### Do you agree with the general policy direction set by the Bill?

1. The Society welcomes the proposals contained in this Bill which will strengthen the rights of those who are subject to compulsory mental health treatment. However, we would welcome greater efforts to promote the principle of reciprocity, and in particular the provision of psychological interventions in the treatment of mental disorder.

Psychological interventions are not simply an adjunct to medication. They are an essential component of the treatment of serious mental illnesses such as schizophrenia, depression and bipolar disorder, and in the management of dementia, and are the mainstay of treatment for learning disabilities, autistic spectrum disorders and personality disorders (see NICE and SIGN guidelines).

This is recognised in Scottish Government mental health policy (see Mental Health Strategy for Scotland: 2012-2015; [www.scotland.gov.uk/Publications/2012/08/9714](http://www.scotland.gov.uk/Publications/2012/08/9714) and the current HEAT target for psychological therapies has undoubtedly had a huge impact in improving the availability of psychological therapies. However, although the target applies to inpatient as well as community settings, the data submitted by Health Boards does not allow comparisons between these to be made. Moreover, in any place where patients’ needs are not properly assessed, the demand for psychological therapies remains hidden. It is of note that our national care standards for mental health services (Integrated Care Pathways for Mental Health, NHS Quality Improvement Scotland, December 2007), which include a standard to assess the suitability for psychological and/or psychosocial intervention (Care Standard 15) have never been enforced.

However, there are strong indications that access to psychological interventions for those in psychiatric hospitals remains poor:

- Members of the Society who are employed in health services in Scotland report a substantial disparity between the provision to patients in hospital and those in the community, with the former losing out, despite generally being the more vulnerable group.
- A study of Intensive Psychiatric Care Units (IPCUs) by Quality Improvement Scotland revealed that only one of the IPCUs in Scotland had dedicated input from a clinical psychologist and that many people in IPCUs did not have access to psychological therapies ([Intensive Psychiatric Care Units Overview Report, June 2010, NHS Quality Improvement Scotland](http://www.scotland.gov.uk/Publications/2012/08/9714)).
- A report by the Scottish Intercollegiate Guidelines Network (SIGN) on the management of schizophrenia ([SIGN publication no. 131, March 2013](http://www.scotland.gov.uk/Publications/2012/08/9714)) states that “Despite increasing evidence of the efficacy of discrete psychological interventions and therapies such as family intervention and cognitive behavioural therapy (CBT), delivery of such interventions has been difficult to realise in practice.”
The Mental Welfare Commission visit report, ‘Dignity and Respect: Dementia Continuing Care Visits’ (2 June 2014) describes how 19% of units for dementia sufferers have no access to psychology services.

The Scottish Government needs to do more to address this problem in order to uphold the principle of reciprocity. Mental health legislation should be strengthened and scrutiny increased and examples of how this could be done are provided in this response. In summary, the key recommendations are:

- Application of the Integrated Care Pathway for mental health (NHS Quality Improvement Scotland, December 2007) should be enforced by stronger monitoring procedures, to ensure that all those in mental health services have their needs for psychological interventions assessed.
- For all those who are to be detained beyond the short-term, a holistic care plan, which includes a description of proposed psychological interventions, should be prepared. Progress with these interventions should be reported on for the consideration of any proposed extension to a compulsory care order. Medical practitioners and MHOs presenting to the Tribunal should be directed to consult with those undertaking psychological assessment or intervention in the preparation of their reports.
- Statutory roles regarding the assessment and management of patients in the application of mental health legislation should be extended to include practitioner psychologists, in cases where the primary treatment for the relevant mental disorder is psychological in nature.

Do you have any comments on specific proposals regarding amendments to the Mental Health (Care and Treatment) Scotland Act 2003 as set out in Part 1 of the Bill?

2. 1. Relating to Section 87, the Society would recommend that the legislation should specify that, in cases where an order is to be extended, Responsible Medical Officer’s (RMO) reports contain details relating to all aspects of medical treatment which have been offered to the person. This will help to emphasise the importance of providing a range of social and psychological interventions in the treatment of mental disorder, which is in line with the principle of reciprocity.

2. Under the proposed New Section 87, where there is a difference of opinion or a change in diagnosis, the Mental Health Organisation (MHO) is required to prepare and submit a report to the Tribunal. Again in support of the reciprocity principle, it is the view of the Society that this report should include a summary of the full range of medical treatment (as currently defined in the Act) that has been considered and tried, with explanations of progress. Associated guidance to MHOs should emphasise the importance of seeking information about a person’s care from the range of professionals who may be involved. Amongst others, this would include those who have delivered psychological interventions or have assessed a person’s psychological needs.
3. The Society welcomes the fact that under the proposals, the right to excessive security tribunals will be extended to patients in medium secure services, as this is likely to lead to a greater focus on psychological interventions to help patients progress to conditions of lower security.

4. In relation to Named Persons, we have concerns that no consideration appears to have been given to the wishes of some patients to limit the extent of information provided to a Named Person, for example, private details contained in documents submitted to the Tribunal which are shared with the Named Person.

