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

Midlothian Council welcomes the opportunity to respond to the consultation on the Mental Health (Scotland) Bill and would support the general policy direction set by the Bill.

2. 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?

We would refer you to the consultation response submitted by Social Work Scotland.

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

No comment.

4. 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?

The proposal to extend the Criminal Justice Victim Notification Scheme to the victims or their relatives of mentally disordered offenders is welcomed although will require clear guidance on definitions, entry and exit points, roles, responsibilities, boundaries, accountabilities and any inconsistencies in applicability addressed.

Since Restricted Patients are already managed under MAPPA it would make sense for victims to have the right to receive information via the Victim Notification Scheme, as victims of offenders not in the mental health system can do. It is crucial as part of risk management planning to take previous victims’ safety into account as well as potential future victims. Unfortunately many victims do not sign up to the VNS and this makes it difficult to contact them when release plans are being made. It would be useful to look at ways of increasing the number of victims signing up to the scheme.

5. 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.

No comment.

6. Do you have any other comment to make about the Bill not already covered in your answers to the questions above?
We agree that the proposals are positive in most areas although there is concern that certain proposals could potentially be discriminatory to particular care groups such as those with a learning disability, those with capacity issues and mentally disordered offenders in some instances.

The Bill proposes further increases to the existing duties and responsibilities of our MHO Services. Whilst many of the proposed duties and responsibilities are welcome we need to ensure that our Mental Health Officer (MHO) workforce and workload capacity are sufficiently resourced to enable us to meet increased statutory functions.

Whilst many of the proposed duties and responsibilities are welcome in the interests of good practice, strengthening and extending existing safeguarding functions, improving the quality of assessment options and outcomes for individuals with a mental disorder we have concerns that the amendments do not always provide clarification of already complex areas. We would ask if the Codes of Practice would be reviewed to take account of any changes.

Consideration also needs to be given to the potential consequences of the integration of Health and Social Care. We need a common understanding of what the defined MHO role is and how it fits in with integrated services.

Midlothian Council
August 2014