

# **Independent Review into the Delivery of Forensic Mental Health Services**

**What people told us**

**Executive Summary**

**August 2020**



## Message from the Chair

This report is a summary of what people told the review about forensic mental health services. It collects the things they said under different themes and talks about some of the problems people have experienced. Next, we will use this information to help us write another report with recommendations about how things should change.



I want to thank everyone who helped with this part of the review. I'd like to say a particular thank you to people with lived experience and their families who spent time with the review team and shared their stories. We have tried to make sure that your voices are heard.

A handwritten signature in black ink that reads "Derek T Barron". The signature is written in a cursive style.

**Derek T Barron, Chair of the Review**

## 1 Introduction

In March 2019, the Scottish Government Minister for Mental Health announced that there would be an independent review of forensic mental health services. Forensic mental health services are different from general mental health services because they look after people who have offended, or are at risk of offending, because of a mental disorder. The review is looking at the way they work because of changes that have happened in recent years.

The review asked to hear from anyone who had experience with the forensic mental health system. The Chair met with over 300 people to hear their experiences. We received 103 written submissions from people. We also looked at other documents. Many of these were given to us by people who are helping the review by being on our working groups. This report describes what people told us.

## 2 Underpinning themes

### 2.1 Capacity within the forensic mental health system

People said the services in the forensic mental health system are 'at capacity'. This stops the system working effectively.

People should be at the right security level for managing their care and treatment needs and their risks. We were told that forensic services are too full to respond properly when people need them. This means people can wait a long time to get a place in the right level of security. People experience particularly long waits to enter and leave low secure settings. It can also take a long time to find the right accommodation and support for people to move back to the community. This is one of the reasons that low security services are so full.

Staff can find it more difficult to do their jobs properly when services are too full.

People said some of the problems that services have are because they do not have enough money or enough support from other parts of the forensic system. Forensic services in the community said they are badly affected by this.

Only a small number of people need forensic mental health services, and services at some security levels are only available in particular parts of the country. People

have to travel out of the area they live in if they cannot get care and treatment at the right security level from their local NHS services. This can mean they stay a long way away from their friends and family. They said it can make it difficult to keep up these relationships.

## 2.2 Variation across the forensic mental health system

There are lots of different ways of working across the forensic mental health system, even between places providing the same type of service. People said services should be able to work in different ways so that they can respond to local needs. But they said it is important that differences do not disadvantage the people who are receiving care. People receiving care feel that the differences can be unfair. They feel like they do not know what to expect and that they can be put at a disadvantage depending on where they live.

Services can find it difficult to communicate with each other if they have different ways of working. People spoke about services at the same security level having different requirements for referring people or admitting them to their care. People said there should be clear consistent guidance on what services at each security level provide, who should be admitted to them and how this should be done.

Staff also said that working relationships between staff in different services and different specialisms could be improved. They said there should be more formal agreements about how services work together.

## 3 Transfers and transitions

### 3.1 Transfers and transitions between secure services

People should be placed at a security level which can manage their risk and care needs with as few restrictions as possible. People need to be able to move up or down security levels as these needs change. This can be difficult because there are waiting lists for many secure services.

Long waiting times are frustrating for people living in the forensic mental health system and for staff working in it. We were told that waiting at the wrong security level can be bad for people's mental health, and that they may also need more staff attention. This can make it difficult for staff to care for other people on the ward.

People said that the process for moving people back up security levels can take a long time. Staff thought different units applied different referral criteria and said some referrals they made had been refused.

We were told long waits to move down security levels happen because there are not enough spaces available. There are people in low secure who are waiting for discharge. This means there is less space for people at medium secure to move down. This can create the same problem for people moving from high to medium security.

People in prison sometimes need to be transferred to hospitals for mental health treatment. Prisons and hospitals have to work together to do this and the processes and requirements for accessing mental health services are not consistent. Most people are moved within two weeks, but moving women can be hard because there are not many spaces for them in the forensic mental health system. This means some women remain in prison, where they cannot access the right care and treatment.

