminal justice stakeholders.
- Others have emerged to fill the gap left by poorly designed Tier-3 CAMHS for young people who offend (i.e. which tend to be appointment and clinic based, not assertive outreach in approach).

The development of mental health service responses for young people in contact with the Youth Justice System has been opportunistic, locally driven, led by local 'champions' and has not been systematic. Perhaps the exception to this has been in the development of medium secure beds. Even with these, there was, and still is to some extent, a geographical imbalance, but recent developments have attempted to address this.

A consequence of such development has been that some areas are able to provide more services to meet the needs of young people in the Youth Justice System than others. Many practitioners point to the random manner in which young people get through the gateway to different services. Someone with emotional and behavioural difficulties can end up in a range of settings. There is no concerted and overarching co-ordination of this through clear and logical care pathways.

The services we describe have prioritised the most troubled young people and, significantly, they recognise that these young people have complex needs that go beyond their mental health problems, encompassing learning disabilities and difficulties, relationship difficulties, substance misuse and social difficulties. The services attempt to address many of these issues and recognise that traditional clinic outpatient provision is of limited use with these young people, and there is a need to develop outreach in assertive and proactive responses.

There is a clear need to analyse the functions being fulfilled through these services and to develop a more uniform and regionalised approach that results in similar access to services (based on local need) across the whole country. There also needs to be greater emphasis on tracking the outcomes for young people who have had access to these services.

There is a pressing need to address the challenges many young people face as they pass from these services for under 18 year olds to adult services who rarely have a good understanding of their developmental needs.

Several services have come and gone, highlighting the lack of sustainability of funding in this area. While some teams have achieved secure funding, many others are much more precariously funded and are therefore more at risk. The best practices described in this document have to become 'must-dos' for commissioners. There is a clear need nationally for a multidisciplinary and multiagency approach to children with complex needs that spans tiers 2, 3 and 4. There is a need for better designed services for vulnerable groups which include outreach working practices and that function confidently in youth justice, substance misuse and looked after children settings. There is a need for improved services focused on family and parenting work, that intervene at the earliest stage that risk factors for poor outcomes develop and which engage with both emerging personality disorders and conduct disorders at an early stage in a non stigmatising manner.

5. References

Bradley (2009) Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system.

Children Act (1989) Office of Public Sector Information.

The Children and Young People's Act (1969) Office of Public Sector Information.

Chitsabesan P, Kroll L, Bailey S (2006) Mental health needs of young offenders in custody and in the community. *British Journal of Psychiatry*, 188, 534-40.

Centre for Mental Health (2010) Reaching out, reaching in: Promoting mental health and emotional well-being in secure settings.

Durcan G & Wilson J (2009) Dual Diagnosis for Young People in the Criminal Justice System. *Advances in Dual Diagnosis*, 2(1), 27-33.

Healthcare Commission (2008) Safeguarding Children: The third joint chief inspectors report on arrangements to safeguard children.

Hammersley P, Dias A, Todd G, Bowen-Jones K, Reilly B, Bentall P (2003) Childhood trauma and hallucinations in bipolar affective disorder: preliminary investigation. *The British Journal of Psychiatry*, 182, 543-547.

Henggeler S (1999) Multisystemic Therapy: an overview of clinical procedures, outcomes and policy implications. *Child Psychology and Psychiatric Review*, 4, 2-10.

Kratzer L & Hodgins S (1997) Adult outcomes of child conduct problems: a cohort study. *Journal of Abnormal Child Psychology*, 25, 65-81.

Kurtz Z, Thornes R & Bailey S (1998) Children in the criminal justice and secure care systems: how their mental health needs are met. *Journal of Adolescence*, 21, 543-553.

Little M & Bullock R (2004) Administrative frameworks and services for very difficult adolescents in England. In *Adolescent Forensic Psychiatry* (Eds. Bailey S & Dolan M), 336-344. London: Hodder/Arnold.

McDougal T, Worrall-Davies A, Hewson L et al (2008) Tier 4 CAMHS in-patient care, day services and alternatives: an overview of tier 4 CAMHS provision in the UK. *Child & Adolescent Mental Health*, 13, 173-180.

Meltzer H, Lader D, Corbin T, Goodman R, Ford T (2003) The mental health of young people looked after by local authorities in Scotland. ONS.

Meltzer H, Gatward R, Goodman R, Ford T (1999) The mental health of children and adolescents in Great Britain. ONS.

The Mental Health Act (1983). Department of Health.

MHAC (1997) Seventh Biennial Report 1995-1997. London: The Stationary Office.

Admission Criteria and Process following referral to the National Secure Forensic Mental Health Service for Young People (2008). NHS National Commissioning Group for Highly Specialised Services.

Nichol R, Stretch D, Whitney I, Jones K, Garfield P, Turner K & Stanion B (2000) Mental Health needs and services for severely troubled and troubling young people including young offenders in an NHS region. *Journal of Adolescence*, 23, 243-261.

Sainsbury Centre for Mental Health (2001) Mental Health Topics: Assertive Outreach. SCMH.

Wheatley M, Waine J, Spence K & Hollin CR (2004) Characteristics of 80 Adolescents Referred for Secure In-patient Care. *Journal of Clinical Psychology and Psychotherapy*, 11, 83-89.

World Health Organisation (WHO) (1992) The ICD-10 classification of mental and behavioural disorders. Geneva: World Health organisation.

Withcomb J (2008) Adolescent Forensic Psychiatry. *Psychiatry*, 7(9), 395-398.

Withcomb & Jasti (2007) Adolescent Forensic Psychiatry. *Psychiatry*, 6 (10) 424-428.

