Dear doctor,

**Introducing our new inpatient neurodevelopmental pathway**

We are delighted to introduce our integrated neurodevelopmental pathway for inpatient care. Our strengths include high quality care, agreed lengths of stay, regular outcome reporting, clear pathways and goal setting, and close liaison with commissioners and clinicians.

Our neurodevelopmental inpatient pathway provides services for adults with neurodevelopmental disorders, including:

- Intellectual disabilities and co-morbid mental illness
- Autism spectrum conditions (with or without intellectual disabilities) and significant risk behaviours
- High functioning autism and co-morbid mental illness
- Complex attention deficit hyperactivity disorder (ADHD)
- All of the above presenting with forensic behaviours

Offered from the Bethlem Royal Hospital in Beckenham, our services are set in 270 acres of green space, but close to community facilities, providing the perfect therapeutic environment for promoting recovery.

The following pages explain our care pathway in more detail, particularly our focus on patient goal setting. Our service delivery is supported by the Forensic and Neurodevelopmental Sciences Training Unit and the Estia Centre which underpin our evidence-based practice and person-centred approach, allowing us to offer training to community staff teams before discharge to facilitate a more successful outcome for patients.

For further information, please visit www.national.slam.nhs.uk, where you can find out more about our services, staff and care options. You can also submit referrals via our secure online system. Please phone Alex Ward on 020 3228 4183 or email alex.ward@slam.nhs.uk for more information.

We hope our pathway will be of great benefit to you and your patients and we look forward to working together.
### Inpatient Neurodevelopmental Disorders Pathway

Our inpatient assessment and treatment options are available to help us agree a person-centred care planning model for your client, to support their return to an independent life.

