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Overview of adolescent secure pathways in health, justice and social care

GIRAF



Group of International Researchers
in Adolescent Forensics

*Looking over
the secure fence*

Dr Heidi Hales

Consultant Psychiatrist in Adolescent Forensic Psychiatry, Betsi Cadwaladr University Health Board
Honorary Senior Research Fellow, University of Bangor
Honorary Senior Lecturer, University of Cardiff
Co-Founder and Co-Chair, GIRAF



Declarations

- NHSE Funded 2016 Scoping and Census
- Paid for Keynote talk – RANZCP 2022
- Co-founder / Co-Chair GIRAF

Talk Outline

In this introductory talk, I will consider -

- Secure services for young people in the UK and Internationally
- Needs of young people placed in secure services
- Factors affecting decision making about detaining a young person
- Need for multiagency working

Secure Settings for Young People: A National Scoping Exercise

Document first published: 5 October 2018
Page updated: 5 October 2018
Topic: Children and young people
Publication type: Report

This suite of reports provide evidence about the present and future care needs of children and young people placed in secure settings.

Document



[Secure Settings for Young People A National Scoping Exercise - Paper 1 - Scoping Analysis](#)
PDF 2 MB 87 pages

Document



[Secure Settings for Young People A National Scoping Exercise - Paper 2 - Census Report](#)
PDF 1 MB 63 pages

Document



[Secure Settings for Young People A National Scoping Exercise - Paper 3 - Interview Report](#)
PDF 775 KB 45 pages

Scoping 2016

Census 16.9.16



With the help of our Steering Committee ...

OUR TEAM

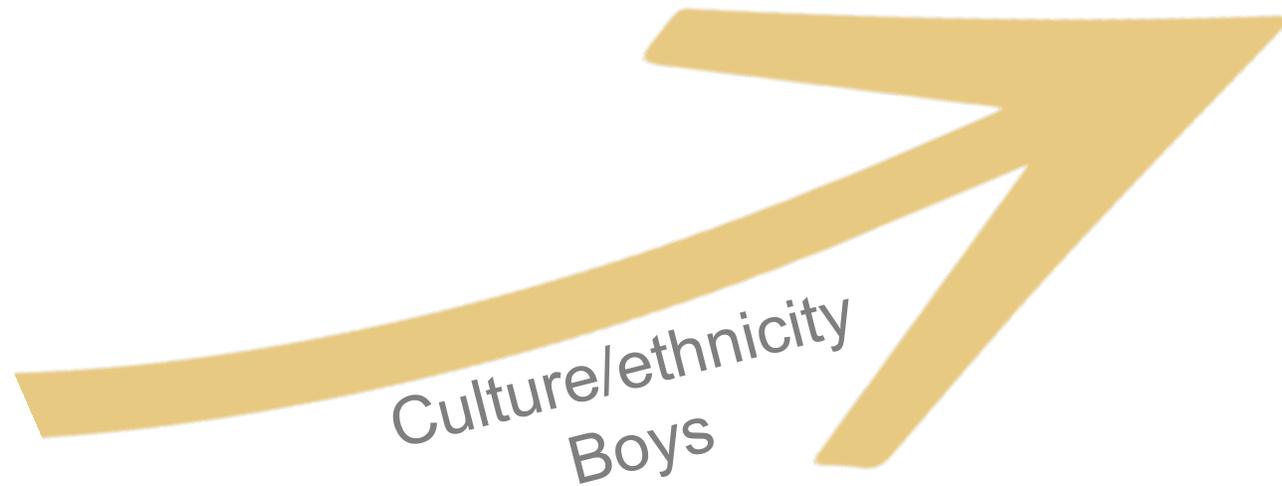
- Dr Heidi Hales
adolescent forensic psychiatrist
- Professor Annie Bartlett
professor of forensic psychiatry
- Louise Warner
research assistant psychologist
- Dr Jared Smith
senior research fellow, statistics

- Nick Hindley & Mayura Deshpande
- Ginny Boyd, Parent
- Roger Bullock, Professor Sociology
- NHSE – funding, Louise Doughty
- YJB – Dan Shotter
- DoF – Claire Owens, Louise Bridson
- Children Commissioner Office – Tim Bateman, Carla Garnelas
- Howard League – Laura Janes

And thank you to staff in all secure units, NHSE for funding and Brenda Bullock and Michael Kelly for document formatting

Secure Services for Young People in the UK





System of secure care for young people in England and Wales



Secure Services Internationally

Crim Behav Ment Health. 2022;1–10.

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ORIGINAL ARTICLE

WILEY

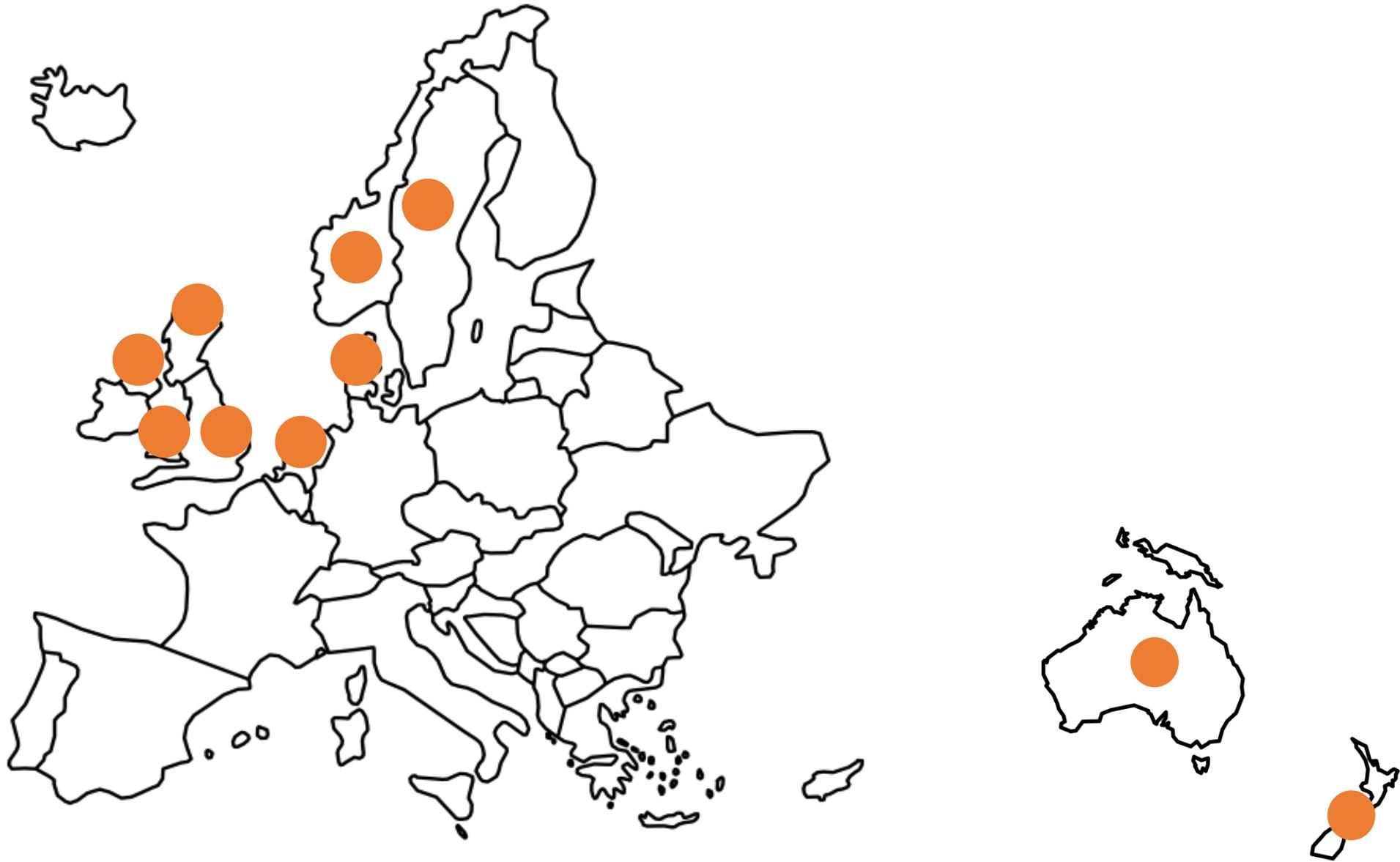
Mental health, welfare or justice: An introductory global overview of differences between countries in the scale and approach to secure placements of children and young people

Fleur Souverein¹  | Heidi Hales²  | Philip Anderson³ |
Sarah Elizabeth Argent⁴  | Annie Bartlett⁵ | Aileen Blower⁶ |
Enys Delmage⁷ | Sofia Enell⁸ | Ann-Karina Eske Henriksen⁹ |
Kate Koomen¹⁰ | Sanne Oostermeijer¹¹ 