### 3.2 Transfers and transitions in the community

Many people in low secure are ready to be discharged but are waiting for the right support and accommodation so they can move into the community. This particularly affects people with learning disabilities. The families of people affected by delayed discharges want health and social work professionals to work together to address the problem. There are no clear processes for discharging people who cannot return to their home community.

Staff from community and hospital services need to work together to help people move to the community. People and their families said it is important to have a good relationship with the staff and to know what to expect and be kept informed. Staff can help people establish routines in the community before they move.

It is difficult for people to move to general mental health services when they no longer need forensic care. The process is not well defined and stigma about the 'forensic' label can make it more difficult for people to move. There is also a gap in community provision for people with mild to moderate mental health problems who have offended but do not meet forensic criteria.

### 3.3 Role of the Scottish Ministers

People with a Compulsion Order and Restriction Order (CORO) need some stages of their progression through the forensic system to be agreed by Scottish Ministers. People said this can make progress slower. They also said some of the requirements make it hard to give person-centred care. However, many of these people thought the process was more rigid than it actually is.

Scottish Ministers agree the plans that allow a person with a CORO to go outside of the hospital grounds. These are known as 'SUS' plans. People said they lose their SUS when they move from medium to lower conditions of security. It can take them a lot of time to get their freedoms back. It is frustrating and can feel like they are moving backwards. It is possible for people to keep their 'SUS' plans when they move, but many people did not know this.

People are expected to have a number of overnight stays in the community before they are discharged. Staff said this requirement does not reflect individual needs. However, others felt this gradual way to return to the community after many years in secure care was a good thing. People can get into debt because they do not receive money to pay for accommodation when they begin having overnight stays.

## 4 Information sharing and working relationships

Family members want forensic services to give them more support. They said not all services include them in making decisions about their relative's care. They said this means that clinical staff can make the wrong decisions because they did not listen to the family's advice. Staff said they need to have the person's consent to share information with family. It is a legal requirement. This can cause problems. Some family members said there should be a better way for making sure services know when a person has agreed for their family to get information and be involved in decisions.

Social workers are important because they can work with a person wherever they go in the forensic system. This means social workers can give other services a lot of information to inform decisions about their care. People's relationship with their social worker can make a big difference to their experiences in forensic care. People said that access to social workers can be easier if people are in hospital in their

home Health Board area. People said social workers need to work more closely with health teams in hospitals or be part of that team.

Lots of organisations working with the forensic system need to see assessments and reports about people's risks and care needs. We were told the assessments can be hard to share because people make them in different ways or write them down differently. People explained that failures to share information can delay processes like Tribunals, which people need to progress. It can also mean people have their assessments repeated without any clinical reason. Staff said they need more consistent processes for sharing information. Some said there should be a central system, a standard electronic format for assessments and capacity to transfer information electronically.

## 5 Care and Treatment

Everyone agreed that care and treatment should be person-centred. But people said this does not always happen. Some staff worried that the 'medical model' of care and treatment is not very person-centred. People's experiences of medication were mixed. Some people said they were given enough information about their medication. Others said that the side effects were not made clear enough. Most people who had psychological treatment said it was helpful. But psychological treatment is not always as available in lower security hospitals and the community.

People with mental health disorders are more likely to die at a younger age than other people. Staff told us they were worried about the increase in physical health conditions like heart attacks and diabetes among people receiving care. Some people said that physical health is not taken seriously enough. This is a particular problem for women. People wanted support to make healthier choices about food and exercise.

It is important for people to be able take part in decisions about their care and treatment. Advocacy organisations help people understand information they are given and know what their rights are. Some people need information to be adapted to help them understand. Speech and language therapists said information should always be offered in an accessible way.

People said they find it easier to participate in decisions about their care and treatment if they have good relationships with staff. It is important that there is someone they feel they can talk to and that staff listen to them. This is harder when wards are short-staffed or rely on temporary staff from nursing banks. Some people thought staff should make more of an effort to build relationships and share information with them. When people do not have a good relationship with staff they find it harder to speak out when something is wrong.

