Forensic Service

A national service specialising in the management and treatment of offenders with mental health problems in a medium-secure setting.
» I’m really looking forward to having my freedom so I can get on with life. What I’ve done in the past is in the past now, and I’m looking forward to the future. I’d recommend the Bethlem to anyone. I’m leaving with lots of tools that will help me. I’ve got a whole case load! « Amanda
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Service overview

Our service works to ensure that offenders with mental health problems are assessed and treated effectively, in the least restrictive environment. We aim to manage the risk, reduce further offending and support recovery throughout the person’s stay.

Our service complies with the national standards set out in the Department of Health Best Practice Guidance: Specification for Adult Medium Secure Services. Treatment is developed collaboratively between our staff and our patients.

King’s Health Partners

Our service is part of the Behavioural and Developmental Psychiatry Clinical Academic Group. SLaM has joined with King’s College London, Guy’s and St Thomas’ NHS Foundation Trust, and King’s College NHS Foundation Trust to establish King’s Health Partners, an Academic Health Sciences Centre. King’s Health Partners involves bringing clinical care, research and education much more closely together. Our aim is to reduce the time it takes for research discoveries and medical breakthroughs to become routine clinical practice. This will lead to better care and treatment for patients.

Visit www.kingshealthpartners.org for more information.

» Psychology helps me discover more about myself. «  Chris
Our philosophy

Our aim is to promote and improve the mental health, well-being and safety of detained patients, and involves a dynamic negation of the conflicts between detention and care.

Our service is driven by a philosophy of helping people to develop optimal feelings of hope for their future, opportunities to live personally satisfying and meaningful lives and techniques of self-control, so that they might feel a sense of empowerment over their difficulties.

Our philosophy includes:

› Modelling our service on the recovery approach
› Involving the patient in the development of, research into and evaluation of our treatments
› Focusing on the well-being of each patient in a holistic way, as well as symptom management and offence-related treatment

» Being on the ward helps you get back to normal life by learning techniques to tackle everyday stress. « Andrew
Who is our service for?

Our service is for people who have mental health problems and who have become involved with the criminal justice system. We assess and manage people who cannot safely be treated in conditions other than a medium security environment.

Eligibility
- 18+ years
- Male or female
- Psychosis or personality disorder with a history of risk of violence to others
- Psychosis or personality disorder with risk of imminent but not grave harm to others
- Psychosis or personality disorder with a history of offending behaviour

Exclusion
- No mental health problem
- Primary diagnosis of alcohol or other substance misuse
- Brain damage or other organic disorders, including dementia
- Diagnosis of a learning disability without a co-existing mental health problem
- Autistic spectrum disorders without a co-morbid mental health problem

» Getting well, staying well and being able to tackle life without reverting back to old ways that did not work has been good. «

Joe
Interventions

Our interventions have been designed to follow our focused approach to care delivery, modelled on the international recovery movement. This methodology leads to greater inclusion, more choice and a better understanding of what is helpful to our patients as they move through the service.

Each person’s therapy and recovery journey is tailored to their needs. These interventions may be provided from admission through to integration into the community:

- Sessions which introduce people to group work and engage them in meaningful activities
- Skills-based, psycho-educational groups
- Offending behaviour interventions
- Vocational skills assessment and programme
- Recreational activities
- Spiritual, religious and cultural activities
- Creative workshops
- Individual psychological therapy
- Family therapy

Group work and engagement activities
Engagement is vital when beginning the process of recovery. We engage people in activities that give them a sense of meaning and purpose, and also in a process of reflecting on themselves and their capacity to make choices in their lives.

Skills-based psycho-educational groups
Following a process of successful engagement, we offer a range of treatments that have been developed with guidance from both evidence-based literature and patient feedback. Our skills-based treatment groups seek to inform patients about their difficulties, and also give them the skills and strategies to manage these, while helping them to develop a greater sense of control over their lives.

Offending behaviour interventions
Our interventions address dangerous behaviour across a spectrum of manifestations, including offending behaviour that has been prosecuted through the courts as well as difficult behaviour whilst in care. Our programme of care seeks to develop a formulation of the patient’s behaviour so that vulnerabilities, high risk situations, thoughts, moods and strategies to avoid future dangerous behaviour are explored. Relapse prevention planning is undertaken to ensure that the progress made in therapy is maintained in the future and the person continues to have the greatest amount of control possible over their lives.