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<td><strong>Neurodevelopmental pathway</strong> (non-forensic)</td>
<td>Intellectual disabilities with significant risk behaviours Intellectual disabilities with co-morbid mental illness Autism with significant risk behaviours High functioning autism with co-morbid mental illness Complex attention deficit hyperactivity disorder</td>
<td>Assessment to determine suitability of admission into inpatient pathway Liaison with commissioner to agree admission goals Advice about other treatment options including referral to our specialist outpatient services or potential day treatment option</td>
<td>- Specialist risk assessments - Psychopathology assessment - Autism spectrum disorder assessment (ADAR and ADOS) - Co-morbidity assessment - Applied functional analysis - Motivational and functional assessments - Psychometric and cognitive assessment - Neuropsychiatric assessment - Physical health assessment - Education and vocational skills assessment - Personality assessment - Neuroimaging - Genetics assessment - Communication assessment</td>
<td>- Pharmacological therapy - Behaviour therapy - CBT - Cognitive remediation therapy - Dialectical behaviour therapy - Enhanced thinking skills - Metabolism programmes - Nurse-led interventions - Occupational therapy - Positive behavioural support - Reasoning and rehabilitation - Schema-focused therapies - Speech and language therapy - Art therapy</td>
<td>- Improved quality of life - Support to develop personal goals and good lives - Self-reported outcome measures - Developing an independent life - Increase in self-esteem - Practicing social skills - Continuing with education - Decreasing challenging behaviour (associated with comorbidities and/or risk) - Re-integrating into the community - Learning to manage leave - Understanding and improving social behaviour - Connecting with relevant charities (e.g. National Autistic Society) - Maintaining family and carer contact - Improving physical health - Health action planning - Involvement in service development and research</td>
<td>- Spectrum of secure and non-secure environments - Patient-led risk management plans - Positive risk-taking - Drug and alcohol awareness - Use of CPA, MCA and DOLS legislation - Use of safeguarding procedures</td>
<td>- Opportunities within the hospital and the community - Social skills training - Self-advocacy training - Self-esteem training - Sex education - Literacy and numeracy training - Work readiness training - Supported voluntary work - Supported paid employment</td>
<td>- Carer involvement in patient care - Relapse prevention - Family therapy, assessment and treatment - Psychopharmacology - Engagement in regular care forum - Facilitate carer's assessment - Facilitating access to community support - Facilitate genetic counselling - Involvement in service development and research</td>
<td>- Goal and patient-focused CPA management - Regular CPA meetings - Liaison with local clinical services - Provision of detailed and specific recommendations regarding treatment and management after discharge - Liaison with commissioners - Placement profile with needs assessment report - Liaison with health and social care services to support placement identification - Maximum independence possible - Handover meetings with families and carers - Support to develop personal goals and good lives</td>
<td>- Three-month liaison service via phone or email - Post-discharge reviews, as needed - Day treatment option - Progress meeting with carers - Option for bespoke training for family carers and paid carers</td>
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| **Neurodevelopmental pathway** | Intellectual disabilities with forensic behaviour | Assessment to determine suitability of admission into inpatient forensic setting | Advice for treating and managing risk and challenging behaviours | Pharmaco-therapy - Anger management therapy - Behaviour therapy - CBT - Cognitive remediation therapy - Dialectical behaviour therapy - Enhanced thinking skills - Metabolism programmes - Nurse-led interventions - Occupational therapy - Positive behavioural support - Reasoning and rehabilitation - Schema-focused therapies - Speech and language therapy - Art therapy | Improved quality of life - Support to develop personal goals and good lives - Self-reported outcome measures - Developing an independent life - Increase in self-esteem - Practicing social skills - Continuing with education - Decreasing challenging behaviour (associated with comorbidities and/or risk) - Re-integrating into the community - Learning to manage leave - Understanding and improving social behaviour - Connecting with relevant charities (e.g. National Autistic Society) - Maintaining family and carer contact - Improving physical health - Health action planning - Involvement in service development and research | Low secure and locked environments - Step-down from medium secure or prison - Step-down from low secure into our locatable ward - Patient-led risk management plans - Collaboration in risk management - Developing an independent life - Practicing social skills - Continuing with education - Re-integrating into the community - Learning to manage leave - Understanding and improving social behaviour - Connecting with relevant charities (e.g. National Autistic Society) - Maintaining family and carer contact - Improving physical health - Involvement in service development and research | - Low secure and locked environments - Step-down from medium secure or prison - Step-down from low secure into our locatable ward - Patient-led risk management plans - Collaboration in risk management - Developing an independent life - Practicing social skills - Continuing with education - Re-integrating into the community - Learning to manage leave - Understanding and improving social behaviour - Connecting with relevant charities (e.g. National Autistic Society) - Maintaining family and carer contact - Improving physical health - Involvement in service development and research | - Carer involvement in patient care - Education about offending behaviour - Relapse prevention - Family therapy, assessment and treatment - Psychopharmacology - Engagement in regular care forum - Facilitate carer's assessment - Facilitating access to community support - Facilitate genetic counselling - Involvement in service development and research | - Goal and patient-focused CPA management - Regular CPA meetings - Liaison with local clinical services - Provision of detailed and specific recommendations regarding treatment and management after discharge - Liaison with commissioners - Placement profile with needs assessment report - Liaison with health and social care services to support placement identification - Maximum independence possible - Handover meetings with families and carers - Support to develop personal goals and good lives | - Three-month liaison service via phone or email - Post-discharge reviews, as needed - Day treatment option - Progress meeting with carers - Option for bespoke training for family carers and paid carers |

