

**MENTALWELFARE COMMISSION  
FOR SCOTLAND**



scottishdevelopmentcentre  
for mental health



**Risks, Rights and Responsibilities:**

A National Conference on Services  
for Mentally Disordered Offenders in Scotland  
24 May 2002

Conference Report

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## **Foreword**

In January 1999 the Scottish Development Centre for Mental Health and the Mental Welfare Commission for Scotland jointly hosted a conference at which the Scottish Office policy on the care and treatment of mentally disordered offenders in Scotland was launched. Three years on we have again combined to reconvene a conference, with financial support from the Scottish Executive.

The conference on Risks, Rights and Responsibilities was held on 24 May 2002 and attended by over 300 people. The event had a number of aims. It provided the opportunity to review progress nationally and locally since the launch of the policy in 1999. It also provided a forum to look at the impact of more recent or anticipated changes in mental health policy, in legislation and in the wider organisation of health, social care and criminal justice services. It was also a way of giving added impetus to existing and planned developments aimed at improving the care, treatment and support for individuals and their families.

Conference participants included users, informal carers, representatives from criminal justice, health, social work and voluntary agencies, and others with an interest in policy and practice in support of people with mental health or learning disabilities who come into contact, or who are at risk of contact with the criminal justice system.

Despite the wide-ranging backgrounds and interests represented there was considerable common ground between participants in terms of identifying the objectives to be achieved and the obstacles and barriers to be surmounted.

The aspiration to put the individual, as a person with rights, at the centre was a key theme. To achieve this aspiration, however, a shift was required both at a cultural level and in the organisation and provision of services.

At a cultural level, the conference discussions drew attention to the work which still needs to be done to embed human rights within practice. But a cultural shift is also required on the part of the public to minimise stigma and social exclusion and increase awareness and understanding. Further, there is a need to acknowledge the tensions between the rights of an individual and the rights of staff, communities and victims, and to find acceptable ways of holding these tensions in balance.

At the level of service planning, organisation and delivery, the conference underlined not only the continued need for change but for the pace of change to increase. This was required to ensure the availability of the appropriate range and pattern of services to meet the needs of individuals. What was also needed was greater integration between the different service elements.

No-one would deny that the distance yet to be travelled is considerable. What, however, the conference demonstrated was the progress which had been made over the last three years in responding to the needs of mentally disordered offenders. It also underlined the

commitment and capacity of the participants to build upon these small steps and, through further action at local, community and national levels, to effect a larger step change for this potentially most socially excluded group of people.

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## **Welcome and Introduction to the Conference The Right Honourable Lord Maclean**

The participants were welcomed by the conference chair the Right Honourable Lord Maclean. In his introduction Lord Maclean reminded the audience that the overlap between mental disorder and offending behaviour was small though real and important. Lord Maclean underlined the point that a civilised society tries to maintain a distinction between those who require treatment and those whose responsibility for their actions invites a penal response. A comprehensive range of services needs to exist to divert mentally disordered people from the criminal justice system or to offer them care and treatment within it, as appropriate to need.

Drawing attention to some of the important developments since the launch in 1999 of the policy for health, social work and related services for mentally disordered offenders, Lord Maclean suggested that, when measured against the principles of the policy, there was still some way to go to full implementation. For example, the incomplete range of services may mean people remain in prison when they should be more appropriately cared for in hospital, or remain in conditions of high security even when they could be safely cared for in settings of lesser security.

The title of the conference, 'Risks, Rights and Responsibilities' reflected the issues to which attention had to be given to realise the principles of the 1999 strategy. Consideration of human rights should assist the focus on issues such as the entrapment of individuals in conditions of excessive security. A modern approach to risk addresses the quality of risk assessment necessary for public safety, but also the issue of risk management, which, additionally, offers those subject to restrictions on their freedom an opportunity to reduce the risks they pose as far as possible. A focus on responsibilities entails examining how best services might be planned, organised and managed and ensure priority is given to the implementation of the strategy at national and local levels.

Lord Maclean suggested that not only did the conference provide a forum for the exchange of ideas and information, but it was also a way of helping to keep the issue of support for mentally disordered offenders high on the agenda of the Scottish Executive and those who provide and contribute to services.

## The National and Local Context

### *The Intervening Three Years*

The period since the launch in January 1999 of the policy for health, social work and related services for mentally disordered offenders in Scotland has seen a number of significant changes with implications not just for mental health policy in general and for mentally disordered offenders in particular, but, with devolution, the context within which policy is made. Box 1 summarises some of these changes and initiatives.

#### Box 1: Relevant Policy and Legislative Changes and Initiatives since 1999

1999

Jan Conference and launch of the Scottish Office policy document 'Health, Social work and Related Services for Mentally Disordered Offenders in Scotland', NHS MEL (1999) 5.

