Mental Health Inpatient Rehabilitation Services Typology Table

This table provides a brief overview of the characteristics of different types of inpatient mental health rehabilitation unit found in the UK. Local provision, in terms of the number of different types of unit per commissioning area, should be based on the Joint Strategic Needs Assessment. This will therefore vary according to local morbidity (e.g. the prevalence of complex mental health problems) and assessed local needs as well as the availability of other components of the rehabilitation pathway, including community rehabilitation teams and supported accommodation services. The expected standard is that all localities will have at least one high dependency inpatient rehabilitation unit.

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March 2019

	High Dependency Rehabilitation Unit	**Community Rehabilitation Unit**	**Longer Term High Dependency Rehabilitation Unit**	**Highly Specialist High Dependency Rehabilitation Unit**	**Low Secure Rehabilitation Unit**
Client group	Severe symptoms, (multiple) co-morbidities, significant risk histories, ongoing challenging behaviours. Most referrals (80%) come from acute inpatient units, and 20% from forensic units. Most patients detained under MHA.	Ongoing complex needs so cannot be discharged directly from high dependency rehab unit to supported accommodation. Most referrals from high dependency rehab unit or acute inpatient unit. Can take detained patients if registered as a ward (may have CTO/S41 patients if not registered as ward).	High levels of disability from treatment refractory symptoms and/or complex co-morbid conditions that require longer period of inpatient rehabilitation to stabilise. Significant associated risks to own health/safety and/or others. Most referrals from high dependency rehab unit. Most patients detained under MHA.	Specific co-morbidities that require very specialist approach e.g. psychosis plus traumatic brain injury, degenerative neurological disorder or Autism Spectrum Disorders. Challenging behaviour is often a significant issue. Most referrals from acute inpatient units and other inpatient rehabilitation units. Most patients detained under MHA.	History of offending and/or severe challenging behaviour. Most referrals from medium secure or other components of forensic system. All patients detained under the Mental Health Act (usually Part 3).
Commissioned by	Local Clinical Commissioning Groups (CCG)	CCGs	CCGs	NHSE (individual places can be commissioned by CCGs)	NHS England.
Focus	Thorough assessment, engagement, maximising benefits from medication, reducing challenging behaviours, psychosocial interventions, re-engaging with families and communities. Step down for forensic services and repatriation of people from out-of-area placements.	Facilitating further recovery, managing medication (self-medication), psychosocial interventions (CBT, family work), gaining skills for more independent living including ADLs and community activities (leisure, vocational).	To stabilise symptoms and challenging behaviours adequately such that function improves and move on to a less supported component of the rehabilitation pathway becomes feasible. Interventions as for high dependency and community rehabilitation units but in a highly supported setting.	To stabilise symptoms and challenging behaviours adequately such that function improves and move on to a less supported component of the rehabilitation pathway becomes feasible. Managing challenging behaviours and physical aspects of co-morbidities are most common areas for intervention.	Assessment and management of risk alongside complex mental health problems. Includes therapeutic engagement, maximising benefits from medication, reducing offending/challenging behaviours, encouraging ADL skills.
Recovery goal	Move on to community rehabilitation unit or supported accommodation.	Move on to supported accommodation	Move on to community rehabilitation unit or supported accommodation.	Move on to a specialist, long term supported accommodation facility.	Move on to high dependency rehabilitation unit, community rehabilitation unit or supported accommodation.

Location	Usually hospital based	Community based	Usually hospital based	Hospital based	Hospital based regional secure services
Length of stay	Up to 1 year	1-2 years	1-3 years (can be longer – variable)	2+ years	2+ years – highly variable
Functioning	Domestic services provided, but ADL skills encouraged through OT	Self-catering, cleaning, laundry, budgeting etc with staff support	Domestic services provided, but ADL skills encouraged through OT	Domestic services provided. Physiotherapy, speech and language therapy and OT provided to improve all aspects of functioning	Domestic services provided and ADL skills encouraged through OT
Risk management	Controlled access ('locked'). Higher staffed, full MDT	"Open" units. Staffed 24 hours by nurses and support workers with regular input from MDT.	Controlled access. Higher staffed, full MDT May have air lock and higher staffing than standard HDRU if target client group require this.	Usually controlled access. Higher staffed, full MDT plus physiotherapy and SALT. Unlikely to need airlock.	Controlled access with air lock. High staffing with MDT. Specialist physical, procedural and relational security skills and facilities.
Provision per population*	Every Trust. One unit per ~300,000.	Every Trust. One unit per ~300,000.	Every Trust. One unit per ~600,000	Regional One unit per ~1m	Regional. One unit per ~1m

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