5. The Society welcomes the attempts to make better use of Advance Statements but is concerned that no mention is made of a person’s wishes being likely to change and the need for Advance Statements to be regularly up-dated to take account of this.

- **Do you have any comments on the provisions in Part 2 of the Bill on criminal cases?**

  3. In relation to New Section 153A, the Society believes that the legislation to require RMOs to provide information about the full range of interventions which have been tried and progress made with these, thereby raising the profile of psychological interventions. This view also extends to the reports to be provided by MHOs to the Tribunal when a case is reviewed under Section 165 (2).

- **Do you have any comments to make on Part 3 of the Bill and the introduction of a victim notification scheme for mentally disordered offenders?**

  4. The Society welcomes these proposals, which respects victims without compromising the treatment of mentally disordered offenders.

- **Is there anything from the McManus Report that’s not been addressed in the Bill and that you consider merits inclusion in primary legislation? If so, please set out why.**

  5. **Advocacy**

   The McManus report recognised that provisions in respect of independent advocacy needed to be strengthened and the Society has concerns regarding the lack of attention to this in the proposed Bill. The provision of advocacy services is patchy, with some of those most in need of help to overcome their difficulties understanding procedures or in representing themselves, such as people with dementia and children and young people seeming to have particularly poor access. An example of good practice is cited by practitioner psychologists working in forensic services in NHS Greater Glasgow and Clyde, where an independent advocacy service is fully funded by the Health Board. The Advocacy team is given office-space alongside clinicians and managers, which allows them to integrate well-enough with the healthcare staff to be familiar with how the service operates and kept informed of any developments which are likely to impact on patients, without compromising its independence.
Although some patients make more use of the service than others, the advocates have links to every single inpatient and some community-based patients. They are able to develop trusting relationships with individual patients, which is likely to make their involvement more meaningful. They also have time to work with groups of patients and encourage the growth of self-advocacy. The Society would like to see examples like this in all parts of the country and for all care groups and is of the opinion that additional measures may be required to ensure that all Health Boards and Local Authorities adhere to their responsibilities to provide advocacy services.

Care Plans
The McManus report highlighted the short-comings of care plans and recommended that a care plan template be provided to improve this. The Society welcomes this recommendation and, therefore, disappointed that the proposed legislation view overlooks it, as it would help to ensure that due consideration is given to psychological interventions in the treatment of mental disorder.

- Do you have any other comment to make about the Bill not already covered in your answers to the questions above?

6. Detention
The Society notes that the majority of respondents to the earlier consultation on this Bill were not in favour of people being detained on the basis of only one medical report. However, it is the Society’s view that the purpose of a second report should be defined, as it considers that reports from two medical professionals are likely to present similar views. There would be merit in conducting research to examine this. An alternative perspective is more likely to be obtained by seeking the views of a professional with a different background, such as a psychologist. This is particularly relevant to people with learning disabilities, autistic spectrum disorders and personality disorders, where the principal treatments are psychological rather than medical.

Role of psychologist
The Society recommends that the role of psychologist is made more explicit in mental health legislation to recognise the profession’s role in addressing mental health problems and to increase the prominence of psychological interventions in the treatment of mental disorder. The use of the term ‘medical treatment’ rather than ‘treatment’ in the existing Act presupposes a traditional medical approach to mental health and in turn overlooks the importance of psychological interventions. Moreover, the Society recommends future legislation to include a broader range of practitioners in the assessment and management of people subject to mental health legislation, as is the case with the clinical supervisor role in England and Wales. Not only would this afford the opportunity to better match patient needs to clinician expertise in certain cases, it would also help to increase resources, which are currently limited by a shortage of psychiatrists and other medical professionals in Scotland.
Local Authorities
The Society believes that the Bill should revisit sections 25 to 31 of the 2003 Act, which deal with the obligations on local authorities to promote recovery and access to other services, including employability and education, all of which are bound up in issues around welfare reform. This would also help to underpin an assets-based approach to mental health and wellbeing, which is strongly supported by the Society.

Impact Assessment
A mental health impact assessment of Government legislation – both policy and practice – could be carried out to promote psychological well-being in the general population and support assets based approaches. It would demonstrate, and the evidence supports the fact, that most public policy decisions have a mental health dimension and recognise that mental health and well being are important factors in personal resilience.

Young people
The Society has concerns that the current proposals fail to mention children and young people who are subject to compulsory care. Policy is required to address the specific needs of this population, taking into account the interface between mental health care and education.

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About the Society
The British Psychological Society, incorporated by Royal Charter, is the learned and professional body for psychologists in the United Kingdom. We are a registered charity with a total membership of just over 50,000.

Under its Royal Charter, the objective of the British Psychological Society is "to promote the advancement and diffusion of the knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of members by setting up a high standard of professional education and knowledge". We are committed to providing and disseminating evidence-based expertise and advice, engaging with policy and decision makers, and promoting the highest standards in learning and teaching, professional practice and research.

The British Psychological Society is an examining body granting certificates and diplomas in specialist areas of professional applied psychology.