May Reconvening of the Scottish Parliament

Sept Mental Health (Public Safety and Appeals) (Scotland) Act passed

2000

May 'The Same as You?' Review of Services for People with Learning Disabilities published

June Report of the Committee on Serious Violent and Sexual Offenders (Maclean Committee) published

Oct Review by the Scottish Development Centre for Mental Health of the implementation of the policy for mentally disordered offenders in Scotland completed

Human Rights Act 1998 came into effect

Dec Our National Health: A Plan for Action, A Plan for Change, published

Community Care: A Joint Future. Report of the Joint Future Group published

National Discharge Protocol prepared

2001

Jan 'New Directions' Review of the Mental Health (Scotland) Act 1984 (Millan Report) published

Feb Services, Care, Support and Accommodation for Mentally Disordered Offenders in Scotland – Care Pathways Document, NHS HDL (2001) 9 published

June Criminal Justice White Paper on Serious Violent and Sexual Offenders published

Oct Renewing Mental Health Law: Policy Statement published

2002

Feb Community Care and Health (Scotland) Act passed

A Better Way: The Report of the Ministerial Group on Women's Offending, published

Mar Criminal Justice (Scotland) Bill published

May The Right Place, The Right Time: Review of the governance and accountability of the State

Hospitals Board for Scotland: Proposals for Consultation, published

Rights, Risks and Responsibilities: Conference on Services for Mentally Disordered Offenders in Scotland

June Draft Mental Health (Scotland) Bill published

### *The View from the Scottish Executive*

In his presentation to the plenary session of the Conference the Minister for Health and Community Care, Mr Malcolm Chisholm, drew attention to the initiatives under way at national, regional and local levels. These different initiatives were informed by the dual

imperatives of providing a person-centred response based on individual need in a context in which public safety had also to be of the highest importance.

Legislative changes of relevance to which Mr Chisholm drew attention included:

- The Criminal Justice (Scotland) Bill, and specifically the role of the proposed Risk Management Authority and the Order for Lifelong Restriction
- The proposed Mental Health Bill which, it was anticipated, would be enacted toward the end of the parliamentary session in 2003.

Other Scottish Executive initiatives for extending the range of options available for the appropriate safe care, treatment and support of mentally disordered offenders included:

- The Care Pathways document (NHS HDL (2001) 9) which has usefully served as both a planning and an audit tool
- The inclusion of mental disorder as one of four target groups for diversion schemes

The Minister also drew attention to the progress being made in service modernisation and development including:

- The opening of the 50-bed Orchard Clinic secure care unit on the Royal Edinburgh Hospital site; the continued efforts being made in Glasgow to develop a secure care in-patient unit; the proposals being developed for a local unit by the West of Scotland Consortium, due for public consultation in the autumn
- The publication of the consultation document 'The Right Place, The Right Time' which proposes different models for the future governance and accountability of the State Hospital
- Local initiatives for ensuring continuity, for example in Ayrshire and Arran interagency protocols had been developed and an interagency forensic forum established to consider and resolve inter-agency problems.

The responsibility of the Scottish Executive in addressing the stigma that attaches to mental health was also underlined by Mr Chisholm. As announced in 'Our National Health: A Plan for Action a Plan for Change' (Scottish Executive, December 2000), £4m had been made available for a programme aimed at improving mental health and well-being. The remit of the National Action Group charged with implementing the programme includes developing initiatives to tackle stigma. Funding has already been made available to the organisation 'People Too' to develop programmes aimed at increasing awareness and understanding, with particular attention being given to the media.

Despite the number of initiatives and developments in place or in progress, the Minister nonetheless recognised that the pace of change could sometimes appear frustratingly slow to clinicians, managers and politicians.

Responding to questions Mr Chisholm:

- Emphasised the importance the Scottish Executive placed on carer and user involvement in service planning and development. Mr Chisholm drew attention to recently published draft guidance on public involvement in service change (Consultation and public involvement in service change; draft interim guidance, HDL (2002) 42);
- Raised the possibility of looking again at the possibility of including a right of appeal against detention at a higher level than required on the basis of assessed need and risk.

#### *The View from the Local Authorities*

Professor Sandy Cameron, Executive Director of Social Work Resources, South Lanarkshire Council described the competing imperatives faced by local authorities, the opportunities for progress and the barriers yet to be overcome.

Among the different initiatives to which local authorities were required to respond Professor Cameron noted: the new or impending mental health, criminal justice, community care and health legislation, as well as the Adults with Incapacity (Scotland) Act; the joint future agenda; drugs and alcohol related initiatives; and the specific initiatives relating to people with learning disabilities and women, as well as local authority responsibilities to children and adolescents. Local Authorities also had ongoing responsibility for community safety. In addition was the impact on local authorities of the National Care Standards/Care Commission and the Social Services Council.

To realise the objectives underlying the range of initiatives, Professor Cameron emphasised the importance of joint agency working. On the one hand, offending behaviour is often the result of a combination of medical and social factors. On the other hand, to effectively respond requires an integrated approach, not just between health and social work, but also with criminal justice agencies, including the police.