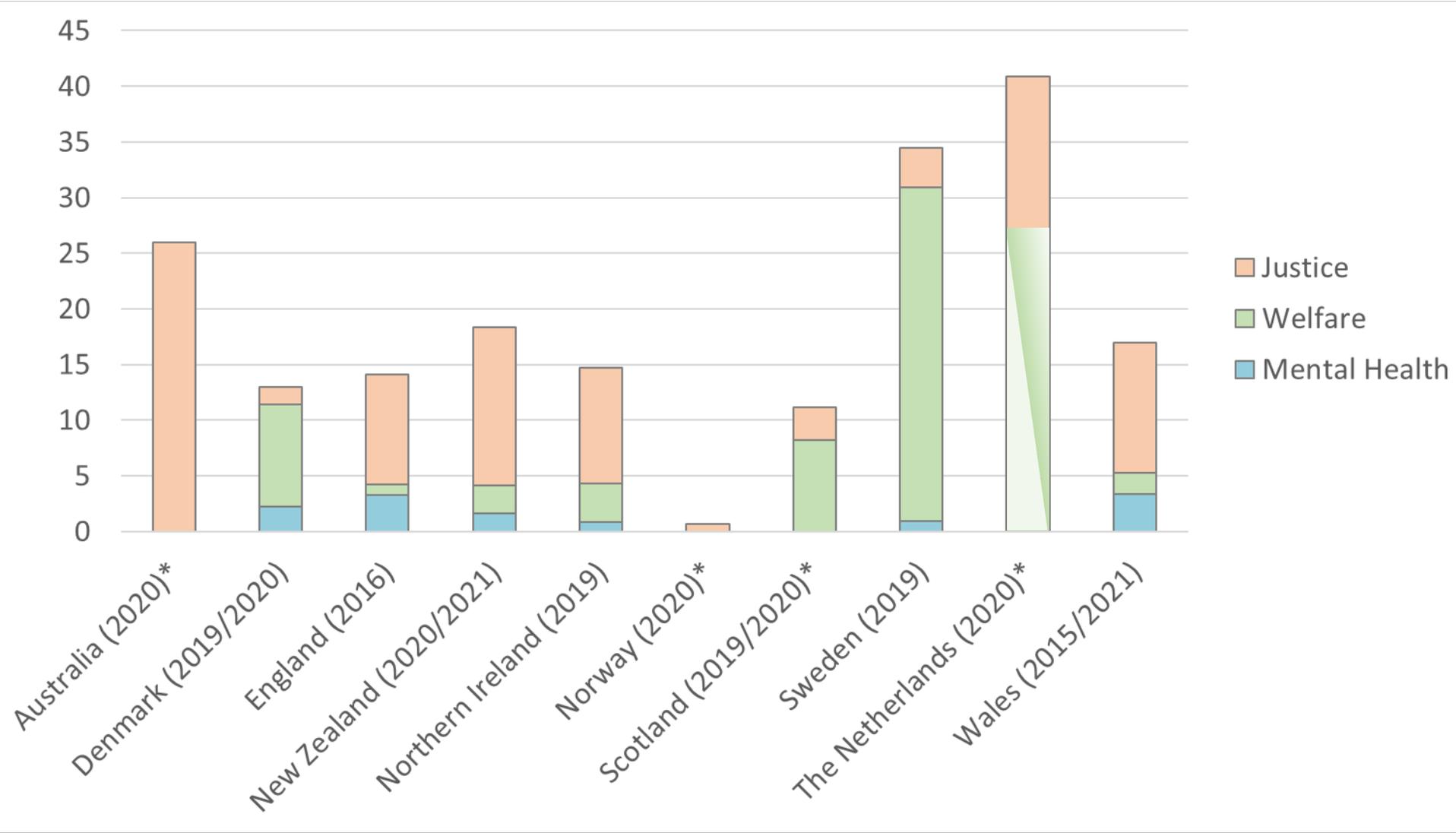


Group of International Researchers
in Adolescent Forensics

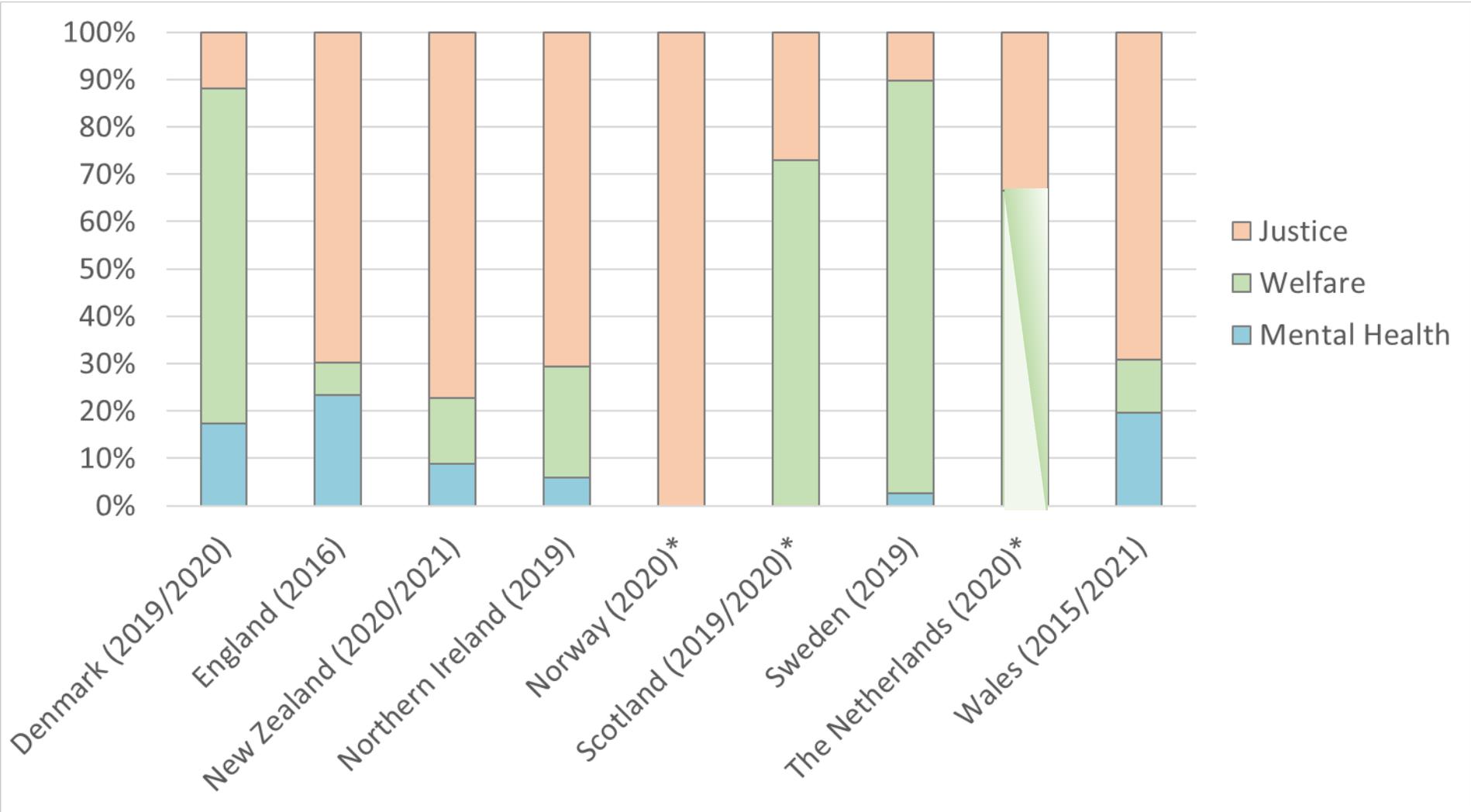
*Looking over
the secure fence*



Number of beds across health, welfare, justice / rate per 100.000 young people



Distribution of beds within country health, welfare, justice (n=9)



Secure Settings for Young People: A National Scoping Exercise

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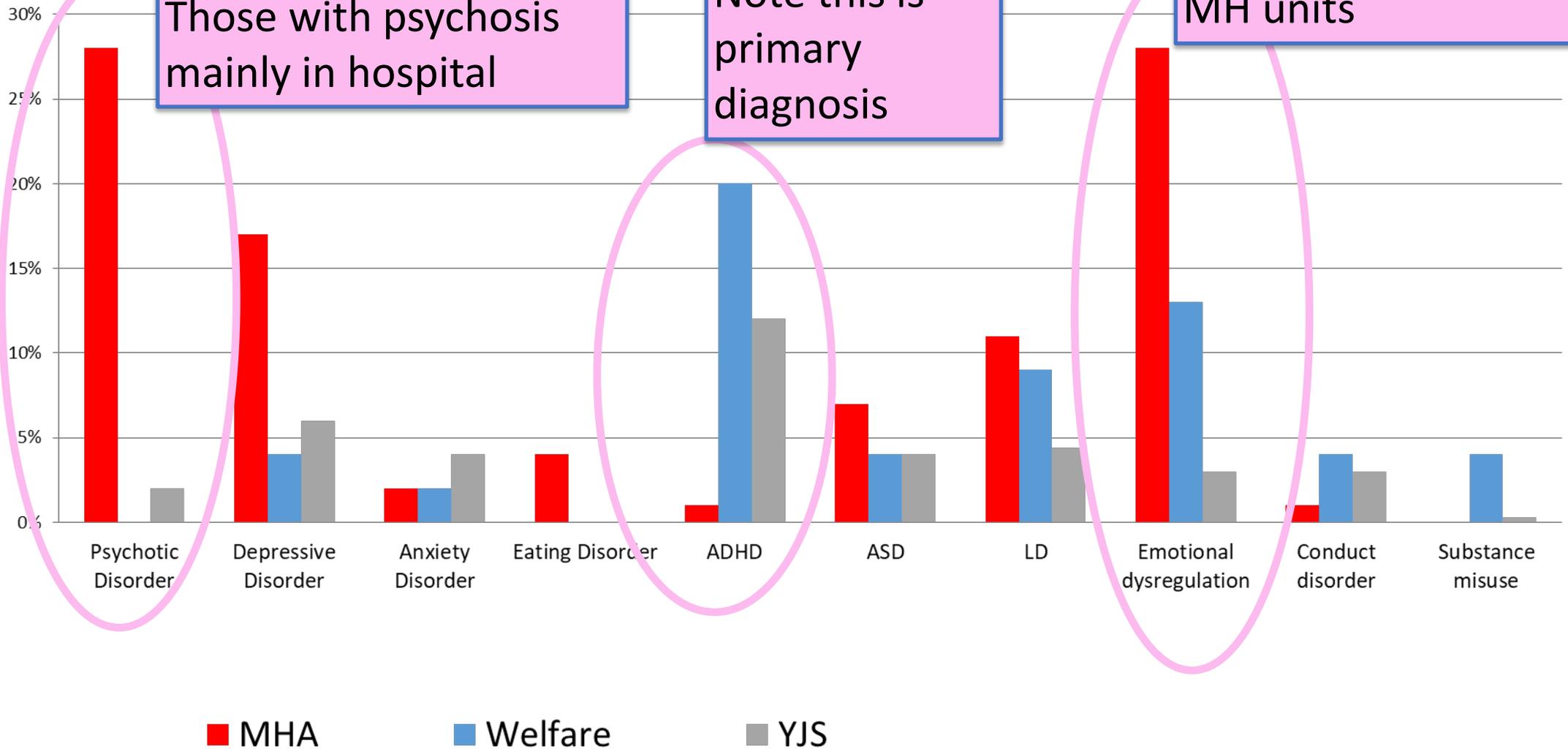
Scoping 2016

Census 16.9.16

NHS
West London
NHS Trust

NHS
Central and
North West London
NHS Foundation Trust

Primary diagnoses (n=1013)