## 6 Social and Environmental Conditions

People said activities are important to stop them getting bored. Activities are a way of learning new skills and can provide a sense of routine. When people do not have access to the right activities they can become dissatisfied and demotivated. Regular activities in the community are also a requirement for progressing through the forensic system. Some staff said there are not enough opportunities for people to do this. Community organisations said they need advice on how to support people from the forensic system.

Rules around personal and communal space vary across the forensic system. People said these differences are not always based on individual care and treatment needs. Some people have access to their bedrooms whenever they want but in other places bedrooms are locked during the day. There are also differences in how many personal items people can have with them, and how much support they are given to keep their belongings when they move. People also said that wards did not get things like the heating or smoking policies right. These things are important because people can spend a long time in hospital.

People need privacy to help them maintain personal relationships. Some places do not support this well because their visitors' facilities are poor or staff can listen to people when they are talking on the phone.

Different places give people different amounts of access to technology such as computers and mobile phones. People find these differences frustrating. It affects how well they can keep in touch with family and friends. Both staff and people receiving care said it is important for people to have access to technology so they know how to use it safely in the future.

The approach to safety and security varies between forensic units, even ones on the same security level. Some people said they do not always feel safe on wards. Sometimes there are not enough staff to look after everyone properly and staff said this can create dangerous situations.

People can find it frightening when restraint is used in wards. But staff said restraint can be used well to stop people getting hurt. Staff said it was better to put people in seclusion if they are very distressed. It can avoid people being moved to higher security. But some wards do not have the facilities to put people in seclusion safely.

## 7 Populations of particular interest

### 7.1 Women

Everyone agrees that the arrangements for women in the forensic system are not good enough. There is no high secure provision and not enough spaces for women at other security levels. Sometimes women remain in the wrong care setting or in prison because of this. Women are more likely to have to move further away for care and treatment, and spaces are often only available in independent clinics. They have to go to England for high secure services. These differences from men's services might be against women's human rights. People said women need to have the same access to forensic services as men, and that services should be developed to meet their specific needs.

### 7.2 People with learning disabilities and people with autism

People with learning disabilities have different needs to other people in the forensic mental health system. Lots of different professionals have to work together to provide specialist care but there are gaps.

There is no standard model of inpatient care for people with learning disabilities. There are not enough high and medium hospital spaces for men with learning disabilities. There are not many spaces for women with learning disabilities in any part of the forensic system. This means women are often cared for in other settings.

People with learning disabilities spend longer in hospital than other people in the forensic system. This might be against their human rights. It is more difficult for people with learning disabilities to move from hospital to the community. This is

because it is hard to find the right accommodation and support. People with learning disabilities are more likely to be cared for by general learning disability services than forensic specialists. Specialist community services are not present in all parts of the country.

There are no specialist services for people with autism in the forensic system. Some staff felt they had the necessary skills to care and treat people with autism, but others did not.

People with autism and people with learning disabilities need support if they enter the criminal justice system. This includes access to Appropriate Adults who help them in police interviews, and people who can explain what is happening if they go to court. People with experience of police interviews said they are frightening. They said Appropriate Adults can be helpful but only if they take time to explain who they are, and help them to understand what their rights are in the interview.

People said there needs to be better training about how to identify and support people with autism and people with learning disabilities in the criminal justice system. Some people with learning disabilities in hospital told us that they felt they could have gone to trial if they had had more support to understand things. They felt it would have been better for them to go to prison as they would have been back in the community more quickly.

### 7.3 Young people and older people

Children and young people can struggle to access mental health services. Some young people and their families said they might not have got into trouble with the law if they had help with their mental health earlier in their lives. We were told that it can be difficult to get mental health support for young people in secure care. There are plans to make this easier by building a special secure unit for people under 19 years old.

The average age of people in the forensic system is getting older. People have additional needs to do with age like dementia and more physical health problems. Staff in the forensic system want more training to identify and manage these needs. They also explained that it very difficult to find nursing homes in the community who

will accept people from the forensic system. People suggested that specialist provision should be developed for older adults who require secure care.