This joint approach should be at both senior level and among front line staff. Joint working should also encompass elected members, particularly in the context of service development and planning for local secure care services, and engagement with local communities.

Integrated working should also extend to the State Hospital. Professor Cameron valued the importance placed on local authority involvement in the consultative document on the future governance and accountability of the State Hospital, 'The Right Place, The Right Time' (Scottish Executive, 2002).

To enhance joint working, Professor Cameron highlighted the importance of joint training and evidence based practice.

Examples of good practice in joint working to which Professor Cameron drew attention included: Glasgow/Ayr Court Service; Lothian Multi-agency sub-group on the needs of community services; Access Project, Glasgow; Tay Project for sex offenders with a learning disability; joint forensic learning disability team in Fife; and the National Discharge Protocol for people discharged from the State Hospital. There was, however, still a long way to go, for example: to achieve CPA implementation; to respond to delayed discharges; to develop crisis and respite services; and to develop a national forensic network of care.

Professor Cameron suggested that the range of required initiatives and strategies were in place: what was required now was to draw them all together.

### *Joining up the Dots*

The extent and direction of change in the three years since the previous conference was illustrated in the plenary session paper “Joining up the Dots” given by Dr Derek Chiswick (Consultant Forensic Psychiatrist, Lothian Primary Care NHS Trust) and Dr Lindsay Thomson, (Lecturer in Forensic Psychiatry, University of Edinburgh). Describing the findings from a survey they had undertaken, the speakers drew attention to some of the developments, but also some of the continued gaps in the care pathways for people with mental health and learning disabilities who were in contact, or at risk of coming into contact, with the criminal justice system including:

- The reduction in recorded crime, but increase in violent/drug related crime over the period 1996/97 – 2000/01
- The variable arrangements across the country for the police to obtain a psychiatric examination of someone in police custody
- The use of hospitals and in some areas, police stations as places of safety
- The introduction of 10 new Appropriate Adult schemes
- A range of court diversion/liaison schemes in operation, of which three specifically screen offenders
- A reduction of 15% in the number of hospital disposals from the court over the period 1998 – 2000
- A 28% reduction in the number of prison to hospital transfers
- A reduction in the number of psychiatric in-patient beds
- The opening of the Orchard Clinic, Secure Care Unit in Edinburgh
- The continued gap across Scotland in the range of in-patient provision between high secure care (the State Hospital) and low secure care, with the proportion of bed numbers tending towards high secure care compared to England
- The numbers of people in secure in-patient care who are believed to be inappropriately placed
- The variability and incomplete range across Scotland in the provision of community forensic services.

In a context in which interdependence between different service elements, from community based to high secure in-patient care, was ‘crucial’, for Dr Chiswick and Dr

Thomson the survey highlighted the continued gaps across Scotland in the pattern of care, treatment and support. The speakers also underlined the absence of centrally collected, publicly available data that would provide a baseline for monitoring future developments at local and national levels.

## Conference Themes

### A. Human Rights

The keynote speech on human rights was given by Professor Alan Miller, Director of McGrigor Donald Rights, University of Strathclyde. From the perspective that human rights were the “starting point”, Professor Miller described how:

- Human rights, as enshrined in the Universal Declaration of Human Rights (1948) were at the starting point of life itself for all human beings
- And continued for people who came into contact with the criminal justice and mental health systems
- The European Convention on Human Rights (ECHR) provided a human rights framework
- The constitutional framework of the Scotland Act 1998 and Human Rights Act 1998 placed duties on the Scottish Parliament, Scottish Executive, Public Authorities and the Courts to act in accordance with the ECHR
- When considering interfering with an individual’s rights authorities had to consider whether such interference was *legitimate*, *legal* and *proportionate*, i.e. the minimum action required to achieve objectives.
- As it evolved the Human Rights Act would act as both a magnet and a spotlight for developing legal judgements
- The ECHR was, however a baseline protecting certain civil and political rights. Over time additional protections in terms of economic, social and cultural rights could be developed
- Developing a human rights culture should become integral to best practice
- To effect this cultural shift from privileges to rights requires participation (of employees), accountability for decisions and transparency of processes of decision-making.

Two workshops specifically addressed human rights but in different ways. One led by Ron Coleman of Keepwell Ltd took a broader based approach, focusing on the fundamental rights of individuals as citizens to dignity and respect. In his introduction Ron Coleman drew attention to the ways in which these core human rights can be compromised by service responses which damage people, through the language used to describe people, through media responses and through the medicalising of personal experiences. To ensure an individual’s human rights are respected service responses have to be person-centred. One model for achieving this is the SHIRE model of support in a ‘Safe, Holistic, Integrated Recovery Environment’.