Vocational skills programme
Our vocational skills training programme works with patients to facilitate the development of a range of skills and qualifications, which are individually tailored to promote confidence and self-worth in preparation to integrate into the community. Meaningful occupation is critical in improved social and clinical functioning.

Following a vocational skills assessment, individual goals are set with the patient and a contract and role description is established. This outlines the expectations for each vocational occupation for the patient.

The programme provides a variety of activities and occupations that promote an active, social and meaningful life for the person.
Activities include running the in-house shop and library, information technology, education and gardening.

**Therapeutic leave**
We use the Buddi tracker system which has been designed specifically for use in forensic mental health settings. It is the world’s smallest assisted-GPS tracker, which locates people instantly and accurately. People are individually risk assessed for leave and each person consents to using the Buddi system as part of their therapeutic leave programme.

**Occupational therapy**
Each ward has an occupational therapist who works with patients to develop a therapeutic programme through various interventions and group work.

An assessment identifies areas of strength and areas that need to be developed, to maximise independence and develop skills that increase feelings of competence, self-esteem and confidence in preparation for discharge.

We provide ward-based groups, as well as various activities through the therapy and self-development centre. These include creative workshops, music, sport and fitness, dramatherapy, art, digital art, and social activities. Our service also provides support for people to engage in spiritual, religious and cultural activities of their choosing.

**Psychological therapy**
In addition to the group programme, individual therapy is also available wherever it is needed. All patients receive a tailored assessment and formulation of their needs. This will inform the care they receive, both in individual and group settings. Therapies include a range of models appropriate to the needs identified, including cognitive behavioural therapy, psychodynamic therapy and mentalization-based therapy.

**Family therapy**
Many of our patients benefit from treatment that involves their family. We facilitate family interventions that allow patient difficulties to be shared and managed by both patients and carers. We aim to increase the understanding of the patient’s illness within a family setting, and to encourage patients and carers to feel empowered.

**Wellness recovery action plan**
To help patients control their well-being and recovery, each person is given a portfolio that allows them to document their recovery as they wish. Typically, this will include certificates from treatments and interventions they have completed, relapse prevention plans, risk assessment reports and other evidence of progress. In addition to these portfolios, people may also complete a secure unit version of a Wellness Recovery Action Plan: Recovery in Secure Environments. This offers people realistic and practical ways of remaining safe and well, building upon other therapeutic work they have undertaken.

» Groups give you the knowledge to be able to deal with situations that come up and make you feel more confident. «  Jesse
## Weekly programme

<table>
<thead>
<tr>
<th>Time</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
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</thead>
<tbody>
<tr>
<td>08.00–10.00</td>
<td>Personal care Breakfast Medication 9:30 – Meeting</td>
<td>Personal care Breakfast Medication 9:30 – Meeting</td>
<td>Personal care Breakfast Medication 9:30 – Meeting Community meeting</td>
<td>Personal care Breakfast Medication 9:30 – Meeting</td>
<td>Personal Care Breakfast Medication 9:30 – Meeting</td>
<td>Breakfast Medication</td>
<td>Breakfast Medication</td>
</tr>
<tr>
<td>10.00–12.00</td>
<td>Crossword Managing mental health Substance misuse Digital art Sport</td>
<td>Discussion group Motivation to change Gardening Music studio Art Sport</td>
<td>Current affairs Music studio Shop and library Reasoning and rehabilitation Monthly service Sport</td>
<td>Table tennis Leavers group Education, IT Sport Photography</td>
<td>Relaxation Sport Bread making Art Education, IT Prayer meeting</td>
<td>Personal care Visiting time</td>
<td>Social Breakfast – patients cooking Visiting time</td>
</tr>
<tr>
<td>12.00–14.00</td>
<td>Lunch, own time Picture framing</td>
<td>Lunch, own time Digital art</td>
<td>Lunch, own time</td>
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<tr>
<td>14.00–16.00</td>
<td>Education, IT Sport Shop and library Art</td>
<td>Relaxation IT Sport Gardening Shop and library</td>
<td>Managing mental health Substance misuse Gardening Music studio</td>
<td>Healthy lifestyle Sport Shop and library Relationship group</td>
<td>Creative music Sport Shop and library Art Education, IT</td>
<td>Social themed meal – one or two patients cooking cultural meal for the unit Visiting time</td>
<td>Pool competition Visiting time</td>
</tr>
<tr>
<td>16.00–18.00</td>
<td>17:00 – Dinner DVD evening Visiting time</td>
<td>17:00 – Dinner Board games Visiting time</td>
<td>17:00 – Dinner Computer games Visiting time</td>
<td>17:00 – Dinner Takeaway evening Visiting time</td>
<td>Table tennis Visiting time</td>
<td>Visiting time</td>
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Our care model