## 8 Criminal justice

Police often have to respond to people with acute mental health problems. This can happen when out of hours mental health services have not responded to a person's request for help. Police say they do not have the right training for this work and it takes up a lot of time. Police can get health professionals to make mental health assessments. The ways they do this varies between different health boards and custody centres. Some professionals will visit people in custody but sometimes people are taken to hospital. Several people and their families said their experiences of police custody had been very negative.

People said there should be Liaison and Diversion Services to help identify and divert people with mental health problems away from the criminal justice system.

Staff in the criminal justice system said it can be difficult to get assessments of people's mental health. Courts need this information to decide what to do with people who may have committed an offence. Courts need to know whether someone is fit to stand trial. If they do stand trial and did commit an offence, courts also need to decide whether to send them to hospital for treatment or to prison.

There are no formal arrangement for mental health professionals providing reports to the courts. The work is not part of NHS psychiatrists' jobs and they can turn down courts' requests. Courts sometimes rely on reports from trainee psychiatrists or independent providers. Cases are delayed when courts have to wait a long time for mental health reports. This means the people affected have to wait longer to find out what will happen to them.

### 8.1 Mental Health Service in Prisons

Mental health services in prisons are provided by the local NHS Boards. They are mostly general – not forensic – services, but forensic psychiatrists do visit and hold clinics in prisons. The number of times a psychiatrist visits varies a lot between prisons. People said that, overall, there is not enough mental health provision in prisons. People in prison have access to fewer services than people in hospital, and

these are not consistent between different prisons. The time frames for accessing psychological therapy in the community do not apply in prison.

Staff said that it can be hard for different mental health professionals to work together in prisons because they do not have enough time. This can affect care and treatment, and also communication with services like the Parole Board for Scotland. Some people suggested that common problems like anxiety and depression should be managed by primary care professionals like GPs. They said this would free up mental health specialists' time to care for people with more severe mental health problems. People also said there needs to be a clearer process for mental health referrals.

Some people are placed in prison on remand whilst they wait for space to have an assessment in hospital. This can be frightening. It can also cause their benefits to stop, which can put them in debt.

## 9 Who should be – and who is – in forensic services?

People spoke about which groups of people should or should not be in forensic services. It did not seem clear. Some staff said people who need forensic care are not getting it. Other staff said there are people in forensic services simply because general services cannot manage their distress. People spoke about whether or not some people should be in forensic services. This included people with acquired brain injuries and offending or violent behaviour and people whose conditions mean they can never move back to the community. But even if these people should not be in forensic services, staff said it was not clear where else they could get the right care.

A lot of staff talked about people with a diagnosis of personality disorder. People with a personality disorder have different care and treatment needs. It is a common second diagnosis of people in the forensic mental health system. But if personality disorder is a person's primary diagnosis then they are not admitted to hospital. People explained that a lot of people in prison have personality disorders. Some people said they should receive therapy for their personality disorder in prison.

## 10 Legal issues and rights

People should not be in a hospital setting that restricts them more than is needed to manage their risks and care and treatment needs. People in high and medium secure units have the right to appeal if they think they are being held in conditions which are too strict. Lots of people said this right should also be available to people in low security. The reason most people appeal is because they are waiting too long to move to a lower security setting. This means that people usually win their appeals but it is still hard for them to move because there is not enough space. This was one of a number of reasons people gave us for not even trying to appeal. People who do not make appeals can be at a disadvantage because staff might see their progression as less urgent.

Some people said there are other problems with the law that applies to forensic mental health services. People and their families do not think it is clear. They rely on advocacy services to get a full explanation of their rights. Some advocacy services said that the forensic system goes against people's human rights because it takes away their freedom. People suggested a lot of different changes that could be made to the law.

## 11 Other observations

People said there needs to be more mental health prevention work in the community. They said this would help stop people from entering the criminal justice system and needing forensic mental health services. Some family members said that if mental health professionals had responded to their advice then their relatives might not have committed an offence.

Some people did not think this review of the forensic mental health system would change anything. They said that they have told reviews about these issues before but that nothing has been done about them.

## 12 Next steps

People have told us what they think the issues are in the forensic mental health system. This report shows what is important to them. The review will use this information to think about what changes could be made to improve things.





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