The second workshop focused specifically on human rights as codified in the ECHR, and, in particular the implications of Articles 3 and 5. Article 3 provides that “no one shall be subjected to torture or degrading treatment or punishment”. Article 5 states that “Everyone has the right to liberty and security of the person. No one shall be deprived of his liberty save in the following cases and in accordance with a procedure prescribed by law...(e) the lawful detention of .persons of unsound mind”. In addition Article 5

requires entitlement to proceedings for deciding speedily the lawfulness of detention. Drawing on three Scottish cases, Scott Blair, Advocate, described the implications of these two Articles for:

- Recall to hospital of a restricted patient
- Review of detention of a restricted patient
- Decisions regarding the administration and nature of treatment.

The human rights related issues arising from these discussions and discussions in other workshops and in the plenary sessions included:

- The distance still to be travelled to develop a human rights culture
- The different ways of talking about human rights: one expressed in terms of legal frameworks and others, drawing on the same underlying principles, but articulated in less formal terms
- The evolving nature of the ECHR and human rights legislation and case law
- The implications of the principle of ‘proportionality’ for people ‘entrapped’ in the State Hospital or in conditions of higher security than required on the basis of assessed need and risk
- The potential for conflict between the rights of an individual and the rights of carers, victims, communities and the public
- The implications of the loss of political rights of mentally disordered offenders
- The right to access appropriate services
- The implications of human rights and data protection legislation for information sharing across professions and agencies
- The potential conflict of interest between the diagnostic and therapeutic roles of psychiatrists and their ‘custodial’ role in the context of compulsory detention
- The role of the proposed Forensic Mental Health Services Board in “ECHR proofing”.

## B. Achieving Effective Individual Care and Working with People in the Community

Both in workshops describing particular services already in place, and in discussions focusing on the experiences of users, carers, women, people with learning disabilities and children and young people, the different ways for achieving effective individual care, and the barriers, were described and discussed.

### *Users' Perspectives*

The workshop on users' perspectives led by Dave Crichton and Lucille Crichton was introduced by Marcia Ramsay of Advocacy 2000 who underlined the importance of:

Caring about, not for people  
Person focused responses  
Finding and supporting a voice at local and national levels.

The ensuing discussion, informed by the personal experiences of some of the participants identified a number of factors that worked against person-centred approaches, in particular:

- The incomplete range of services and resources. What was required was a range of both hospital and community based services flexible enough to respond to changing individual needs, including at times of crisis
- The need to tackle stigma and the impact this has on individuals and service development. In the long term this requires to be addressed by an education campaign, in the short term through rebuttal of stigmatising presentations, particularly in the media
- The need for forums for the collective and individual voice of users and carers to be heard, including:  
Pressure groups to influence the direction of change and development  
Advocacy to protect the individual and collective rights of mentally disordered offenders.

### *Carers' Perspectives*

Janette Gardner and Carolyn Little of NSF Scotland, gave workshop presentations which underlined the importance of informing, listening to and involving carers in care planning and supporting service users to enhance the quality of care of individuals. Carolyn Little in particular emphasised the importance of appropriate and skilled early intervention, a range of provision, including locally based services and continued care and support.

Key features of an effective individual service identified in the course of the workshop discussion included:

- Effective early intervention/crisis response to prevent the need to involve the criminal justice service

- Information sharing/listening to services users and carers
- Appropriately trained staff including professionals such as the police, GPs and lawyers who may come into contact with people at different stages
- Locally based and appropriate services, including access to emergency care for all age groups, wherever there has been prior contact with mental health services
- Links between services to ensure continuity of care.

### *Service Perspectives*

Examples of services aimed at providing individualised care included the Orchard Clinic secure care unit in Edinburgh and the Forth Valley Forensic Community Mental Health Team (FCMHT). The SHIRE model, of care provided in safe, holistic integrated recovery environments was also described.

In their accounts of the setting up and work of the Orchard Clinic the discussants Andreana Adamson (Business, Planning and Contract Director, Lothian Primary Care NHS Trust) and Christina Naismith (ADSW rep/Joint Programme Manager Mental Health, City of Edinburgh Council and Lothian Primary Care NHS Trust) described the clinic as part of a continuum of care, stabilising patients and facilitating gradual re-introduction into the community and transfer to local community services. What was important was basing care on sound risk assessment and agreed funded care plans.

The workshop on the Forth Valley FCMHT led by Dr Rhona Morrison (Consultant Forensic Psychiatrist), William McFadden (Forensic CPN) and Claire White (MHO) described the work of the multi-disciplinary and multi-agency team in supporting mentally disordered offenders in the community or facilitating timely return back to the community. The role of the specialist team included multi-disciplinary needs assessment, multi-agency risk assessment and management planning, use of an augmented Care Programme Approach (CPA), liaison and consultation with other agencies/services and multi-agency training.