6. Appendices

Appendix i – Services by Region

REGION	IN-PATIENT FORENSIC	FACT	CAMHS	OTHER	Secure Estates
<u>North East & Cumbria</u>	Roycroft MSU (NCG) Westwood low secure unit (Tees, Esk & Wear MH Trust)	Kolvin Clinic (Tier 4 FACTS)		Adolescent Forensic Community Team (Teeside) Northumberland Young People's Service (NYPS) Diversion pilot (South Tees)	Castington YOI Haddockfield STC Aycliffe SCH Kylloe House SCH
<u>Yorkshire & Humber</u>	The Keppel Unit (Wetherby)		Sheffield Community Based Team Wakefield (community forensic service incorporating prison in-reach to New Hall YOI) CAMHS Leeds – covers SCH Eastmoor and YOI Wetherby	MST pilot Barnsley MST pilot Leeds	Aldine House SCH Eastmoor SCH Wetherby YOI New Hall YOI
<u>East Midlands</u>				Head 2 Head (Staffordshire) Leicester Young People's Service	Foston Hall YOI Clayfields SCH Rainsbrook STC

<u>East of England</u>				<p>North Essex has experienced clinician who does joint work on screening for MH issues with YOT</p> <p>Peterborough MST pilot</p> <p>Peterborough Diversion Pilot</p> <p>Cambridgeshire MST</p>	<p>Lincolnshire SCH</p> <p>Warren Hill YOI</p> <p>Leverton (Essex) SCH</p> <p>Clare Lodge (Peterborough) SCH</p>
<u>London</u>	<p>Bill Yule (NCG)</p> <p>Wells Unit (NCG)</p>		<p>Lewisham Arts team</p> <p>Community forensic CAMHS Team</p>	<p>Maudsley Service – National and specialist forensic service for young people (outpatient assessments)</p> <p>Islington YOT (numerous forensic interventions)</p> <p>Brandon Centre MST</p> <p>Merton MST pilot</p> <p>Greenwich MST pilot</p> <p>Kingston MST pilot</p> <p>Hackney MST pilot</p>	<p>Feltham YOI</p>

				Diversion pilots (Lewisham, Kensington, Chelsea)	
<u>South East Coast</u>			Tier 4 CAMHS for young people with sexually harmful behaviours (West Sussex – Sussex Partnership NHS Foundation Trust)		Medway STC Cookham Wood YOI Josephine Butler Unit Downview YOI
<u>South Central (Formerly Thames Valley & Hampshire & Isle of Wight)</u>	Bluebird MSU (NCG) Malcolm Arnold House (NCG) The Lowther Unit (St Andrews non-NCG)		Thames Valley Community Forensic Team	Unified Adolescent Team Portsmouth (community based model) Behaviour Resource Service (Southampton) MST Pilot (Reading)	Huntercombe YOI Oakhill STC Swanwick Lodge SCH
<u>South West</u>	Bluebird Unit		South Gloucestershire forensic CAMHS South Gloucestershire CAMHS Vinney Green CAMHS Nurse in Bristol YOT (Bristol PCT)	PD pilot site (Plymouth)	Atkinson Unit SCH Vinney green SCH Ashfield YOI Eastwood Park YOI

			Prison CAMHS Service in Ashfield YOI and Mary Carpenter Unit		Swanwick Unit
<u>West Midlands</u>	Ardenleigh Unit (NCG – Birmingham)			Engage (Staffordshire) – funded by tier 3 CAMHS Diversion pilot (Wolverhampton)	Werrington YOI Stoke Heath YOI Brinsford YOI
<u>North West</u>	Gardener Unit (Manchester NCG)	FACTS team (Manchester)		G-MAP – Manchester (private sector sex-offender work) Diversion Pilot (Halton and Warrington) MST Pilot (Trafford)	Barton Moss SCH Redbank SCH St Catherines SCH (young women) Hindley YOI and Willow unit Thorne Cross YOI
<u>Wales</u>	FACTS			Taith (Barnardos)	Parc YOI (no in-reach but tier 4 support) Hillside SCH

Appendix ii – List of Site Visits and Interviewees

Site Visits

NCG Units

- Roycroft
- Gardener
- Ardenleigh
- Bill Yule
- Bluebird
- Malcolm Arnold House

Other Units

- Lowther Unit (2 visits)

Low Secure Unit

- Westwood Centre (2 visits)

FACTS Teams

- Kolvin Clinic (Roycroft)
- Manchester (Gardener Unit)

SCHs and Secure Settings visited for this mapping exercise

- Redbank and Community Homes Health Team
- Swanwick Lodge
- Alldine house
- Huntercombe

Community Teams with Psychiatrist

- Oxford CAF
- Sheffield forensic
- UAT
- South Tees forensic CAMHS

Tier 3 tiers

- Head 2 Head
- Lewisham ARTS
- Northumberland Young People's Services
- Engage, Staffordshire

Interviews with Key Professionals

- Sue Bailey
- Peter Misch (Maudsley)
- Gary Risdale
- Emma Wadey
- Steve Nash (Yorkshire and Humber)
- Geoffrey Barrusch (Brandon Centre)
- Adult Forensic Service Commissioners (Tees, Esk and Wear Valleys NHS Trust; Thames Valley)
- Ian Carr (Commissioner for Wakefield)
- David Goodban (RDW South West)
- Kathryn Pugh (RDW London)
- Geralyn Wynne (YOI Feltham)
- Sean Farren (NCG group)
- Vinesh Gupta (formerly at St Andrew's Healthcare)