

SFHFMH17

Transfer an individual to another secure setting



Overview

This standard covers the inter-organisational liaison required to ensure that support for a transferred individual is in place. The Care Programme Approach plays a central role in planning and managing transfers, as does the framework of mental health legislation. Any transfer calls for a co-ordinated multidisciplinary and multi-agency response, through the use of MAPPA as well as Care Programme Approach. Settings to which individuals may be transferred include prisons.

Users of this competence will need to ensure that practice reflects up to date information and policies.

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Performance criteria

- You must be able to:*
- P1 commence planning for transfer at the earliest opportunity in the individual's treatment
 - P2 liaise with the responsible mental health service provider and other agencies in the new setting and discuss the individual's ongoing needs, risks, signs of relapse and relapse prevention plan, their skills and coping strategies (e.g. the importance of attending clinic appointments whilst in prison, taking their medication)
 - P3 agree arrangements and requirements for, and following, transfer and record (e.g. treatment needs, Section 117 of the Mental Health Act in England)
 - P4 ensure that the care plan – including written information about the individual's risks, needs, signs of relapse and how these should be managed – is complete and available in computerised form as well as hard copy
 - P5 keep the individual, family and carer fully engaged in plans for transfer
 - P6 make the necessary arrangements for the individual to be moved to the new setting according to legal requirements (e.g. contacting the Home Office Mental Health Unit, ensuring transfer with an escort)
 - P7 ensure that the individual has a copy of all care plans and that their record also follows them to the new setting with minimum delay
 - P8 provide ongoing opportunities for discussions with the new care provider about the care of the individual

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Knowledge and understanding

You need to know and understand:

- K1 risk assessment
- K2 the relationship of increased levels of risk when an individual is either non-compliant and/or disengages from their treatment plan
- K3 assessing the immediacy and gravity of present and potential risk
- K4 assessing the impact of the physical environment and structures on present and potential risk behaviours
- K5 gathering relevant and contemporary information and methodologies for doing so(e.g. HCR 20)
- K6 clinical assessment
- K7 identifying benefits to individuals from different settings and treatments
- K8 inquiry reports on forensic mental health settings, including recommendations and analysis of practice in the assessment of risk when transferring individuals
- K9 mental health disorders
- K10 self-harming behaviours, including ligation
- K11 offending behaviours with especial regards for violent behaviour not related to mental illness
- K12 drug, alcohol or substance misuse
- K13 psychopathy and personality disorder
- K14 the potential for relapse prior to moving on from one setting into another
- K15 the implications when an individual with high media profile is moving on from one setting to another
- K16 the need to identify relapse signatures, behavioural indicators and trigger factors in the setting up of support structures in the community prior to discharge
- K17 how to identify individuals' skills and coping strategies
- K18 the range of treatments available at your own and other establishments
- K19 local admission criteria and governance arrangements (e.g. days of the week for admission, transport)
- K20 criteria for admission to establishments of all levels of security
- K21 discharge processes
- K22 procedures for the transfer of prisoners to and from hospital
- K23 community and support agencies with which you or the individual need to work(e.g. housing, victim groups, voluntary agencies)
- K24 current mental health legislation and regulations, including aftercare and restriction direction
- K25 the legal rights of individuals
- K26 a range of communication styles and methods, including those of interviewing
- K27 a range of communication styles in liaising with members of the clinical team and an individual's significant others
- K28 negotiation skills

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- K29 communication protocols between establishments
- K30 the religious beliefs of different cultures
- K31 the effects of culture and religious beliefs on individual communication styles
- K32 the different features services must have to meet people's gender, culture, language or other needs
- K33 the effects of different cultures and religions on care management
- K34 the principle of confidentiality and what information may be given to whom
- K35 how information obtained from individuals should be recorded and stored

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Additional Information

External Links

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB2 Assessment and care planning to meet health and wellbeing needs

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