Those with psychosis mainly in hospital

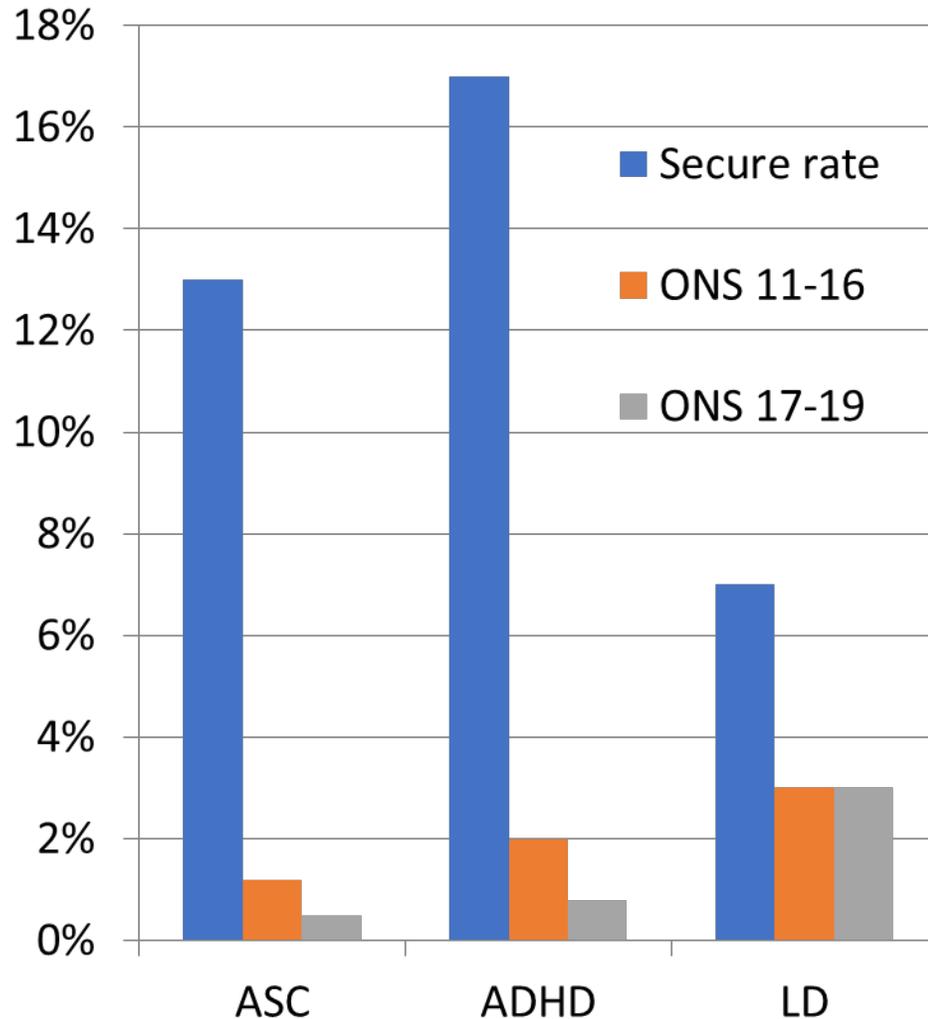
Many with ADHD – to discuss
Note this is primary diagnosis

Those with emotional dysregulation were common in all settings, particularly welfare and MH units

% young people

■ MHA ■ Welfare ■ YJS

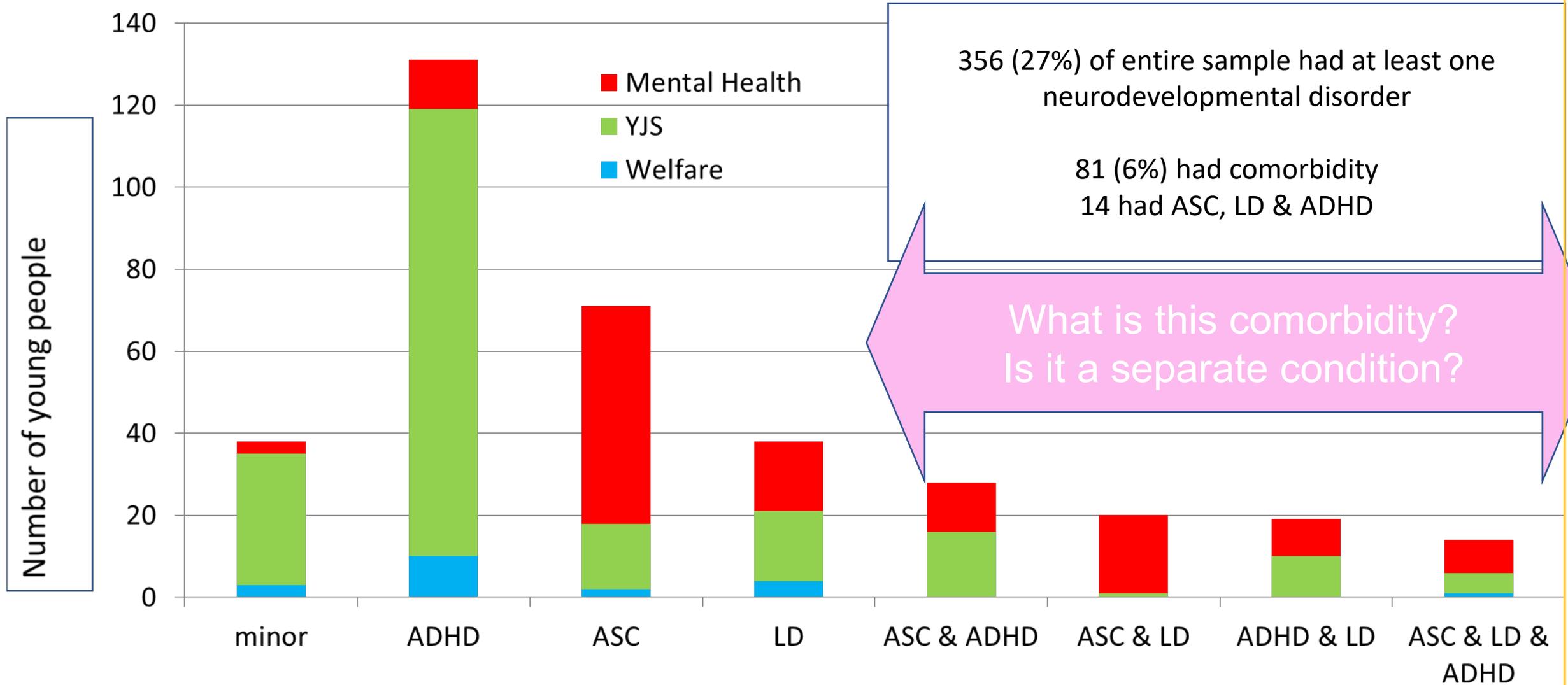
High rates of Neurodevelopmental disorders with comparison to General population



	Total in secure	General Adolescent population
Prevalence of ASC	13% (133)	1.2% / 0.5% 11-16/ 17-19yr ONS 2017
Prevalence of ADHD	17% (172)	2% / 0.8% 11-16/ 17-19yr ONS 2017
Prevalence of LD	9% (91)	1-3% <i>Bernstein et al., 1993; Lewinsohn, Rohde, Seeley, & Klein, 1997</i>

Higher prevalence rates in secure care

Comorbidity - neurodevelopmental (n=1013)



Prison Morbidity

Beaudry et al 2020, updated Fazel (2008)'s systematic review of mental disorders among adolescents in juvenile detention and correctional facilities; they found 47 independent surveys

- 28033 boys/ 4754 girls
- Mean age 16 years, range 10-19
- High prevalence of both undiagnosed and untreated physical and mental health problems
- Psychosis c. 2.7% M, 2.9% F
- Major depression c. 10.1% M, 25.8% F
- ADHD c. 17.3% M, 17.5% F
- Conduct disorder c. 61.7% M & 59% F
- PTSD c. 8.6% M, 18.2% F

An Updated Systematic Review and Meta-regression Analysis: Mental Disorders Among Adolescents in Juvenile Detention and Correctional Facilities

Gabrielle Beaudry, BA, Rongqin Yu, PhD, Niklas Långström, MD, PhD, Seena Fazel, FRCPsych, MD

Objective: To synthesize evidence on the prevalence of mental disorders in adolescents in juvenile detention and correctional facilities and examine sources of heterogeneity between studies.

Method: Electronic databases and relevant reference lists were searched to identify surveys published from January 1966 to October 2019 that reported on the prevalence of mental disorders in unselected populations of detained adolescents. Data on the prevalence of a range of mental disorders (psychotic illnesses, major depression, attention-deficit/hyperactivity disorder [ADHD], conduct disorder, and posttraumatic stress disorder [PTSD]) along with predetermined study characteristics were extracted from the eligible studies. Analyses were reported separately for male and female adolescents, and findings were synthesized using random-effects models. Potential sources of heterogeneity were examined by meta-regression and subgroup analyses.

Results: Forty-seven studies from 19 countries comprising 28,033 male and 4,754 female adolescents were identified. The mean age of adolescents assessed was 16 years (range, 10–19 years). In male adolescents, 2.7% (95% CI 2.0%–3.4%) had a diagnosis of psychotic illness; 10.1% (95% CI 8.1%–12.2%) major depression; 17.3% (95% CI 13.9%–20.7%) ADHD; 61.7% (95% CI 55.4%–67.9%) conduct disorder; and 8.6% (95% CI 6.4%–10.7%) PTSD. In female adolescents, 2.9% (95% CI 2.4%–3.5%) had a psychotic illness; 25.8% (95% CI 20.3%–31.3%) major depression; 17.5% (95% CI 12.1%–22.9%) ADHD; 59.0% (95% CI 44.9%–73.1%) conduct disorder; and 18.2% (95% CI 13.1%–23.2%) PTSD. Meta-regression found higher prevalences of ADHD and conduct disorder in investigations published after 2006. Female adolescents had higher prevalences of major depression and PTSD than male adolescents.

Conclusion: Consideration should be given to reviewing whether health care services in juvenile detention can address these levels of psychiatric morbidity.

Key words: criminal justice, detention, mental disorders, PTSD, systematic review

J Am Acad Child Adolesc Psychiatry 2020; ■(■):■–■. 

