

# Evaluation of the Wolverhampton Mental Health Services Forensic Liaison Scheme (WMHSFLS)

## Scheme operational data from 2007

The following is an overview of operational data that we collected for the scheme in 2007.

In 2007, there were 33 urgent referrals and 24 (22 male, 2 female) new referrals to the service. From a cohort of 106 patients, 10 were discharged. In terms of ethnicity, 46% of individuals referred were White, 25% Black, 17% Asian and 12% were of mixed ethnicity; 37% of individuals were aged 30–39. Of all individuals referred, 54% had a psychotic illness. Out of the 24 new referrals, 6 people had committed assault, 2 had committed arson and 3 had committed a sexual offence. At the time of referral, 38% of individuals were in the community, 29% were in prison, 13% were in psychiatric intensive care units, 8% had been referred from a medium secure unit, 8% from an acute in-patient ward and 4% from police stations. Most individuals (8 out of 24) were detained under Part III of the Mental Health Act 1983, 5 out of 24 were detained under Part II and 4 individuals were informally detained.

## Survey of the WMHSFLS

A qualitative survey of views among 95 staff from Wolverhampton Mental Health Services able to refer to the scheme was undertaken in 2010. This was felt to be an important exercise to establish the perceptions on need and usefulness of the scheme by referring staff. There was a 61% response rate from the survey; the majority of respondents were nursing staff (41%) and 67% of respondents had more than 10 years' experience in mental health services. Most respondents (95%) were aware of the scheme and 76% were aware of the referral process; 55% had previously referred to the scheme, 29% on more than five occasions. The scheme was deemed easy to access by 69% of respondents and 86% agreed that scheme staff were easily approachable.

The clinical advice/intervention that respondents felt was most important was on risk

assessment and management (91%); 40% felt that advice/assessment on diversion to secure care was important and that a scheme clinician should attend care programme approach meetings. Almost half of respondents (43%) agreed that advice given by the scheme altered care plans or changed their clinical practice; no one disagreed. The majority of respondents (78%) felt that advice given by the scheme was useful in their risk assessment/management; no one disagreed. Scheme meetings were deemed useful by 63% of respondents and only 2% of respondents strongly disagreed.

The hybrid model was felt to be most appropriate for patients requiring forensic expertise by 47% of respondents; 29% and 24%, respectively, felt that the parallel and integrated models were most appropriate.

The frequency of patient reviews undertaken by the scheme was felt to be appropriate by 48% of respondents. Whereas 72% of respondents agreed or strongly agreed that liaison/communication from the scheme was useful, just 3% disagreed. The scheme was deemed to adequately address concerns by 53% and just 2% did not agree.

Respondents commented that the scheme's 'specialist knowledge and access to the police and prison services' enhanced their clinical practice. They felt that 'more cohesive partnership working' would be beneficial (i.e. 'joint working' with patients) and that the scheme 'allows people to stay with local services if possible and retain continuity of care and [be] close to [their] own home'. Several positive recurring themes in comments made by respondents regarding the scheme were 'approachability and accessibility', 'knowledge', 'communication' and 'joint working'. One comment from a respondent noted that scheme members 'seem reluctant to become involved with clients with other "labels" e.g. drugs, alcohol, learning disability'.

Of the respondents, 66% were satisfied overall with the service that the scheme provided; 2% were dissatisfied.