### *Common Themes*

Common themes from across the different workshops relating to providing effective individual care included:

- The importance of person-centred responses to need and risk, including responsiveness to needs arising from gender and age and the needs of people with learning disabilities
- Listening to, and involving users and informal carers in individual care planning
- The need for services to be proactive in identifying need, rather than reactive
- The importance of communication and integration across and within agencies and between professionals
- The importance of early intervention
- The importance of a range of specialist and generic services, hospital and community based, including accommodation

- The integration of specialist and generic services to avoid institutionalisation and stigmatisation
- The need to consider funding arrangements which facilitate person-centred responses.

## C. Responding to the Specific Needs of Children and Young People, Women, and People with Learning Disabilities

### *Children and Young People*

Dr John Marshall, Forensic Clinical Psychologist, Greater Glasgow Primary Care NHS Trust, leading a workshop exploring the specific needs of children and young people with mental health problems who engage in offending behaviour, identified the importance of clarifying the language to describe different needs and mapping the territory in terms of the relationship between offending behaviour and mental disorders. Following a presentation indicating the numbers of people and the range of needs, Dr Marshall described proposals for a Forensic Mental Health Service for Children and Young People in Glasgow. The aims of the multi-disciplinary team included assessment and treatment/intervention, consultancy and training, linking with other services, assessing need for NHS secure in-patient facilities.

Issues raised in the discussion which followed included:

- The diversity and complexity of needs of children and young people with mental health problems or learning disabilities who engage in offending behaviour
- The need to differentiate the needs of children, adolescents and young people, and to distinguish the different needs of girls and young women from boys and young men
- The implications of services continuing to work in “compartments” for meeting the breadth of different needs of children, adolescents and young people
- The gaps in services which may mean young people receiving care in environments of higher levels of intervention/security than required
- The scope to undertake more preventative work and build on evidence of effective interventions
- The need for standardising approaches to assessment, treatment/intervention and evaluation.

The 1999 strategy for mentally disordered offenders excluded children and adolescents, but emphasised their specific needs. To begin to overcome some of the obstacles to meeting these needs it was felt that what was required was a joint coherent strategy clarifying priorities, roles, responsibilities and relationships at different levels of service.

### *Women*

The two workshops led by Anne Carpenter (Consultant Clinical Forensic Psychologist, Douglas Inch Centre, Glasgow), Netta McIver (Director, Turning Point Scotland) and Mairi Brackinridge (Head of Criminal Justice, South Lanarkshire Council) focused on women with mental health problems or learning disabilities who come into contact with the criminal justice system. Using a case example of a woman resident in the State Hospital to illustrate the obstacles to achieving person-centred and seamless care the workshops concluded that the current pattern of services did not meet the specific needs of women.

Issues raised included:

- The lack of national and locally collected information on needs to assist person-centred planning
- The need for local plans to include local residents in the State Hospital, and for national consideration of the implications for supporting young women coming out of care
- The small numbers of women across Scotland with mental health problems or a learning disability who come into contact with the criminal justice system and the difficulties this poses in terms of funding services and equity of access, particularly for women from outwith the cities
- The need to look at ways of funding services for this small group of people including budgets following individuals, use of transitional housing benefits and Mental Health Development Fund money for innovative projects
- The need for future service planning and integrated care pathways for individual women, including those in the State Hospital, to ensure continuity of care
- The need for more service models. This could include extending the National Pilot for Services for Women Offenders to include women mentally disordered offenders
- The need for a range or ‘mosaic’ of hospital and community based services including hospital assertive outreach, crisis centres, short term residential care and supported accommodation
- Recognition among service commissioners of the skills of the voluntary sector in providing services for this group of people
- Providing services that move beyond containment to consider the quality of life of women
- Responding to the experience of abuse: services identifying responsibility for or ‘owning’ the therapeutic problems associated with abuse; providing appropriate support and services for abused women; and supporting people who work with abused women
- The value of training and national networks to share experiences or techniques and strategies for responding to the needs of women.

In summary, what was required was “wraparound” “gender specific” services designed around the needs of individual women.

### *People with Learning Disabilities*

The workshop focusing on the needs of people with learning disabilities at risk of or in contact with the criminal justice system, led by Professor Bill Lindsay (Head of Clinical Psychology, Tayside PCT) and Alex Davidson (Head of Adult Services, South Lanarkshire Council) emphasised the distinctiveness of the needs of people with learning disabilities, and the distinctive human rights, legal and service implications.

Issues raised in the discussion which followed included:

- The need to improve public awareness of the differences between mental health and learning disabilities and to work to dispel stigma
- The tensions in policies between containment and community care; between individual human rights and the risks to staff and to the public
- The risk that people's experiences in the community can be restrictive, for example to meet court requirements for close supervision
- The need for support systems in place, including advice and assistance from other professionals
- The need for good risk assessment and management plans
- The need to consider how services (and legislation) will respond to the needs of the small numbers of people in the State Hospital who will never be stable
- The need for more integration between elements of the service, including consideration of people with learning disabilities, when establishing local forensic community mental health teams.

