

## National survey of community forensic mental health services

### Demographics (please tick where appropriate)

Trust Name:	Birmingham and Solihull Mental Health NHS Foundation Trust
What is the population size of the Trust:	Service Users Open to Trust: 54,556
Does the Trust have a Community Forensic Mental Health Team?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the Community Forensic Mental Health Team catchment area cover the same geographical area as the Trust catchment area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, it covers more than the Trust catchment area <input type="checkbox"/> No, it covers only part of the Trust catchment area
How does the Community Forensic Mental Health Team interface with other forensic and non-forensic services?	<input checked="" type="checkbox"/> Integrated with other forensic services, e.g. low secure services <input type="checkbox"/> Standalone community forensic team working in parallel with other services <input type="checkbox"/> Integrated with general psychiatric services, e.g. forensic clinicians working within non-forensic teams <input type="checkbox"/> Other, please specify: <a href="#">Click or tap here to enter text.</a>
Where is the Community Forensic Mental Health service physically based?	<input type="checkbox"/> Based in a secure hospital <input type="checkbox"/> Based in other hospital settings <input type="checkbox"/> Based in a shared general community team base <input checked="" type="checkbox"/> Other, please specify: Has its own community building

### Staff and patient (please tick where appropriate)

What staff make up the Community Forensic Mental Health Team? (Please indicate the full-time equivalent (FTE) positions for each profession)	<input checked="" type="checkbox"/> Psychiatrist, FTE: 5.0 <input checked="" type="checkbox"/> Psychologist, FTE: 1.80 <input checked="" type="checkbox"/> Assistant Psychologist, FTE: 1.0 <input checked="" type="checkbox"/> Community Psychiatric Nurse, FTE: 21.33 <input checked="" type="checkbox"/> Social Worker, FTE: 15.0 <input checked="" type="checkbox"/> Occupational Therapist, FTE: 3.0 <input checked="" type="checkbox"/> Other, please specify: Support Time Recovery Worker, FTE: 8.79 <input checked="" type="checkbox"/> Other, please specify: Substance Misuse Worker/Practitioner (2.91 FTE), Councelling (1.0FTE), Nurse Assoiate (1.0FTE), FTE: 4.91 <input checked="" type="checkbox"/> Other, please specify: Technical Instructor (1.0FTE) Admin and Clerical (7.0FTE) , FTE: 8.0
What is the current target number of patients for one FTE care co-ordinator?	18-20
Is this target being met?	<input type="checkbox"/> Yes <input type="checkbox"/> No, under target <input checked="" type="checkbox"/> No, over target

What is the current target number of patients for one FTE consultant?	40
Is this target being met?	<input type="checkbox"/> Yes <input type="checkbox"/> No, under target <input checked="" type="checkbox"/> No, over target
What is the legal status of patients on the Community Forensic Mental Health Team caseloads? <i>(If known, please indicate estimates of how many per status)</i>	<input checked="" type="checkbox"/> Restriction Order; Click or tap here to enter text. <input checked="" type="checkbox"/> Community Treatment Order; Click or tap here to enter text. <input checked="" type="checkbox"/> Informal Community Patient; Click or tap here to enter text. <input type="checkbox"/> Other, please specify: Click or tap here to enter text.; Click or tap here to enter text.
Does the FCMHT retain responsibility for all patients subject to a Section 41 restriction order, or is there a pathway to a stepdown service?	<input type="checkbox"/> Remain under Forensic CMHT <input checked="" type="checkbox"/> Stepdown pathway, please specify: Step down to AOT or CMHT when risks stabilised

**Referrals** *(please tick where appropriate)*

Does the service have clear policies/guidelines for referral procedures? <i>(If yes, please attach the policies/guidelines to the email when returning this questionnaire)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the service use a referral form/assessment? <i>(If yes, please attach the policies/guidelines to the email when returning this questionnaire)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are patients discharged from local secure hospitals automatically taken on by the Community Forensic Mental Health team on discharge?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
How many referrals are received per year? <i>(from Jan-Dec 2022)</i>	116
If known, how many of the referrals are accepted into the service per year?	35
From what sources are referrals accepted? <i>(If known, please indicate how many referrals from each source were received in 12 months to end 2022)</i>	<input checked="" type="checkbox"/> Prison; Click or tap here to enter text. <input type="checkbox"/> General Community Teams; Click or tap here to enter text. <input type="checkbox"/> GP; Click or tap here to enter text. <input type="checkbox"/> Inpatient (non-secure); Click or tap here to enter text. <input type="checkbox"/> Inpatient (forensic); Click or tap here to enter text. <input checked="" type="checkbox"/> Other, please specify: Probation Service (1), Prison (21), Police (2) Independent low secure inpatient (6), Independent medium secure inpatients (2), Low Security NHS- externalto

	Trust (2), Internal to BSMHFT (1); Click or tap here to enter text.
Does the service accept patients with a primary diagnosis of personality disorder?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Services offered** (please tick where appropriate)

What services are provided?	<input checked="" type="checkbox"/> Case management <input checked="" type="checkbox"/> Liaison with justice agencies <input checked="" type="checkbox"/> Psychologically informed interventions for specific risk; please specify what interventions: Psychology/OT group and individual. <input type="checkbox"/> Other services, please specify: Click or tap here to enter text.
Is any of the treatment provided by an outside service rather than the FCMHT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, please specify: Click or tap here to enter text.
Is there any specific out of hours provision for FCMHT patients?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, please detail: On call service provided by CPN/Medic/Social Worker

**Risk Assessment Tools** (please tick where appropriate)

Does the Community Forensic Mental Health Team use risk assessment tools?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is this a mandatory part of the assessment process for entry into the service?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Which risk assessment tools are utilised?	HCR-20 and local Trust risk screening tool