**RISK MANAGEMENT**
- Ensuring public safety using the Buddi GPS tracker technology for therapeutic leave
- Patient-led risk management plans
- Multi-professional and multi-agency (MAPPA, MoJ, Probation, Police) risk management plans
- Comprehensive tiered risk assessment and management plan

**ASSESSMENTS**
- Specialist risk assessments
- Assessment of psychopathology
- Treatment needs analysis
- Neuro-psychological assessments
- Neuro-psychiatrist assessment
- Neuro-imaging studies
- Physical health assessment
- Motivational and functional assessments
- Educational assessments and diagnosis of literacy and dyslexia
- Vocational skills assessment

**FAMILIES AND CARERS**
- Family assessments
- Education about offending behaviour and triggers for relapse
- Family therapy
- Engagement in regular carer forum
- Carer involvement in patient care, service development and research

**PATIENT**
- Understanding risk management interventions
- Active engagement in reducing violence and re-offending
- Understanding impact of risk behaviours and support to re-engage with community
- Support to engage in social skills training
- Understanding diagnosis and managing symptoms
- Support to achieve or continue with education
- Attention to spiritual and cultural needs

**WORKING WITH OTHERS**
- Joint risk management plans with MAPPA and Probation
- Managing public safety with police and use of the Buddi tracker system
- Third sector organisations on social inclusion programme
- Educational institutions and voluntary organisations

**PSYCHOLOGICAL THERAPIES**
- Cognitive behavioural therapy
- Cognitive remediation therapy
- Nurse-led interventions
- Sex offender treatment programmes
- Violence reduction programmes
- Reasoning and rehabilitation
- Enhanced thinking skills
- Occupational therapy
- Dialectical behaviour therapy
- Mentalization programmes
- Schema focused therapies
- Art therapy
- Substance misuse programme

**PHYSICAL HEALTH**
- GP-led primary healthcare
- GP-led management of chronic physical health conditions
- On-site dental, optician and podiatry
- GP-led obesity clinic
- Health and fitness programme
Our care pathway

1. Referral received
2. Referral screening and funding approved
3. Assessment by specialist team
4. Inpatient assessment, including risk and physical health
5. Treatment
6. Weekly treatment review
7. Discharge planning
8. Discharge to HM prison general adult
9. Discharge to referrer with report and recommendations
10. Advise referrer of other suitable referral options
11. Confirm admission and date
12. Discharge to inpatient residential unit
13. Discharge to independent living unit
14. Transfer to CMHT
Outcomes

Our service aims to treat the illnesses of people according to best practice evidence. We also work to develop insight into the risks of future offending and strategies to avoid this behaviour.

Outcomes may include:

- Clarification of diagnosis and formulation of treatment
- Recommendations for appropriate community after-care
- Reduction or removal of psychotic symptoms
- Reduction of risk to self or others
- Improved interpersonal functioning
- Increased social inclusion, post-discharge
- Relapse prevention plan
- Illness self-management skills
- Knowledge of reasons for previous offending

**Graph 1** This graph displays placement outcomes for patients discharged. 76% of patients have been successfully discharged and remain in their discharge placement.

**Graph 2** We take public safety and leave-related offences, like failure to return very seriously. Our tiered and rigorous risk assessment and management model and our use of the Buddi tracker system has led to very low levels of leave-related incidents (n=15) compared to the volume of leave episodes (n = 19,436) between February 2010 and December 2010. Percentage of leave-related incidents to leave episodes is 0.08%.