#### D. Addressing Stigma: Developing Improved Public Relations and Working with the Media

The issue of stigma, its causes and consequences for individuals and service developments and the best means for tackling it, were common themes throughout the workshops and in the plenary and panel sessions.

A lack of awareness or understanding both among the public and in the media, but also among non-specialist professionals and service providers was touched upon. There was felt to be a need to dispel the myths and misperceptions relating to people with mental health problems and learning disabilities who come into contact with the criminal justice system.

The effect of negative perceptions was to be seen in responses to proposed service developments, particularly in Glasgow.

A number of workshops described strategies for reducing stigma and increasing awareness and understanding. Linda Dunion of 'People Too' described the Scottish Executive funded campaign currently in development under the umbrella of the national campaign for the promotion of mental health and well-being. Elements of the campaign include creating an identity and public profile, identifying supporters and local champions, and networking and alliance-building. In addition to a national public attitudes survey, the campaign would also take a proactive role in working with the media. The campaign will be informed by the views of people with experience of mental health problems and people from different age groups, occupations and locations. Acting as a catalyst for change, the ultimate goal is to ensure that people with mental health problems enjoy the same rights of citizenship as everyone else.

To explore ways of working with the media four case studies were presented for discussion in a workshop led by Dr Allyson McCollam (Director of the Scottish Development Centre for Mental Health) and Linda Dunion. Specific issues raised by workshop participants included:

- The need for service providers to develop good positive relationships with both local as well as national media
- The need to be very pro-active in promoting positive media material for the client group, but avoiding patronising articles and features
- The need to protect vulnerable individuals from personalised negativity including the use of legal action where appropriate
- The need to be aware of individuals' rights to confidentiality and privacy so that the client and/or their advocate are fully involved in any decisions to work with the media.

The main themes which emerged from across the workshops and in the plenary session discussions relating to stigma, strategies for reducing negative representations and increasing awareness included:

- The need to recognise the powerful role of the media in reducing stigma
- The need to educate and raise awareness and understanding at a number of different levels: in schools; the media; and the public at large. Users with experience of mental health problems (and learning disabilities) have an important role to play in improving understanding
- Awareness of the political nature of planning decisions and the importance of involving elected representatives
- The importance of *informed* public involvement in planning decisions
- The need to keep local neighbourhoods supportive of local services
- The value of a ‘Rapid Rebuttal’ approach to inaccurate and negative reporting in the media
- The need for a strategy if “scandals” do occur
- The value of honesty.

## E. Examples of Local Service Models and Practice

A number of service models were described in the workshops.

The *Forth Valley Forensic Community Mental Health Team (FCMHT)*, described under theme B above, supports people who are mentally disordered offenders in the community. Locating itself at the community base of a mentally disordered offenders 'Care Pyramid', professions represented within the Team include Consultant Forensic Psychiatry, Consultant Forensic Clinical Psychology, Forensic Community Psychiatric Nursing, Social Work (MHO), Criminal Justice Social Work, Team co-ordinator and administrative staff. The team provides multi-disciplinary mental health assessment, continual support and monitoring and multi-agency risk assessment/management planning. In addition the team provides a court liaison service and links with in-patient services and prisons.

The *Orchard Clinic*, in Edinburgh, also described under theme B, is a 50-bed medium secure unit serving Lothian, Borders, Fife and Forth Valley, a catchment population of one million people. The aims of the clinic include provision of a treatment environment that has due regard to the safety of patients, staff, carers and the general public; individual treatment programmes based on multi-disciplinary assessments; multi-professional care and treatment; support to relatives; and a focus on community integration, social skills training and leisure activities.

In a workshop on the *strategic development of services for mentally disordered offenders in Glasgow* Dr Linda Watt, Divisional Medical Director Greater Glasgow Primary Care NHS Trust, and Paul Silk, Principal Officer, Glasgow City Council, described both the service elements and the planning process involved (see also theme F below).

The service model developed by a multi-agency steering group included a range of services including medium and low secure accommodation, day care, a community outreach team and dedicated advocacy service. The emphasis of the model was on throughcare and joint working.

Elements of this service model have gradually been put in place, including a court liaison scheme, enhanced day and outpatient services, including the Douglas Inch Centre school and day programme, outreach CPN service, enhanced prison sessions including psychiatrists, CPNs and psychologists, the provision of admission, low secure, slow stream rehabilitation beds, as well as beds for people with learning disabilities.

Alistair Gilmour, Senior Social Worker, South Ayrshire Council and Paul Gilius, Team Leader, Ayrshire and Arran Primary Care NHS Trust described a *pilot joint agency approach to the provision of information on mentally disordered offenders subject to requests from the courts for social enquiry reports (SERs)* in Ayrshire and Arran. The aim of the pilot was: to establish a system for criminal justice social workers to access health information on mentally disordered offenders and to include this within SERs; to increase the level of contact between criminal justice social work and mental health

service providers in relation to this group of people; to establish joint social work and action plans within SERs where appropriate; and improve the level of information available within SERs.