| **Referral received and acknowledged** | Assessment offered within two working days, with outcome shared with referrer by phone | Advice for indicative length of stay by 28 days and to inform CPA. Specialty assessment phase is 12 weeks with monthly clinical reports provided | - Pharmacological therapy - Behaviour therapy - CBT - Cognitive remediation therapy - Dialectical behaviour therapy - Enhanced thinking skills - Metabolism programmes - Nurse-led interventions - Occupational therapy - Positive behavioural support - Reasoning and rehabilitation - Schema-focused therapies - Speech and language therapy - Art therapy | Improved quality of life - Support to develop personal goals and good lives - Self-reported outcome measures - Developing an independent life - Increase in self-esteem - Practicing social skills - Continuing with education - Decreasing challenging behaviour (associated with comorbidities and/or risk) - Re-integrating into the community - Learning to manage leave - Understanding and improving social behaviour - Connecting with relevant charities (e.g. National Autistic Society) - Maintaining family and carer contact - Improving physical health - Health action planning - Involvement in service development and research | Low secure and locked environments - Step-down from medium secure or prison - Step-down from low secure into our locatable ward - Patient-led risk management plans - Collaboration in risk management - Developing an independent life - Practicing social skills - Continuing with education - Re-integrating into the community - Learning to manage leave - Understanding and improving social behaviour - Connecting with relevant charities (e.g. National Autistic Society) - Maintaining family and carer contact - Improving physical health - Involvement in service development and research | - Low secure and locked environments - Step-down from medium secure or prison - Step-down from low secure into our locatable ward - Patient-led risk management plans - Collaboration in risk management - Developing an independent life - Practicing social skills - Continuing with education - Re-integrating into the community - Learning to manage leave - Understanding and improving social behaviour - Connecting with relevant charities (e.g. National Autistic Society) - Maintaining family and carer contact - Improving physical health - Involvement in service development and research | - Low secure and locked environments - Step-down from medium secure or prison - Step-down from low secure into our locatable ward - Patient-led risk management plans - Collaboration in risk management - Developing an independent life - Practicing social skills - Continuing with education - Re-integrating into the community - Learning to manage leave - Understanding and improving social behaviour - Connecting with relevant charities (e.g. National Autistic Society) - Maintaining family and carer contact - Improving physical health - Involvement in service development and research | - Goal and patient-focused CPA management - Regular CPA meetings - Liaison with local clinical services - Provision of detailed and specific recommendations regarding treatment and management after discharge - Liaison with commissioners - Placement profile with needs assessment report - Liaison with health and social care services to support placement identification - Maximum independence possible - Handover meetings with families and carers - Support to develop personal goals and good lives | - Three-month liaison service via phone or email - Post-discharge reviews, as needed - Day treatment option - Progress meeting with carers - Option for bespoke training for family carers and paid carers |
Meet some of our team members

What our patients, carers and families say:

» For me, it was such a relief she had the chance to go to there and get a proper diagnosis and treatment. She was in prison when she was referred so that made it a double relief really. I’m 74 now so I was very grateful for the chance she had. Now we’re just taking things as they come.  
  
  Mary, mother and carer

» I have had a very positive experience with the service. My anxiety has reduced considerably since I have been here. The treatment is very effective. It’s helped me find new ways of calming myself down. It’s helped me turn my life around and it’s made me the happiest I’ve been in a long time.
  
  Former patient

Our work with national organisations includes:

RCN: Top 10 tips’ supporting people with autism

RCN: Mental health in intellectual disability nursing guide

NICE guidelines: autism and ADHD

BPS best interest guidance: Mental capacity act

RCPsych and BPS: Challenging behaviour – a unified approach

RCPsych: Specialist intellectual disability services and BME communities, family carer strategy, diagnostic criteria for learning disabilities (DC-LD)

Department of Health: Intellectual disability observatory

1. Location of patients before admission and 10 years after being discharged

1. Location of patients before admission and 10 years after being discharged

NUMBER OF PATIENTS

0 10 20 30 40

Pre SLaM At follow up

Community Non community

2. HoNOS scores on admission and after 12 months’ treatment

HoNOS SCORES

0 5 10 15 20 25

HoNOS LD HoNOS Secure

First month Following 12 months

Contact Us – For information about referring to our service, please phone Alex Ward, Assessment and Referrals Nurse, on 020 3228 4183 or email alex.ward@slam.nhs.uk. You can also refer to our services using our online referral system at www.national.slam.nhs.uk