

Forensic Intensive Psychological Treatment Service (FIPTS)

Catchment area:

- The inpatient team accept referrals London wide and nationally if funding is agreed.
- The community and residential teams only accept referrals from Lambeth and Southwark. Residential referrals have to be made through the community team.

Where does the project/ organisation meet?

FIPTS is managed under 3 teams

- Inpatient team based at the Bethlem Royal Hospital
- Community Team based at Lambeth Hospital
- Residential Team in Brixton (2 hostels)

Project contact details:

contact name:	FIPTS Community Team	tel:	020 3228 6516
address:	Forensic Intensive Psychological Therapy Service Lambeth Hospital 108 Landor Road SW9 9NT		
website:	N.A.		

Project opening times: Inpatient service and high support hostel are staffed 24hrs a day. The community team and the low support hostel are staffed 9am – 5pm, Monday - Friday

Accessibility:

Physically accessible? Yes

Language interpreter available? No

BSL interpreter available? No

What does the project offer?

Intensive therapy, support (possibly housing) and monitoring. Treatment is specific to the individual and that is determined at assessment. It's dynamic over the course of treatment. Treatment includes individual psychological sessions, group work, vocational and social support.

What kind of support or involvement activity is offered?

- Inpatient Team offer group and individual therapy. They offer a violence reduction programme of three phases looking at personal history, how to address risks (offending cycle) and relapse prevention.
- Community Team – a multi-disciplinary team offering a care coordination, individual and group therapy.
- Residential Team – provide hostel accommodation with practical support, social activities, risk management and monitoring.

Who does the organisation aim to provide a service for?

Men with a diagnosis of personality disorder who have a history of serious offending (which can be contributed to by his personality disorder). The majority of our referrals come from secure hospitals, prisons, probation and court. FIPTS do accept referrals, however, from CMHT, GPs, voluntary organisations, etc.

Who can and who can't access it i.e. inclusion/exclusion criteria?

Who can access?	Who's excluded?
<p>Men over 18 with a criminal history, who have difficulty conforming to social norms (diagnosis of PD not needed for referral)</p> <p>Individual must be motivated to take part in therapeutic work to address both their personality and their offending</p> <p>Must be a link between individual's personality disorder and offending behaviour.</p>	<p>Women</p> <p>If person has a dual diagnosis of personality disorder and mental illness. Then it is preferable that they have their mental illness stabilised</p> <p>If person has an alcohol or drug dependence, then it is preferable that they address this need first.</p>

Are there any barriers to new people joining?

Funding for out of area referrals.

There can be waiting time as the inpatient ward fluctuates, capacity for the community team depends on staffing levels and the hostels can be full.

How can people access it?

Require a referral from probation, prison, a high support hospital, CMHT or Multi Agency Public Protection (MAPPA) or self referral. Use the above contact details to access referral forms

How does the process start?

A referral is accepted and then discussed and distributed to the appropriate team. A member of that team will contact the referrer and the potential client and make an appointment. The first meeting looks to establish a relationship and discuss our service. It's to determine whether a full assessment should begin.

Are there any conditions to joining?

Individuals must be motivated to engage in therapy, disclose and accept they have a personality disorder.

Many service users have orders from probation or Mental Health Act orders.

Are there any opportunities for service users to have an informal chat/meeting with someone before joining?

Yes, with a member of staff. Use above contact details

What makes it different from mainstream mental health services?

Staff case loads are smaller than CMHT so we can work with people much more intensively. Clients in the community, for example, are seen once or twice a week.

The service specifically addresses personality disorder and offending.

The service has good liaison with the police and other agencies.

What do people who use the service like about it?

This has very recently been researched but information not yet available. Contact FIPTS community team for most recent updates

What could I expect if I came along?

The assessment process is comprehensive and an intensive treatment programme will be developed to meet the individual's needs (there is no time frame for length of treatment). The client can expect intensive support and, if willing to address needs, make changes towards living more comfortably in society.

Who runs the organisation/project?

Any plans for future development?

The service initially ran as a pilot. This has now come to an end and funding has been secured for the future. The service is always looking to adapt and grow in its ability to provide its service – service development would include more community support groups and carers support

Service User and Carer Involvement

Service User Involvement

Service users are not involved in running the treatment programme or groups but within the residential units service users help to arrange and run social activities.

Inpatient team have a weekly forum which also includes a tenants' representative from the residential unit.

On an individual level the service tries to encourage people to be involved in their own recovery. However there are considerable barriers (forensic history for example) which make it hard for people to find accommodation, college places, employment etc. At times professional support can help break down these barriers.

There is access to the community organisations in the local area and community meetings / user led tenants meetings.

Carer Involvement

Carers are not involved in running the project. Though if the client wished, one or more carers could be part of his care team (involved in CPA)

There is an intention to develop the possibility for carers to become involved in planning the support/recovery of the person they care for, local service development and planning, and/or national carer involvement activity. Information will be added in due course.