The evaluation of the pilot suggested that the project had been successful in improving the quality of SERs. There was also an increase in the identification of issues of mental disorder and increased levels of contact between social work and mental health staff. However, the evaluation also revealed continued difficulties in joint working, particularly in respect of confidentiality/obtaining consent; the existence of 'cultural' or 'territorial' obstacles between agencies; the complexity of the processes employed in each agency for information sharing; and the continued dependence on informal relationships in the absence of effective formal arrangements. The evaluation recommended joint agency training and expanded membership of operational management groups.

From the specific and shared experiences of these different service models a number of lessons can be drawn:

- The importance and value of multi- and inter-agency working to achieve valued outcomes for individuals
- The 'cultural', structural, financial and process obstacles to effective joint working
- The need for a comprehensive range of services to meet individual need and for a balance between generic and specialist services
- The importance of co-ordination and communication, consensus and liaison between different service elements
- The importance of joint risk assessment and risk management and jointly agreed and funded care plans
- The value of experienced, well-trained and well paid staff dedicated to the service
- The value of multi-agency training, including team involvement in appointments.

## F. Planning and Management of Services at Local and National Levels

The conference sessions on setting up local and supra-local services and, at national level, the discussions around the review of the arrangements for the governance and accountability of the State Hospitals Board for Scotland, demonstrated the complexities of planning and managing services for people with mental health problems or learning disabilities who come into contact or who are at risk of contact with the criminal justice system.

At National level, a workshop addressed by Garth Morrison (Chair of the State Hospital Review Group) discussed the different options outlined in the consultation document “The Right Place, The Right Time”. The workshop indicated support for a Forensic Mental Health Services Board for Scotland, but did not come to a strong view as to whether or not the Board should have direct management responsibility for the State Hospital.

The workshops describing the development of services for mentally disordered offenders in Glasgow and Edinburgh (see also theme E) indicate the problems encountered and the lessons to be learned at local level.

Planning for the medium secure unit in Edinburgh began in autumn 1998, and received Scottish Office approval in April 1999. Building work began in the summer of 1999 and the clinic opened in spring 2001.

A key issue was to keep the community informed and involved and allay the fears and apprehension reflected in media reporting. During the planning phase for the clinic a letter was sent to the parents of pupils at a school adjacent to the site and meetings were held with parents and stakeholders. Briefings were held with MPs and MSPs. Work was undertaken with councillors, Community Councils and Health Councils. There was on-going correspondence with the general public and consultation with the media. Throughout this process it was felt important to put forward the patient’s perspective and also to be “honest and up front”.

In Edinburgh the siting of the medium secure unit on an existing hospital site may have helped to minimise some of the problems experienced in Glasgow. Here a Trust led multi-agency option appraisal (MAOA) began in September 1998 to determine the appropriate site for the proposed secure care centre. A review of this process, including the difficulties in the face of local opposition, of involving the wider community, led to a second Trust led MAOA in February 1999 with an external facilitator. In the light of further opposition and a review by the Health and Community Care committee of the Scottish Parliament, the option appraisal was revisited and the original option, Stobhill Field, not endorsed. In November/December 2001 a further option appraisal was undertaken using a revised and more robust procedure. The Stobhill Field site was again proposed. In April 2002 a planning application was lodged with Glasgow City Council.

Throughout the process the difficulties of constructive engagement with local communities proved to be a stumbling block.

The lessons learned from the Glasgow experience include:

- The importance of identifying and involving all community stakeholders
- The importance of clear and consistent communication plans
- The importance of constructing a 'robust' process, and sticking to it
- Establishing clear 'parameters' for public involvement
- Recognising that while it is important to inform people, not everyone will be convinced
- Everyone to engage 'constructively'.

At team level the development of a Forensic Community Mental Health Team (FCMHT) in Forth Valley from 'conceptualisation to practice' was described in one workshop (see also theme E above). The development stages included: identification of a service gap; needs assessment; short-life working multi-agency working party on mentally disordered offenders in the community; development of a business case; health board/strategic planning group approval; allocation of funding; implementation; and phased introduction.

Reflecting on the process the FCMHT felt that the "good moves" included the group interviewing for a forensic CPN and inter-agency training in mental health awareness. The "bad moves" included the health bid not being in tandem with the application for social work/criminal justice social work funding; only involving criminal justice social work in the planning; and underestimating the MHO/community care benefits to the team.

A common theme across the workshops and in the plenary sessions reflecting on planning and development processes was the need not for more strategies but to look at the national and local drivers needed to bring about change. Discussions focused on the planning and management structures to lead and co-ordinate development; planning processes; the availability of local and national information; financial resources to underpin implementation; and operational management.