**Graph 3** Educational and vocational training programmes are central to the personalisation agenda of our patients. The graph shows the number of patients who have obtained certificates for completing modules and those who are still enrolled in programmes between January 2010 and December 2010.
2. Leave and related incidents  
February 2010 – December 2010

<table>
<thead>
<tr>
<th>MONTH</th>
<th>NUMBER OF LEAVE EPISODES</th>
<th>NUMBER OF LEAVE INCIDENTS</th>
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<tr>
<td>F</td>
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<td>M</td>
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<td>2.0</td>
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3. Educational and vocational programmes

- **Educational**
  - Number of patients: Gained certificate, Attending

- **Vocational**
  - Number of patients: Gained certificate, Attending

- **External**
  - Number of patients: Gained certificate, Attending
Research

Our service has developed a programme of research that explores treatment outcomes from the point of view of reduced symptoms and risk, and also improving feelings of well-being and self-efficacy through the implementation of the recovery approach to care.

Recent research in our service suggests a reciprocal relationship between individual depression and ward atmosphere, and both factors are important in influencing a person’s motivation to engage with treatment. Improving motivation of psychiatric inpatients requires both factors to be addressed.

Current key research projects:

- The implementation and effectiveness of the recovery approach to care and its impact on the patient’s quality of life and self-efficacy
- The impact of motivation to engage in therapy and the factors that adversely affect motivation
- The evaluation of the reasoning and rehabilitation programmes in people with a mental illness and attention deficit hyperactivity disorder (ADHD). This is a multi-site study involving secure unit services catering for males, females and people with intellectual disabilities
- ADHD and associated co-morbid problems among prisoners
- The development and validation of tests to measure risky decision-making and victim empathy
Our facilities

Our facilities include Bridge House at Lambeth Hospital, London, and River House located on the grounds of the historic Bethlem Royal Hospital.

Our service is designed to support people on a pathway to recovery, through a series of carefully managed stages. Each of our ward areas are associated with a specific stage, so that those people who have responded well to treatment and are close to being discharged will be cared for in a less restrictive environment offering more psychological and social interventions, than those who are acutely unwell and at the beginning of their recovery.

Our admissions and intensive care ward offers enhanced physical and procedural security. Our pre-discharge unit offers a high level of independence with a lower level of security, increased access to community programmes and community outreach services, fostering the development of living skills, before moving to independent settings in the community.

River House has six discrete clinical wards to address individual clinical needs, varying security requirements and staffing ratios, whilst providing an integrated service. From our acute assessment and intensive care wards (Norbury and Thames), designed for patients who present a high risk, through to our self-contained flats, which offer a higher lever of independence and lower security level for pre-discharge patients. All bedrooms in our units have ensuite facilities. Spring Ward supports female patients with offending behaviour and mental illness.

Bridge House has two wards providing sub-acute and pre-discharge interventions, with activity and therapy suites and a secure outdoor space.

» The Bethlem Hospital has helped me a lot. The nurses are very good and understand what people are going through. «  Beth
Our facilities continued

While most wards in River House specialise in the provision of care for patients with very high risk, complex and challenging needs, Bridge House provides a continuum for patients presenting a medium to low risk and who are well advanced in their recovery towards low secure or community settings.

Brook Ward (River House)
Brook Ward is a sub acute ward providing inpatient care and treatment in a secure unit. This ward is for people with an established treatment plan and whose presentation demonstrates a reduction in the levels of risk.

Chaffinch Ward (River House)
Chaffinch Ward is a medium secure pre-discharge ward. This is for people who have responded well to treatment and are almost ready to be discharged from hospital. Our rehabilitation treatment service helps male offenders to live independently, or in supported accommodation in the community.

William Blake Ward (Bridge House)
William Blake Ward provides assessment, treatment and care for men, aged 18-65, who have been legally detained under the Mental Health Act. People are admitted from high secure hospitals, medium secure units and prisons.

Mary Seacole Ward (Bridge House)
The Mary Seacole Ward supports people through the final, managed stages of recovery. The treatment programme focuses on relapse prevention, substance misuse and illness management.

» I think what’s really helped me at the Bethlem is doing the normal things. I’ve read a lot, sewn, done art, swimming, gardening and dramatherapy. « Marlene
Our team

Our specialist team includes internationally renowned academics in forensic psychiatry and forensic psychology. Each clinical team is multi-professional and includes psychiatrists, nurses, psychologists, pharmacists, occupational therapists, social workers, healthcare assistants and administrators.

