

FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND
SECTION 3: SERVICE PROFILES

SERVICES FOR MENTALLY DISORDERED OFFENDERS (MDOs)

Service Element	Description of Needs	Ways in Which Services May Respond
Focus	<p>There is an extensive range of agencies involved and the focus of activity will have to be clearly defined locally. The priority groups are people who either present a potential danger</p> <ul style="list-style-type: none"> • to the public; • to themselves when in detention; <p>or</p> <ul style="list-style-type: none"> • who continuously commit minor offences and need treatment for mental health problems. 	<p>Local multi agency forum to cement alliances, to promote working liaisons and plan on the basis of knowledge of the local population.</p> <p>Local assessment of need based on information about:</p> <ul style="list-style-type: none"> • State Hospital patients; • Prison patients: <ul style="list-style-type: none"> - on remand; - sentenced.
Identification	<p>People with mental health problems who are potential offenders should be identified and diverted from the criminal justice system (CJS) before formal contact.</p>	<p>People requiring a specialist forensic service include those:</p> <ul style="list-style-type: none"> • in prison; • on conditional discharge from the State Hospital; • on Leave of Absence; • on other community follow-up; • receiving out-patient services; • in need of consultation/liaison/assessment of need for either the local forensic service or the State Hospital • in the care of the general psychiatry service.
Assessment and Diversion from the Criminal Justice Services	<p>When in contact with the CJS, MDOs need access to a specialist assessment service which can appropriately divert them from the police station/court/prison into the mental health or social work services, be that for assessment or pending a decision from a court. Immediate access to a mental health service "place of safety" (not a police station) will facilitate treatment of their mental health problems.</p>	
Access to Services	<p>Given the often challenging needs of this group, local in-patient services require the staffing levels and skills provided by low security/intensive care to respond to people's needs when in an acute emergency. However, many individuals may not require such intensive input, and a range of options for diversion is necessary. Patients who no longer need a high security environment will need to progress along a planned programme of reducing levels of security. It is particularly important to provide 'step-down' accommodation for ex-State Hospital patients.</p>	<ul style="list-style-type: none"> • Access to general psychiatric services may also be required. • Information system to foster communication and to provide good data for planning, audit and quality development purposes.

SERVICES FOR MENTALLY DISORDERED OFFENDERS (MDOs) (continued)

Service Element	Description of Needs		Ways in Which Services May Respond
<p>Objectives</p>	<p>To provide a forensic mental health service to enable the quick assessment and diversion as early as possible of appropriate mentally disordered offenders from the criminal justice system.</p> <p>To ensure the availability of a local service:</p> <ul style="list-style-type: none"> • in primary care; • in secondary care general services; • in collaborative work with particular statutory and independent agencies; • in general mental health services; and • in forensic mental health service. <p>To work collectively to develop more secure resources on a regional basis.</p> <p>To work reciprocally with the State Hospital.</p> <p>To distinguish the individual's care needs from society's requirements.</p> <p>To provide for the particular needs of women, cultural or racial minorities, the homeless and "difficult to place" patients.</p> <p>To provide for the needs of relations or family, especially the implications for children of the involvement of a parent or carer in the criminal justice system.</p> <p>To cater for the needs of those in youth and old age; substance misusers; the brain injured; the deaf; those with learning disability; those at risk of suicide; those with personality disorders and those having a "dual diagnosis".</p>		<ul style="list-style-type: none"> • Multi-disciplinary forensic team. • Rapid response to police and courts, eg "Duty Psychiatrist" schemes. • Community psychiatrist nurse liaison and training with police patrolling and desk officers. • Multi-agency options for diversion including assessment and bail hostels with forensic psychiatric support. • Specialist diversion schemes. • Low-medium secure/intensive care beds within local services. • Specialist hostels or supported accommodation. • Rehabilitation service with the level of security of accommodation appropriate to the care needs of the individual. • The provision of an independent advocacy service. • Collaborative and needs identification work with voluntary organisations. • Proper operation of the Care Programme Approach. • Appropriate response to the Criminal Procedure (Scotland) Act 1995.
<p>Appropriate response to: Crises</p> <p>Medium-Term</p> <p>Long-Term</p>	<p><u>High Security</u> <u>Low/No</u> <u>Security</u></p> <hr/> <p><u>community</u></p>	<p>Intensive Psychiatric</p> <hr/> <p>Local Forensic Psychiatric</p>	<p><u>Medium Security</u></p> <p>Open Care Unit</p> <hr/> <p>Local Unit</p>

	patient	in-	
		service	
	State Hospital	Local Forensic	Local
	forensic	Psychiatric Unit	or
	rehabilitation		in-patient
	service		