### *Planning Structures*

- The need to consider the role of structures to bring about change at national and supra-local levels, for example, the different models proposed for a Forensic Mental Health Services Board
- Consideration of the role of Regional Planning groups in planning and commissioning supra local services, and co-ordinating supra local and local services through the development of care pathways
- The Joint Future Group agenda as a model and impetus for joint planning, commissioning and management of services.

### *Planning and Planning Processes*

- The challenges of planning person-centred services
- The pressure of competing service priorities
- The implications of planning for this comparatively small group of people for whom authorities have a total duty of care
- The need to balance person-centred approaches with the risks to the individual, staff and public
- The potential implications of the human rights principle of ‘proportionality’ and the principle of least restrictive alternative proposed in the review of the Mental Health (Scotland) Act 1984
- The challenge of planning for small numbers of people with specific and high needs, for example, women, people with learning disabilities, children and young people, people in rural and remote areas
- The limited number of service models upon which to draw, for example, for the care, treatment and support of women with mental health problems who come into contact with the criminal justice system
- The need to achieve a balance between specialist and generic services
- The need to consider innovative models of involving and listening to service users and informal carers in national and local planning
- The value of involving local authority elected representatives in planning and development
- The need to consider ways of encouraging positive community involvement in planning and development
- The need to respond to public concerns
- The importance of joint planning for joint funding applications
- Consideration of workforce planning implications, for example the shortage of clinical psychologists
- Planning to ensure equity of access to services.

### *Information*

- The need for centrally collected data: on the numbers of mentally disordered offenders; on the level of contact of people with mental disorders with the different elements of the criminal justice system; on service use by, and service gaps for, this client group
- The role of the proposed Forensic Mental Health Services Board in “tracking” people through the system
- The need for locally collected data to identify local need and demand, including local people resident in the State Hospital.

### *Finance and Funding Arrangements*

- Consideration of the financial resources available in the system and how these are and could be used to implement the policy for mentally disordered offenders

- Consideration of the mechanisms for ‘charging’ for national and supra local services and removing perverse incentives
- Consideration of the funding arrangements for re-settling people in the community e.g. from the State Hospital and supra local services
- Consideration of the resource implications of settling people with high care needs in the community.

#### *Operational Management*

- Achieving co-ordination and consensus between the joint partners
- Developing joint protocols
- Addressing issues of confidentiality, information sharing and user consent in a multi-agency service context
- Addressing ‘cultural’ differences between agencies
- Providing joint agency training
- Involving service users and carers in on-going service monitoring and evaluation
- Developing a human rights culture.

## **Challenges for the Future**

The 1999 Scottish Office policy (NHS MEL(1999) 5) set out the guiding principles upon which services for mentally ordered offenders in Scotland should be based. These stated that people should be cared for:

- With regard to quality of care and proper attention to the needs of individuals;
- As far as possible in the community rather than in institutional settings;
- Under conditions of no greater security than is justified by the degree of danger they present to themselves or to others;
- In such a way as to maximise rehabilitation and their chances of sustaining an independent life;
- As near as possible to their own homes or families if they have them.

These principles reinforce the aspiration for person-centred, locally based services, responsive both to the rights of individuals and to the rights of others.

The message from the conference was support for these principles, but a sense that to move from aspiration to achievement required a renewed and sustained momentum.

The current policy climate, specifically the new mental health legislation in progress, the extension of the joint future agenda, and also, importantly the potential scope offered by the additional money available to the health service from 2003, may mean that now is the 'right place and the right time' to move the agenda forward. To grasp this nettle requires added impetus and leadership at national, regional and local levels.

From the evidence of the Conference a starting point is the development of a human rights culture: understanding the implications for service development, service design and service delivery of a human rights ethos that both seeks to prevent inappropriate interference with an individual's rights, but also promotes individual capacity and opportunity.

Flowing from this is a consideration of the range of services which still require to be developed to promote and protect individual rights and minimise risks. Because of the interdependence of the different elements from high secure care to community based support 'joining the dots' means not just a range of in-patient units providing varying degrees of security, but also, for example, ways of ensuring early identification and, diversion from prosecution and a range of community services including, for example supported accommodation. Further, as various workshops underlined, this is not about developing a 'one size fits all' model but also about attempting to provide person-centred services which are age appropriate, gender sensitive and culturally competent. The availability of centrally collected, publicly available data to identify the current gaps, including funding and workforce capacity, and to monitor national and local progress, clearly has an important role here.

Finally, what the Conference underlined is the importance of joint working by, and with, all those with a stake in seeing the policy implemented. This includes working with users and carers, with different statutory and voluntary agencies and with the public and media. Working together extends beyond planning and development of specific services to encompass changes in attitudes and expectations to address concerns with stigma and help promote a policy which seeks to keep in balance risks, rights and responsibilities.