We also have access to sessional general practitioners, an optometrist, diabetic specialist, physiotherapist and dentist who monitor the physical health and well-being of all our patients.

**Professor Thomas Fahy**  MD, MPhil, FRCPsych  
Consultant Psychiatrist | Professor of Forensic Mental Health

Professor Thomas Fahy is a Consultant Psychiatrist for both the Forensic Service and for the community component of the Forensic Intensive Psychological Treatment Service (Personality Disorder Service).

He is also joint Clinical Director of the Behavioural and Developmental Psychiatry Clinical Academic Group and a Professor of Forensic Mental Health at the Institute of Psychiatry, King’s College London.

**Other roles**

Professor Fahy is Academic Secretary of the Faculty of Forensic Psychiatry at the Royal College of Psychiatrists and the co-author of *Personality Disorder, No Longer a Diagnosis of Exclusion* (2003), a Department of Health publication that has shaped the development of clinical services for people with a personality disorder.

**Background**

Professor Fahy qualified in Ireland in 1984 and then trained in psychiatry at the Maudsley Hospital, before becoming a lecturer in psychological medicine at King’s College Hospital. He was appointed to a consultant post in 1994 and his current clinical academic role in 2001.

**Research**

His main interest is the evaluation of treatment interventions for mentally-disordered offenders.
Professor Gisli Gudjonsson  BSc, MSc, PhD, CPychol, FBPsS
Consultant Clinical and Forensic Psychologist | Head of Forensic Psychology | Professor of Forensic Psychology

Professor Gisli Gudjonsson is a Consultant Clinical and Forensic Psychologist in the Forensic Service and Head of Forensic Psychology for the Trust’s Behavioural and Developmental Psychiatry Clinical Academic Group. He is also a Professor of Forensic Psychology at the Institute of Psychiatry, King’s College London.

Other roles
Professor Gudjonsson developed and pioneered the Gudjonsson Suggestibility Scale, which measures how susceptible a person is to coercive interrogation.

In 2010, the British Psychological Society presented him with a Lifetime Achievement Award for exceptional and sustained contribution to the practice of psychology. He is a regular keynote speaker at international conferences in the UK and abroad.

Background
Professor Gudjonsson gained a BSc in Social Sciences at Brunel University in 1975, before moving to the University of Surrey where he completed a Masters (MSc) in Clinical Psychology and a PhD in Psychology.

Research
Current research interests include a focus on the implementation and effectiveness of the recovery approach to care, and the evaluation of the Reasoning and Rehabilitation programmes for people with mental illness and ADHD.
Dr David Ndegwa  
FRCPsych  
Consultant Forensic Psychiatrist

Dr David Ndegwa is a Consultant Forensic Psychiatrist in the Forensic Service, and has community patients in Lambeth.

Other roles  
Dr Ndegwa is Director of Strategy for the Behavioural and Developmental Psychiatry Clinical Academic Group.

He has been a member of a number of government expert committees that provide advice on mental health legislation, personality disorders, research and development, and black and ethnic minority issues. He was also a specialist advisor for NICE schizophrenia guidelines, published in March 2009, and subsequently became a member of the Schizophrenia Topic Advisory Group.

He is a current member of the development group for NICE guidelines on psychosis and substance misuse.

Background  
Dr Ndegwa completed his university training in Ghana as an exchange student and worked briefly in Kenya before joining the Maudsley Senior House Officer and Registrar training programme.

He trained as a Senior Registrar at the Reaside Clinic in Birmingham and, in 1991, started his first consultant post in East London. He was also a Senior Lecturer at St Bartholomew’s Hospital Medical School and was the first Clinical Director for East London Forensic Services.
In 1997, he joined the then Lambeth Community and Mental Health Trust as a Consultant and Clinical Director for forensic psychiatry.

Research
Dr Ndegwa has a longstanding interest in the experience of black and ethnic minority patients in psychiatric services.

Sam Antwi-Marful  MSc, RMN
Deputy Director

Sam Antwi-Marful is Deputy Director of Clinical Service Delivery in the Behavioural and Developmental Psychiatry Clinical Academic Group. In this role, he has a particular focus on developing the Forensic Service to continue to deliver excellent patient services.