SCH Morbidity

'Am I supposed to be in a prison or a mental hospital?' The nature and purpose of secure children's homes

Caroline Andow 

Department of Social Sciences and Social Work, Faculty of Health and Social Sciences, Bournemouth University, Bournemouth, UK

Correspondence

Caroline Andow, Department of Social Sciences and Social Work, Faculty of Health and Social Sciences, Bournemouth University, Bournemouth Gateway Building, St. Pauls Lane, Bournemouth, BH8 8GP, UK.
Email: andowc@bournemouth.ac.uk

Funding information

Economic and Social Research Council

Abstract

Secure children's homes are locked institutions that deprive children of their liberty. The government are investing significantly in these homes, yet there remains a lack of clarity about their nature and purpose. Drawing on data generated through a substantial ethnography in one secure children's home in England, this paper uses Goffman's (1961) theorising as a conceptual lens to view the institution. It concludes that ambiguity and confusion about what these institutions are, and what they seek to achieve, impacts negatively on the experience of everyday life within. Clarity is needed urgently to improve experiences and to enable the assessment of outcomes.

KEYWORDS

ethnography, Goffman's total institution theory, secure children's homes

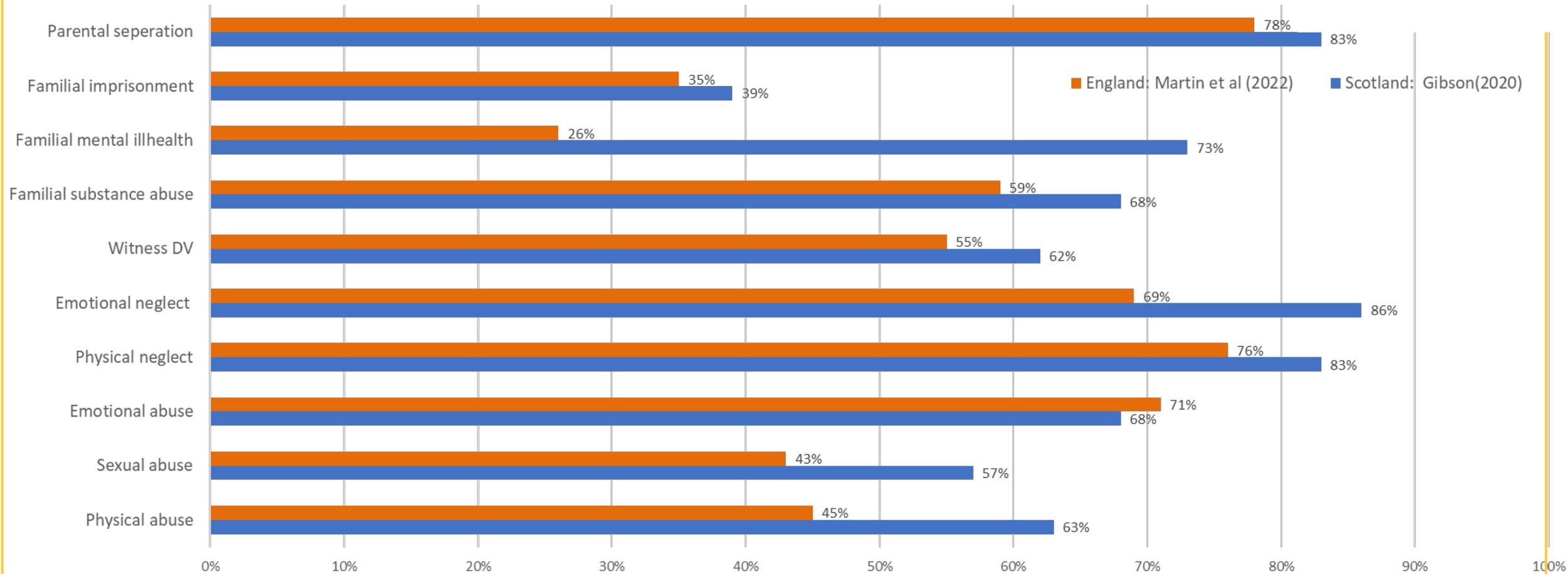
ACEs



ACEs, Distance and Sources of Resilience

Ross Gibson, CYCJ

May 2021



‘some evidence that there is a cohort of children with particularly complex needs who are seen as too “challenging” to be suitable for a secure children’s home. This includes children with very complex mental health needs but who do not meet criteria for detention under the Mental Health Act. This has led to a significant increase in the use of the inherent jurisdiction of the high court to deprive children of their liberty in alternative placements.’

‘there is a lack of clarity around the main purpose of depriving a child of their liberty for welfare reasons and in youth custody (ie to punish or to rehabilitate) and therefore what an ‘ideal’ system should look like.’

Older children and young people | February 2022

What do we know about children deprived of their liberty? An evidence review

Author
Alice Roe



Report

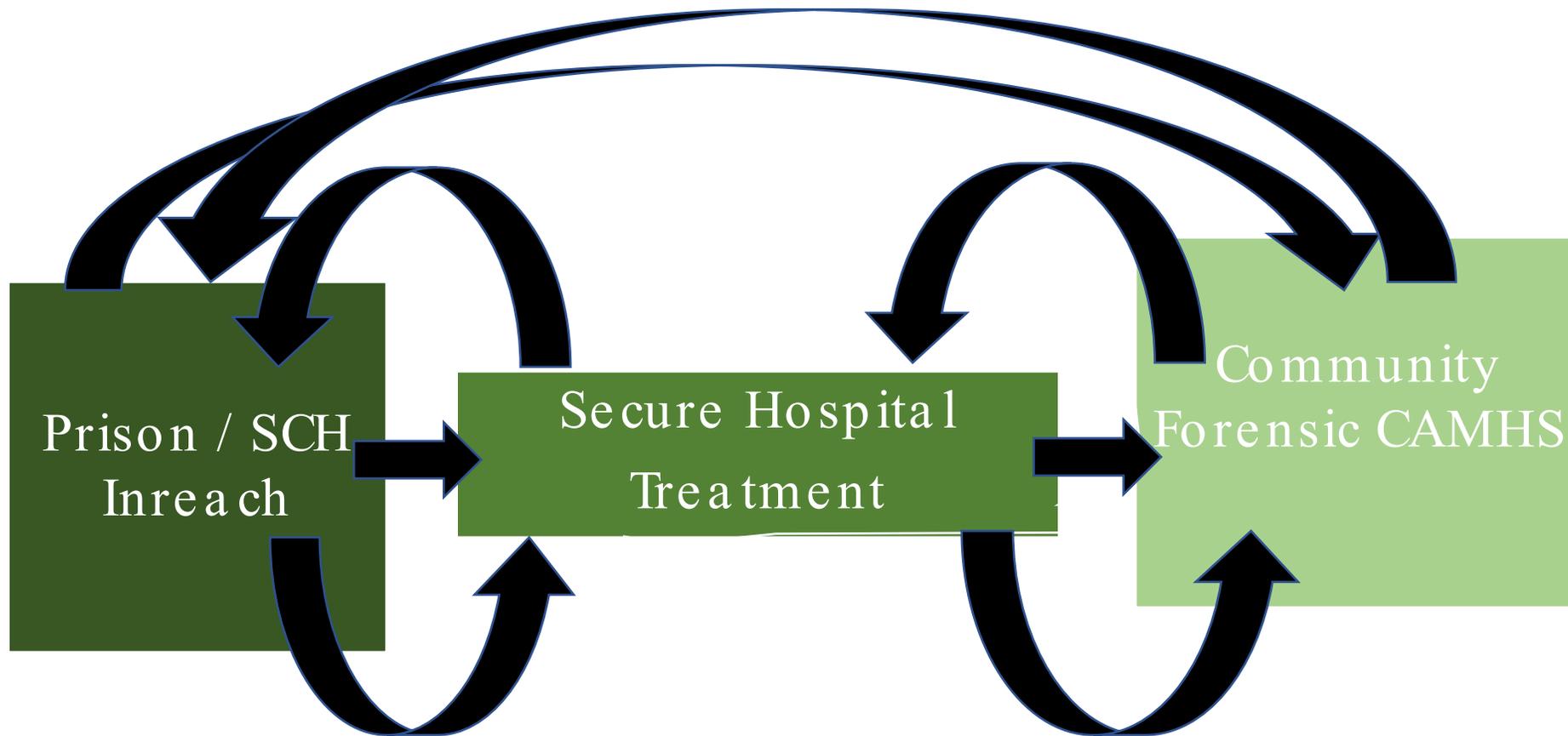
It would be nice to have a straight road to emotional health



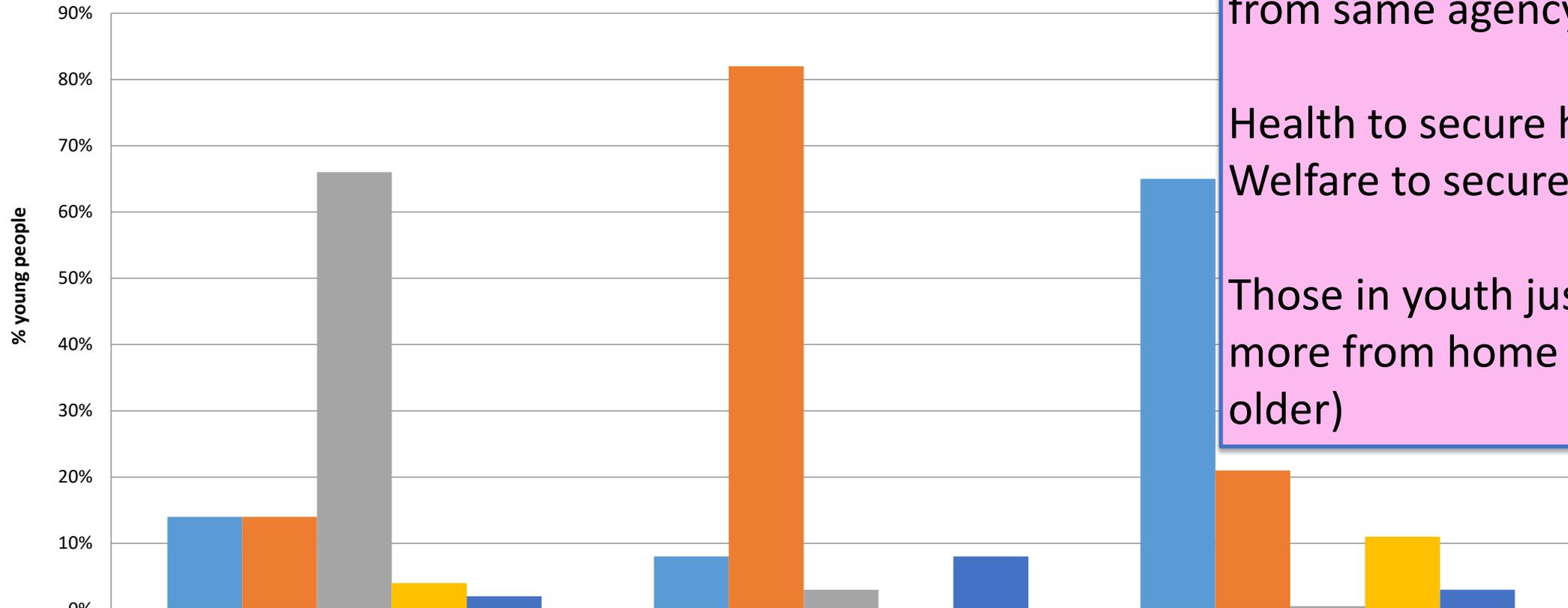
But life is not that simple



And young people move between services



From where are they admitted? (Census 2016)



