

# ST MARY'S HOSPITAL

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## Acquired Brain Injury – Admission Criteria

### Admission Criteria

#### Medium Secure

- Male 18
- ABI.
- Detained.
- Mental Health/behaviour problems are due to, related to or exacerbated by ABI.
- Forensic History or/complex needs.
- Present risk to self or others which is serious and/or imminent.
- Unable to manage in low secure.
- Severe risk behaviour is likely to be frequent
- Patient is likely to present risk if accessing community therefore less community leave.
- Patients are likely to be challenging within a locked environment.
- Possible history of absconding.
- Patients may be moving from High Secure care

#### Low Secure

- Male 18
- ABI.
- Detained.
- Forensic History or/complex needs.
- Risk is not as serious or imminent as in Medium Secure but requires risk assessment and management.
- Behaviour is generally manageable in a locked environment.
- Risk behaviour is infrequent.
- Patients present minimal/low risk to community therefore access to the community is likely.
- Possible history of absconding.
- Patients are likely to be moving from Medium Secure care.

#### Low Secure - Active Rehabilitation Suites

- Male 18
- ABI
- Section
- There is no evidence of current physically aggressive or threatening behaviour; there may be history of offending behaviour
- There is a low risk of absconding
- The patient is assessed as a low risk of self harm
- The patient is assessed as stable in terms of their mental state
- The patient is co-operative with treatment and attempts at rehabilitation
- The patient is willing to comply with a contract specifying the requirements of living in the Transition Service
- The patient may be moving from secure care.

#### Low Secure – Long Term

- Male 18
- ABI.
- Detained.
- Forensic History or/complex needs.
- Risk is not as serious or imminent as in Medium Secure but requires risk assessment and management.
- Behaviour is generally manageable in a locked environment.
- Risk behaviour is infrequent.
- Patient's present minimal/low risk to community therefore access to the community is likely.
- The nature of the risk suggests unescorted leave in the community is not a realistic goal in the short, medium or long term.
- Risk is unlikely to change significantly in the long term
- Patients benefit from the structured approach of cognitive rehabilitation, but may be resistant to active engagement in the therapeutic programme.
- Possible history of absconding.
- Patients are likely to be moving from Medium Secure
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