Background
Sam trained as a mental health nurse at Horton Hospital, Riverside College of Health Studies and later graduated from Brunel University with a MSc in Rehabilitation Counselling. He practiced as a clinician until 1997 when he was appointed to his first management position at the West London Mental Health Trust.

Sam has occupied various management positions since joining the South London and Maudsley NHS Foundation Trust in 1999. His previous appointments in SLaM include General Manager, South East and South West localities, Lambeth Directorate and Deputy Director, Forensic Services.
Giovanna Zeuli
Senior Business Manager

Giovanna Zeuli is the Senior Business Manager for the Behavioural and Developmental Psychiatry Clinical Academic Group. Her responsibilities include managing bed availability, referrals and liaising with commissioners, and providing referrers with feedback and data.

She also manages the performance team, and ensures the directorate meets performance targets.

Background
Giovanna started working for the Trust in 2008. She first took a Business and Information Manager role and, in 2010, was appointed as the Senior Business Manager.

She has a Certificate in Management Studies and has gained PRINCE2 Foundation and PRINCE2 Practitioner qualifications in project management.
National Services: Forensic Service
I had lots of troubles actually. It started with carbon monoxide poisoning at home, from a leaky pipe at the back of my boiler. Luckily, I liked to keep my flat ventilated so I always had the windows open, but I lost my cat and I spent four years with terrible headaches and nausea.

The council wanted me to move but I stayed put. Instead, I had the heating system removed altogether because it was a small space so I could cope without it. The experience left me with paranoia though. Mainly, I felt like people were getting into the flat after the heating work had been done – I thought local workers were coming into my home and using the toilet while I was out because I’d find dirty marks on the floor and bits of food were going missing from the cupboards. It all got on top of me. Gradually, everything piled up and I became a gibbering wreck.

I loved to go down to the Thames to pick up bits of pottery and wood on the shoreline. One day though, I poured white spirit over the wood that I kept in my living room, set fire to it and left the flat. The fire didn’t take hold but, without knowing, I wandered down to the river and kept walking for miles until I reached Walton-on-Thames. I had something to eat there, jumped on a train back to Waterloo and checked into somewhere overnight. In the morning, I gave myself up to the police.

At the police station they must have known something wasn’t right because I was talking 19 to the dozen. They decided to give me some medication at the prison to calm me down, but that was terrible – my threshold to drugs is so low that, on occasion, I’ve been dizzy enough to fall and hurt myself. I then spent five months in Holloway prison before it was decided I should move to the Bethlem Royal Hospital.

“Gradually, everything piled up on top of me.”

“I set fire to some wood I’d collected in my front room.”

“It can be strange when you arrive at the Bethlem, but things get easier.”

I was taken there under protest, to be honest. It felt to me that everyone was making decisions for me, like my mind was being taken over. I didn’t know what to expect really. Most new people arrive in seclusion, so it can be a bit strange at first, but things get easier once you’ve had a chance to settle in and speak to the other people there – that helps it to feel more normal. You get to know the staff quite well too and I’ve had a few laughs with them while I’ve been here.
I’d been getting asthma, but that settled down. I was also very sensitive to noise, which put me on edge, but a low dose of medication relaxed me. Now I’m not noise sensitive or on medication.

There are groups for coping with mental illness and anger, where you act out scenarios – like standing in a queue and seeing how you cope when someone jumps the line. Though I must have been angry when I set fire to the wood in my front room, I’m not an angry person on the whole.

“What’s really helped at the Bethlem is doing the normal things.”

I’ve read a lot, sewn, done art, swimming, gardening and dramatherapy. We put on a show at a place near the Old Vic last week actually – a play loosely based on War Horse. I’ve also really enjoyed the gardening because I find working with the soil very restful. There’s a library I help in, and we take turns to serve in the shop. This kind of activity is good respite and it helps me to socialise.

“The beautiful grounds have also been so beneficial.”

Space is important to me. I love the countryside and love going for long walks, so what I found galling initially was that fact that I wasn’t allowed off the ward for any reason. I really missed the exercise, but you build up to that kind of activity, at first with a nurse and then on your own.