Referral to secure placement likely to come from same agency

Health to secure health
Welfare to secure welfare

Those in youth justice more from home (and older)

	Mental Health	Welfare	YJS
community family	14%	8%	65%
community welfare	14%	82%	21%
hospital	66%	3%	0.50%
custody	4%	0	11%
secure welfare	2%	8%	3%

Hospital Admissions

Balasubramaniam, Smith, Hales, Bartlett (2023)

Medium secure mental health care for young people: decisions to detain

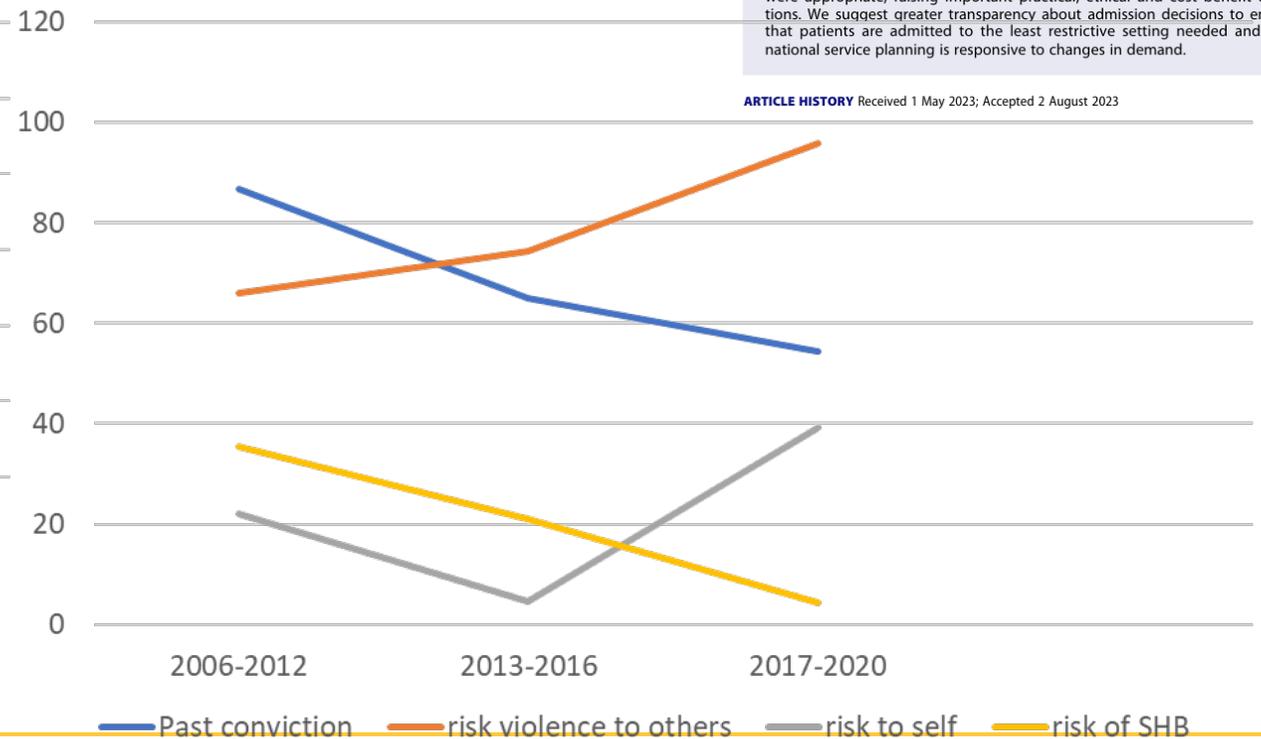
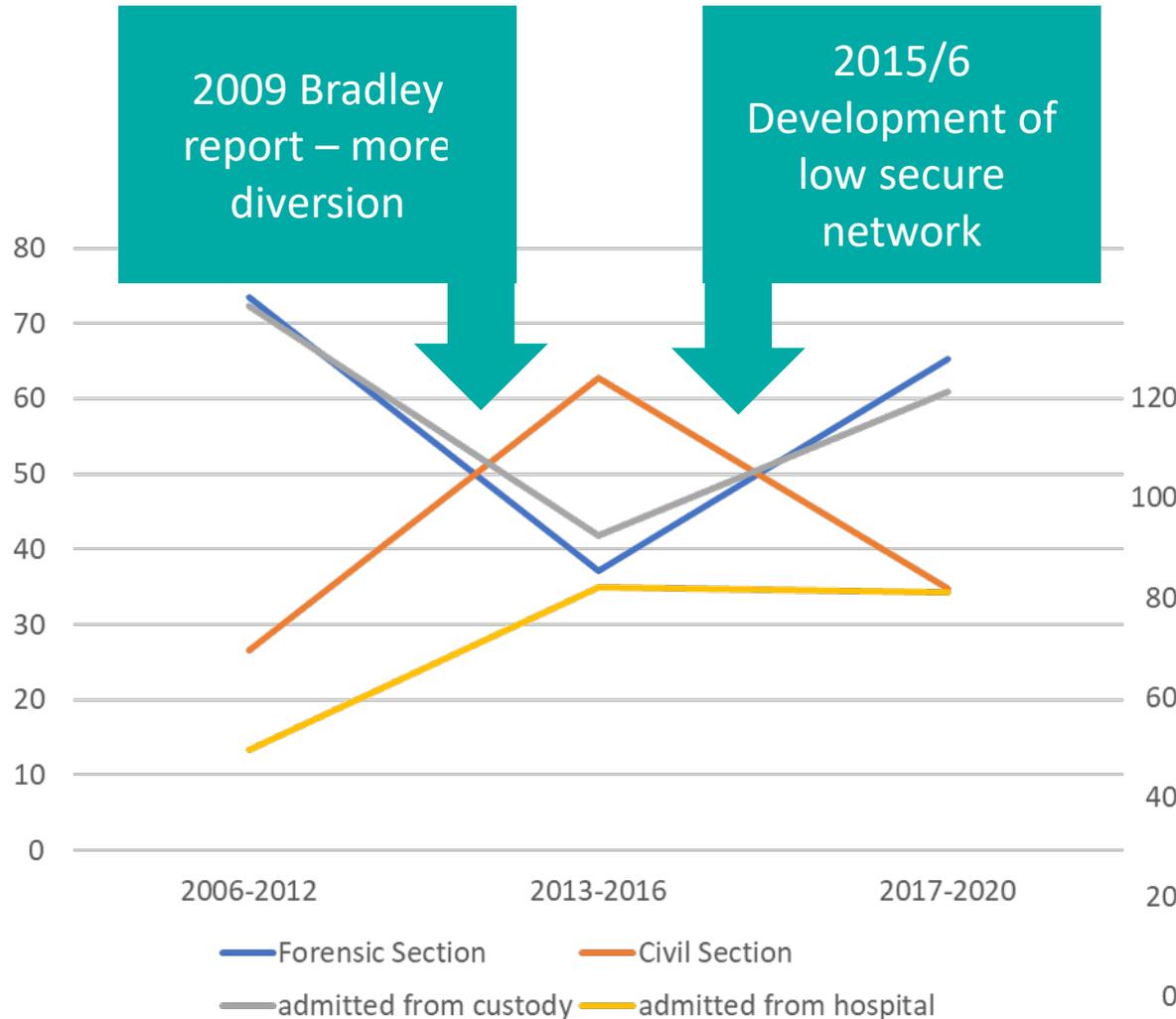
Sinthujah Balasubramaniam^a, Jared G Smith^b, Heidi Hales^c and Annie Bartlett^d

^aConsultant Forensic Psychiatrist, West London NHS Trust, Southall, London; ^bPopulation Health Research Institute, St George's University of London, London; ^cConsultant Psychiatrist in Adolescent Forensic Psychiatry, West London NHS Trust, Southall, London; ^dOffender Health Care, IMBE, St George's, University of London, London

Abstract

Abstract Medium secure units are one component of secure mental health care for young people across the UK. No research has previously examined the appropriateness of admissions. This is a retrospective cohort study of all patients admitted to one unit by examining clinical notes for demographic, mental health and criminological variables. Descriptive data was statistically analysed to then characterise the cohort, audit against admission criteria and examine changes over time. There were 149 admissions. All patients admitted were male, most were 17 years old and from racialized groups. Most were detained under forensic sections with a primary diagnosis of psychosis. Four of five admissions met all 4 admission criteria. There were notable changes in use of forensic sections and risk over time. Our cohort differs from previous historical and contemporaneous cohorts in terms of diagnosis, legislation determining admission and ethnic breakdown. Our analysis relies on an interpretation of existing admission criteria but it suggests that not all admissions were appropriate, raising important practical, ethical and cost benefit questions. We suggest greater transparency about admission decisions to ensure that patients are admitted to the least restrictive setting needed and that national service planning is responsive to changes in demand.

ARTICLE HISTORY Received 1 May 2023; Accepted 2 August 2023



Would you lock this child up?

Decision making ...