I have wellies so I’ve been able to walk around the fields and look at the flowers. The bluebell wood near the hospital is absolutely beautiful in spring. Apparently there was a farm here some time ago, and there are still fruit trees.

“I was discharged three months ago and I’m just waiting for housing now.”

Unfortunately I’ll be spending my third Christmas away from my family – my three sons – I’d like somewhere that allows me to stay independent.

In the meantime, I’m allowed two eight-hour leaves to go into London every week. I take all the leave I’m given, though I do get weary. Yesterday, three of us went up to a clubhouse, over in Streatham. They give you tasks there, to help people find jobs, and sometimes we help out in the kitchen.

When I move out, I hope to keep in touch with some of the girls here and I’m going to try and do the same with the centres. I’d also like to work for a charity again if I get the chance. I used to work for Oxfam and I really enjoyed that.
Amanda

“If someone said the slightest thing I’d fly off the handle. I could never see if they were joking or not.”

I was doing alright but I was under a lot of pressure. I had two councils accusing me of owing them rent, wanting to evict me and put me on the street. They said they would put my three-year-old in care and that made me really panicky.

I sent a letter and they said they weren’t going to convict me, but then I got into a fight on the train. A woman attacked me and I was trying to protect my son. I did wrong though – something bad happened – and I apologise for that because she got injured and I never meant for that.

“I knew I was getting unwell.”

I was involved with the police and went to Holloway Prison. I wasn’t getting treatment there though. They were treating me as if I was well, but I wasn’t well. I had a really rough time and was becoming more and more ill.

I told the doctor that I was going to commit suicide – I was going to slit my wrists. I didn’t know what I was doing, but I’m glad I told him because I was going to do it but I didn’t want to lose my children. They put me in the medical wing, and I felt better. The staff were nicer, the medical people were nicer and the medication they put me on helped.

It was hell in Holloway though. I had some problems with an officer and was also fighting and all that. I’m good at art, pottery and crafts and others would pick fights because they were jealous. In the end, I came to the Bethlem. The hospital was better than the prison and the medication there helped – it was good for my mood swings; it balanced me out. I was calmer, not on edge and I felt normal. It really worked for me.

“It felt good to do something about my anger. It felt right.”

I took part in an anger management group with women and men. You look at what triggers your anger and do mini-plays on how you react to things, you know? It felt good to do something about it and now I have the skills to keep calm. It taught me how to cope with anger, how to avoid confrontation, to stop it or leave if it happens... that’s the best thing to do. We wrote down things on the board and went over it.
I’ve done other groups too: a managing mental health group, a leaver’s group, a recovery group and one for education. In the managing mental health group, you talk about how to cope outside, cooking meals, keeping the house clean, keeping yourself clean, about college, work and health, and I found it useful to hear other peoples’ experiences.

I’ve been doing an art group on Mondays. I really like to paint and did a lot in my room for a long while, but I’ve been under stress lately so haven’t done as much. I paint mermaids, people, beaches, houses, still life, pots and flowers, jungles and animals, people, me and my sons. My real passion is painting mermaids. I’m not sure why, but I like them.

“My parole meeting was last week and I’m waiting to hear.”

I’ve been at the hospital for a long time and I’ve been discharged now. I really feel like it’s time to move on and next week I’ll find out.

The good news is that I’ve been going to a hostel for one night every week. I’ve changed for the better. I want to go to college, do art and get into the art world. I also want to learn how to drive when I get my life together... when I’m feeling on top of life. I’ve been through a horrific time so my self-esteem is a bit low, but I want to get confident.

“I’m looking forward to being with my sons.”

I see my big son every week at my sister’s house and I’m looking forward to being with my seven-year-old too – to have him back in my arms. He’s living with his Dad right now but he’s told me he wants to be with me. I don’t want to spoil him, but I’ve been away for so long and he deserves everything.

I’m really looking forward to having my freedom so I can get on with life. What I’ve done in the past is in the past now and I’m looking forward to the future.

The Bethlem Royal Hospital has helped me a lot. The nurses are very good and understand what people are going through. They have their hands full, especially with the new patients, but I’ve been polite to them and they’ve been polite to me.

I’d recommend the Bethlem to anyone. I’m leaving with lots of tools that will help me. I’ve got a whole case load!
Referring to our service

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