Baby GIRAF: Security Group

Vignette study group



Group of International Researchers
in Adolescent Forensics

*Looking over
the secure fence*

- **Sanne Oostermeijer**, *University of Melbourne (Melbourne, Australia)*
- **Melissa van Dorp**, *University of Amsterdam (Amsterdam, The Netherlands)*
- **Annie Bartlett**, *St George's University of London (London, England)*
- **Heidi Hales**, *Bangor University (Bangor, Wales)*
- **Diana Johns**, *University of Melbourne, (Melbourne, Australia)*
- **Kate Crowe**, *Court Services Victoria (Melbourne, Australia).*
- **Ross Gibson**, *University of Strathclyde (Glasgow, Scotland)*
- **Jeremy Burn**, *University of Bristol (Bristol, England)*
- **Fleur Souverein**, *Vrije Universiteit Medical Centre (Amsterdam, The Netherlands)*

Background

- Profile and needs of children in different locked institutions often similar
- The decision-making process is unclear as to:
- **why** professionals decide to place a child in a locked institution
- **how** decisions are made about which child is placed where.

AIM: to enhance knowledge of detention and confinement practices across mental health, welfare and justice sectors within multiple jurisdictions.

Method

- Vignette study design*
- [Five] representative example scenarios, spanning health, welfare and justice.
- Refined by focus groups/conference workshops/discussion.
- Each vignette presented in 3 parts, each part followed by a decision point for placement of the child.
- Decisions captured as a rich dataset combining categorical and qualitative explanatory responses.
- Distributed as an online survey

* ethical approval obtained from U. of Melbourne HREC.

Study information / consent

Respondent info

Stimulus: Vignette part 1

Stimulus: Vignette part 2

Stimulus: Vignette part 3

Reflection

- do you provide expert/professional advice
- role
- agency (health, welfare, justice)
- experience (environments)
- experience (years)
- age
- gender
- ethnicity

- decision point 1
- **locked placement [y/n]?**
 - **type [health/welfare/justice]**
 - info most influenced your answer
 - info needed for greater confidence
 - ideal world care/intervention

- decision point 2
- **locked placement [y/n]?**
 - **type [health/welfare/justice]**
 - info most influenced your answer
 - info needed for greater confidence
 - ideal world care/intervention

- decision point 3
- locked placement [y/n]?**
 - type [health/welfare/justice]**
 - info most influenced your answer
 - info needed for greater confidence
 - ideal world care/intervention

- affected by child age?
- why
- affected by child gender?
- why
- which professionals involved
- needs for care in the community
- adequacy of local provision
- relevance to work [y/n]

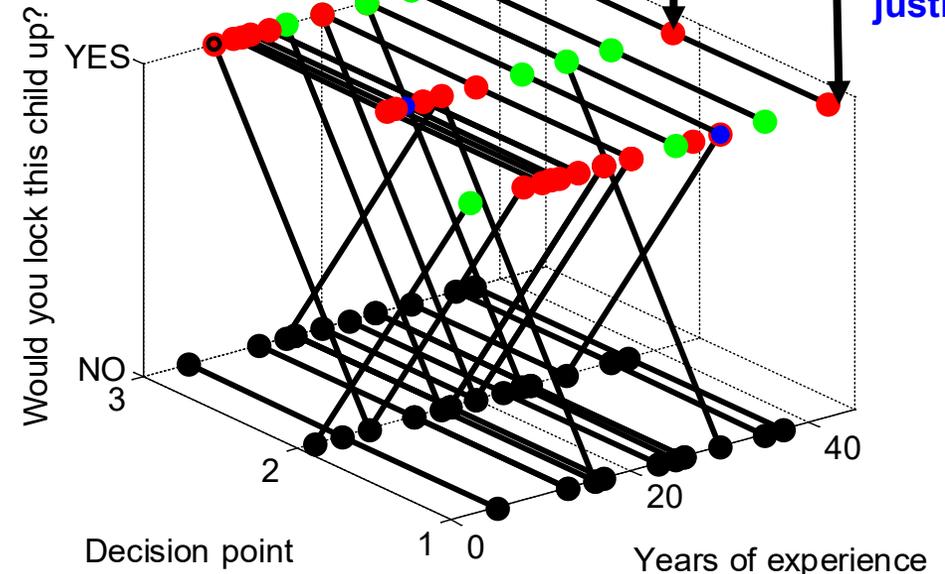
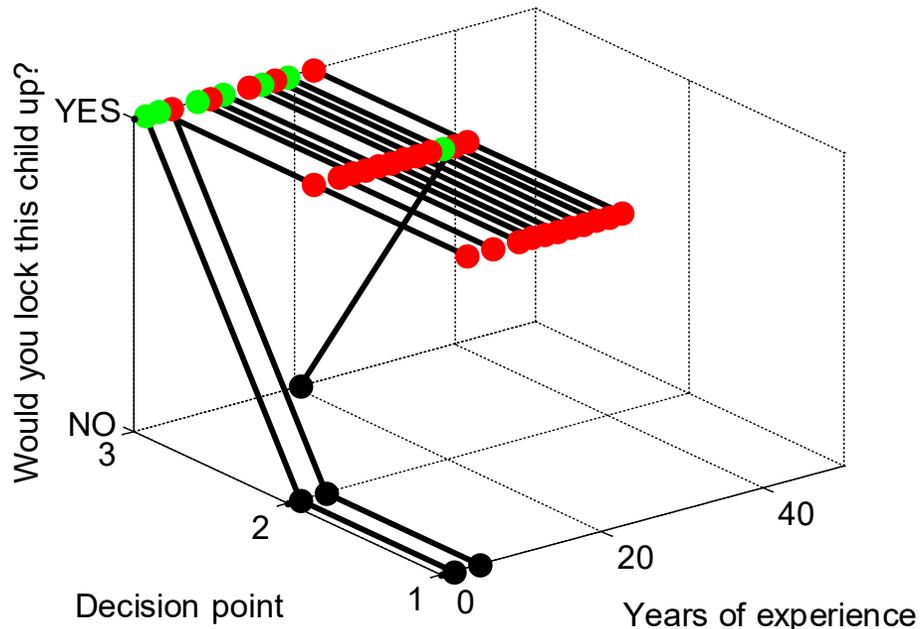
KEY
categorical variables in blue
free-text variables in green

Vignette A

A is a boy who is currently admitted to the local open adolescent psychiatric hospital and has absconded many times. He has talked of wanting to kill himself. He has been picked up twice by the police by a high bridge and thought to be at risk of jumping.

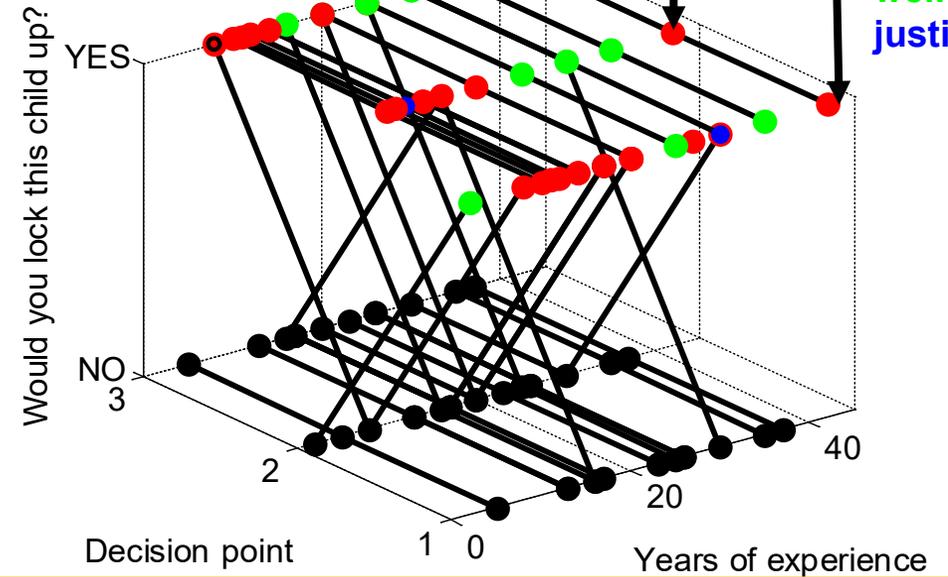
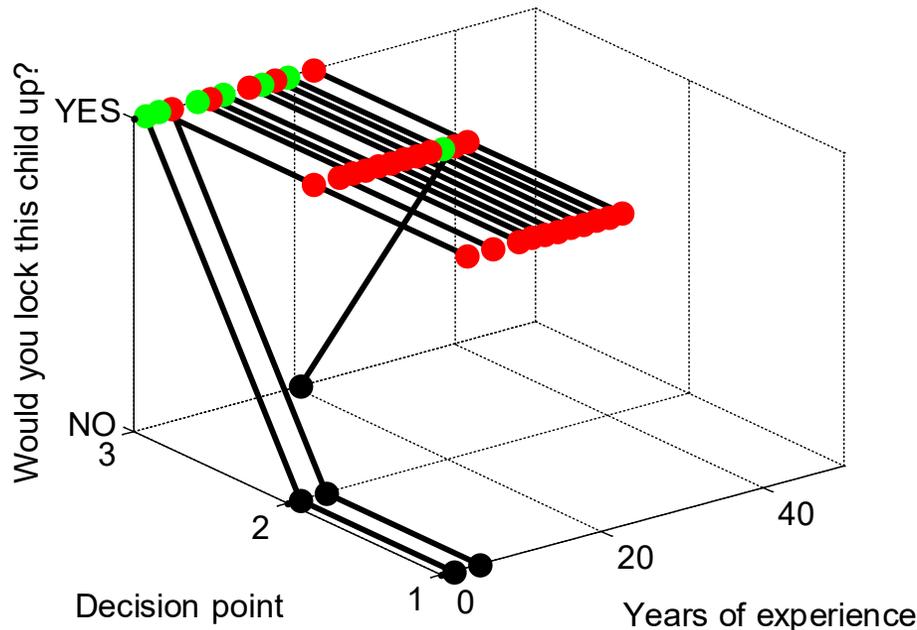
A is 16 years of age. Yesterday, he was found to have given banned items that posed a risk to other vulnerable patients. Therefore, the ward team have said that they cannot keep him and his peers safe on this open hospital ward and say he must be moved to another placement.

A has a long history of impulsively placing himself at risk, including running across roads in front of cars, climbing trees and threatening to jump out of windows. There has never been any violence or other offending behaviour. His parents have said that they cannot have him home and social services have said that they do not have a placement in the community that can keep him safe.

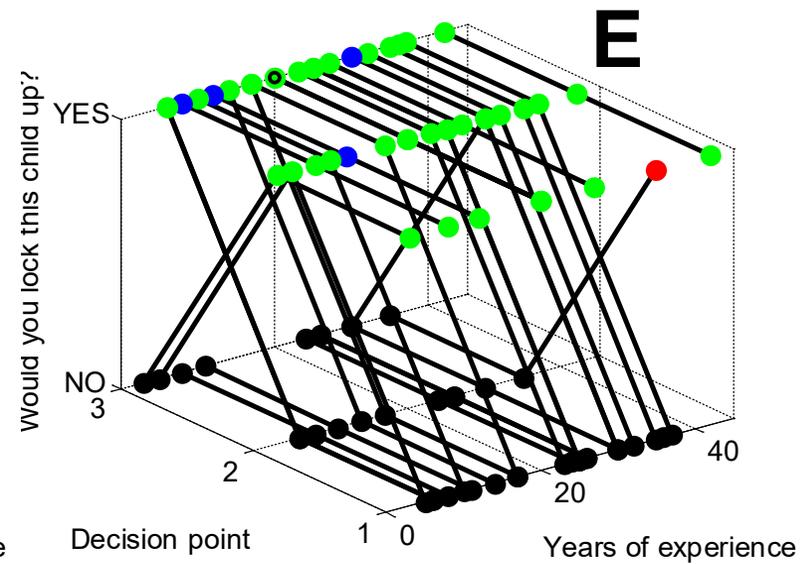
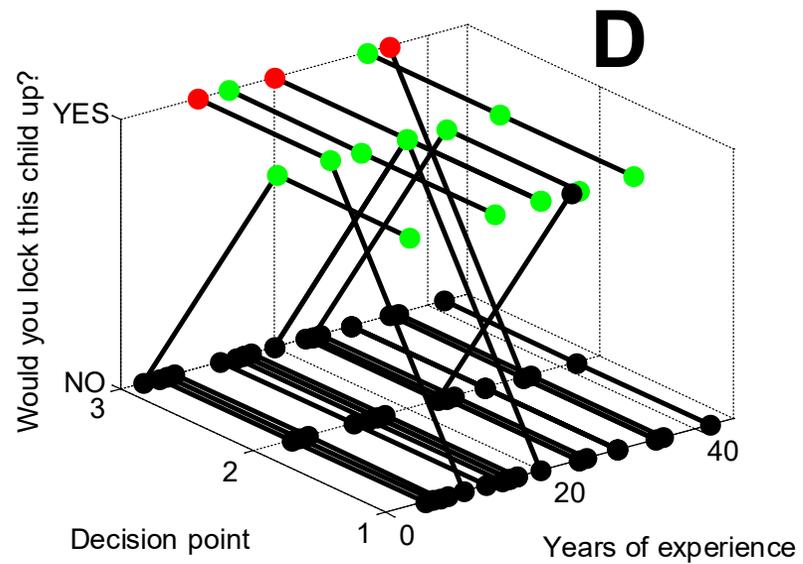
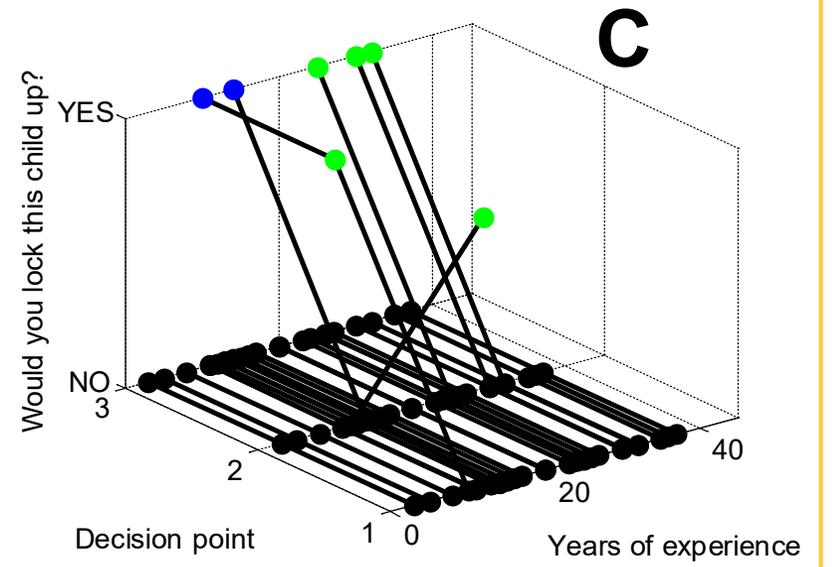
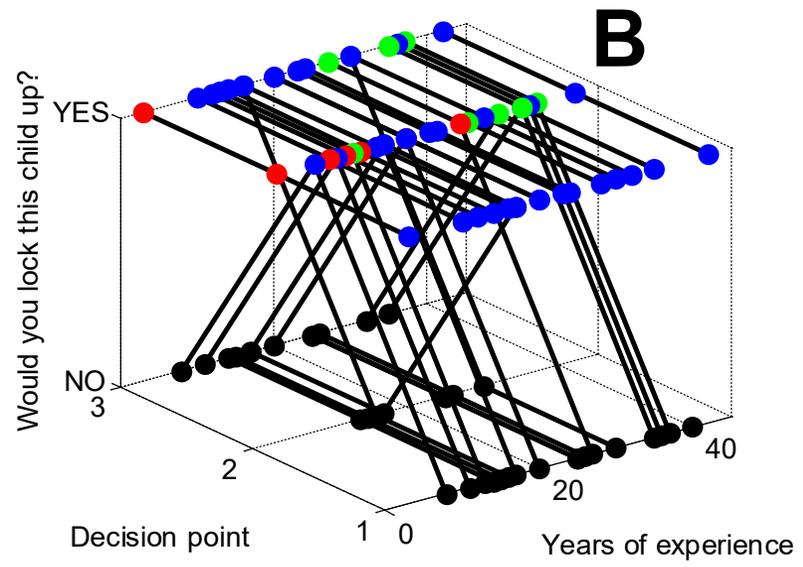
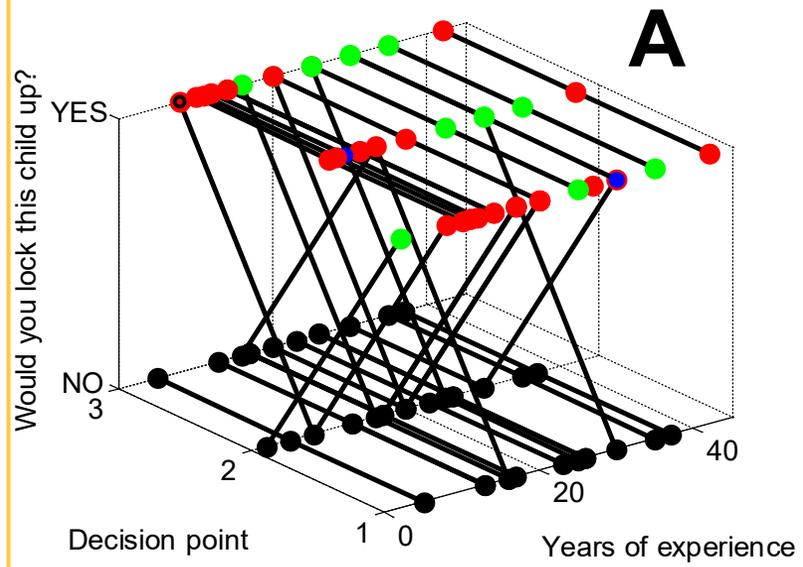


Vignette A

Male gender
Admitted to General Adolescent Unit
Absconding risk
Suicidal thoughts
Risk of jumping – suicidal plans
Age – 16 years
Banned items
Plan for discharge
Impulsive
No offending
No placement

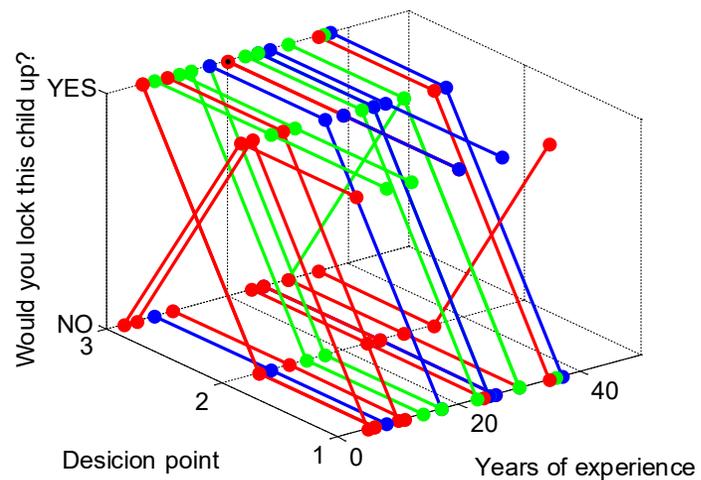
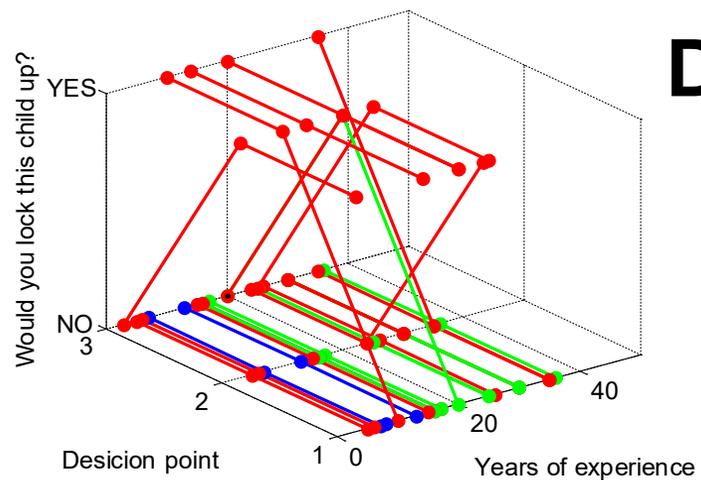
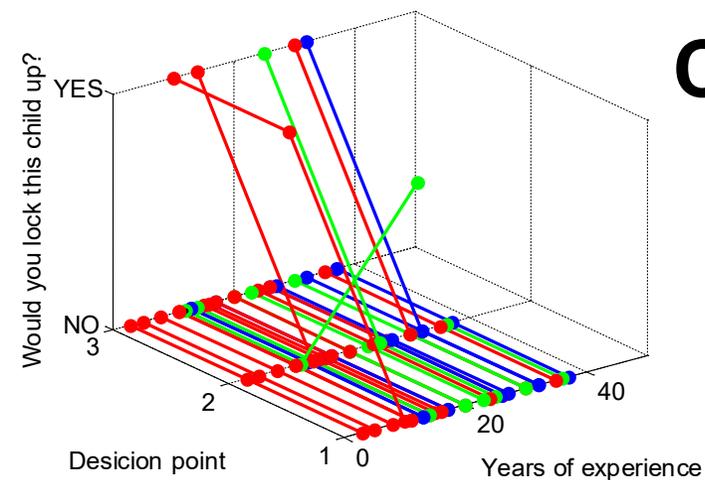
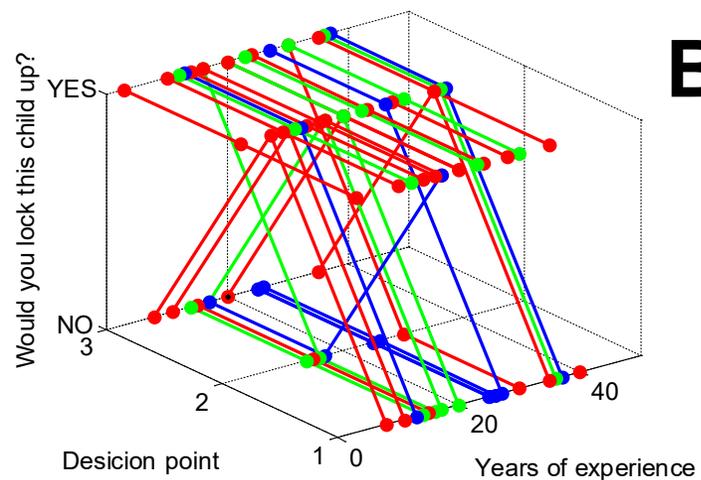
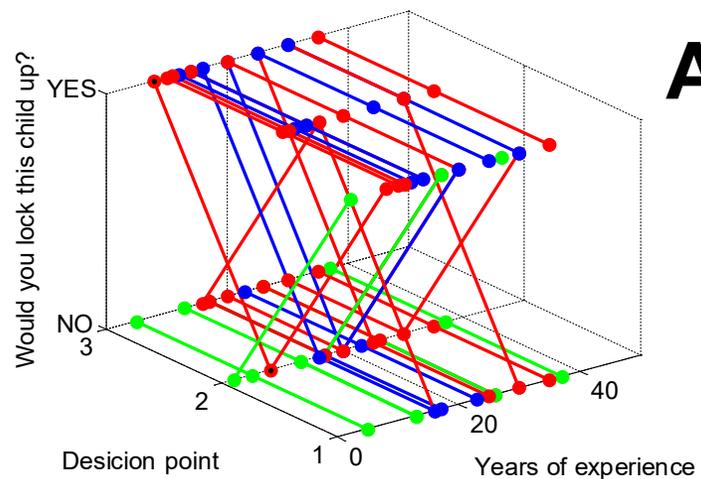


Placement type
health •
welfare •
justice •



- Placement in**
- █ health
 - █ justice
 - █ welfare

Weak effect of employment agency on decision making



Q: Do you work for:

- health
- justice
- welfare

Ethics and child detention

Acknowledgements



THE EUROPEAN SOCIETY OF MEDICINE

Medical Research Archives, Volume 13 Issue 7

RESEARCH ARTICLE

Preventing Detention: Ethical and Legal Disputes Between Professionals in the Detention of Young People Who Present a Risk to Others

Dr Heidi Hales BA (Hons) Oxon, PhD, MBBS, DCH, MRCPsych ¹; Dr Michael Jewell ²; Professor Annie Bartlett ³; Professor Gwen Adshead ⁴

Our article reference



Hales, H., Jewell, M. Bartlett, A., Adshead, G. Preventing Detention. European Society of Medicine Vol 13 No 7 (2025)

Clinical vignette

- 14 year old girl showing risk behaviours, to herself and others
- Was brought to A&E due to concerns around behaviour
- Was assessed and discharged but remains there due to placement giving notice
- She has ADHD and Autism but no other diagnosed mental disorder
- She is a Looked After Child, under a Care Order, though initially placed in care with her mother's agreement because her mother felt unable to manage her behaviour
- She and mother now minimise the difficulties they had and want her to return home
- Professionals from all agencies are meeting to discuss options for placement
 - Secure welfare
 - Other children's home
 - Mental health ward
 - Justice sector

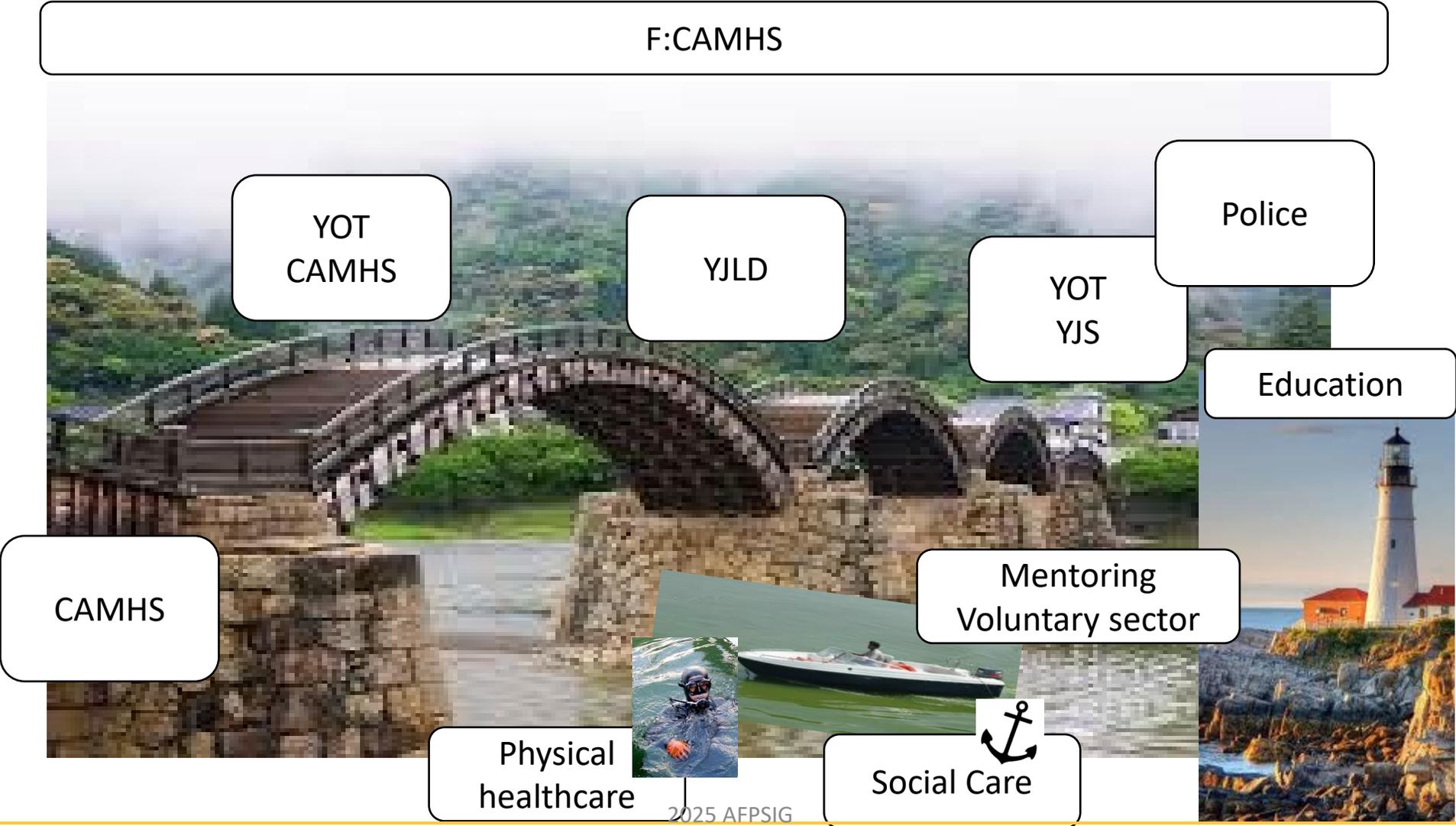
What may influence our decision making ...

Relevant practical factors	Evaluative properties
Shared values	Though all agree on the least restrictive option – there are differences of opinion about what would be most suitable.
What may appear to superficially influence our decision making	Whether we or our colleagues have been assaulted
	What agency we are working for
Deeper influences	What do we consider to be in the young person’s best interests? (Being ‘free’ or placing in secure to stop future risk behaviours and getting charges)
	Do we think that secure units are ‘safe’ and helpful
	Do we have professional anxiety about managing this yp in the community
	How do we think resources should be allocated? (To this child or to other children)
	What resources are actually available now – and in the next few weeks. This includes our time, colleagues time, space in A&E, ability to admit other young people
	Are we able to consider the voice of the child?
	There is no ‘right’ and if we are able to understand our colleagues’ values and dilemmas, it may aid the discussions
	<p data-bbox="1702 235 2527 386">A modern expression (enshrined in ECHR ‘proportionality’) of reconciling the moral values of beneficence versus autonomy</p> <p data-bbox="1702 386 2527 491">Personal values of professionals</p> <p data-bbox="1702 491 2527 591">Professional values</p> <p data-bbox="1702 591 2527 725">Tension between child’s local values and universal moral value of beneficence</p> <p data-bbox="1702 725 2527 776">Promote beneficence and non-maleficence</p> <p data-bbox="1702 776 2527 929"><u>Defensive practice</u>: prioritising personal values of career integrity rather than the child’s values</p> <p data-bbox="1702 929 2527 1033">The moral value of justice (service-level values)</p> <p data-bbox="1702 1033 2527 1182"></p> <p data-bbox="1702 1182 2527 1282">Are the child’s values relevant or good enough? (principle of autonomy)</p> <p data-bbox="1702 1282 2527 1405">Values relativism? Or are some values <i>better</i> than others?</p>

Any Door ...



Multiagency working



Thankyou for listening

- Questions
- Do join us in our future GIRAF meetings –
2nd Thursday of the month, 8am UK time

Emails:

Heidi.hales@wales.nhs.uk



until next time - that's all folks |
Meme Generator