

## **BBC DOCUMENTARY AND THE STATE HOSPITAL INTELLECTUAL DISABILITY SERVICE**

**Due to data protection, the State Hospital cannot comment on individual patients or staff, past or present. The information below provides general information relating to the State Hospital's Intellectual Disability Service following the BBC Documentary on Monday, 15 August 2022.**

### **1. AUTISM OR LEARNING DISABILITY IS NOT A CRITERIA FOR ADMISSION**

No-one has been admitted to the State Hospital solely because they have autism or an intellectual disability.

No-one in the State Hospital only has a diagnosis of autism.

### **2. ADMISSION CRITERIA**

To be in the high secure hospital setting, such as the State Hospital, there are certain criteria that have to be met. One of the most important is the risk of violence a person poses. To be admitted to the State Hospital, the level of risk posed is the most serious. It includes things like murder, attempted murder, culpable homicide, serious assault, assault with a weapon or multiple sexual assaults. In addition, if people have initially been assessed as requiring a lower level of security, but then in that setting display levels of violence (or other breaches of security) that cannot be safely managed, and the staff and patients in those settings are at risk, then that person might have to be admitted to high security. All patients admitted to the State Hospital have a full and thorough assessment of their requirement to be admitted there before any decision to admit them is taken.

Most people within the Intellectual Disability Service at the State Hospital are there on Compulsion Orders and Restriction Orders made under the Criminal Procedure (Scotland) Act 1995. These orders can only be made by a Court that has looked at the circumstances surrounding a particular person and has concluded that the appropriate environment for that person is the State Hospital.

To be on a Compulsion Order a person will have been convicted of a crime, or alternatively charged with a crime and found unfit to stand trial because of a mental disorder and/or acquitted of a crime on the basis of a mental disorder. These crimes will almost always have happened before the person comes into the State Hospital.

The State Hospital refutes any suggestion relating to people being sent to the State Hospital because there is nowhere else for them to go.

### **3. LENGTH OF STAY**

The average length of stay is 8.5 years, however there is a wide range of people who are in for much shorter periods and people who are in for much longer periods. We know from research that people who come into forensic intellectual disability services often have multiple needs – these are mental health needs, these are physical health needs such as epilepsy or other health conditions, these are needs of skill development across a range of facets of the person.

All we do is focus on making sure we get the best outcomes and we have good success with that. However, as with any health conditions, there are people who we do everything we can to help progress, but because of the nature of their impairment they are much more long term and they can be exceptionally difficult to change.

These people need the particular high secure setting to be able to have the treatments they need while maintaining public safety, and sometimes that can take a long time, but the purpose of the service is to help people move on once it is safe to do so.

The length of stays at the State Hospital are not out of keeping with other high secure hospitals.

#### **4. TRAPPED IN THE STATE HOSPITAL**

Individual patient treatment is reviewed very regularly; all efforts are always focused on helping people get the skills they need to be able to move on to a less secure environment. Sometimes people will have very complex needs that makes that process quite difficult, and it can be quite challenging to help them move on, and it may take far longer than it would for somebody else, but our mindset within the service is never that this person is going to be in the State Hospital forever.

How we approach a person's care and treatment is always to think about what we can deliver to this person as a team, how we can help them develop their skills, and what else we can do. We are focused on making sure they have as full a life as possible given the circumstances, and we are trying to help them along that journey.

No-one currently in the high secure Intellectual Disability Service is considered to be being kept in excessive levels of security. Everyone that is there has been assessed, and there is agreement across a range of parties, that the State Hospital is the right place for them currently.

There are well-established legal avenues to appeal against detention, and to obtain independent reviews of the care and treatment provided in the State Hospital. Patients have a legal right of appeal against their level of security. Individuals and their Named Person can appeal against being held in conditions of excessive security. Named persons receive Legal Aid funding for appeals and independent psychiatric reports. In addition to that, the Mental Welfare Commission for Scotland also has oversight of the care and treatment that people receive in Scotland. The Commission has powers to investigate if they feel it necessary. The Commission can also refer cases to the Mental Health Tribunal for Scotland as well to ask the Tribunal to consider the circumstances of someone's detention in the State Hospital.

In terms of patients with an intellectual disability, considerable efforts have been made to move patients to highly supported community placements. In one such case, this included the patient being nursed in a ward on his own prior to transfer, and nursing staff supporting him in the tenancy to help with transition. Unfortunately, these efforts were not successful and the patient needed to be returned urgently to the State Hospital for his own safety and the safety of others. It is disappointing that these efforts are not acknowledged in media reporting.

#### **5. SCRUTINY OF CARE**

The State Hospital is a part of the NHS in Scotland and has the same oversight and governance as other NHS services. It is probably the most scrutinised body in the country, and that is quite right.

## **6. FAMILY RELATIONSHIPS**

We know at the State Hospital how important family contact and collaboration between clinical teams and families is, and we have a number of measures to try to support that. Our Social Work team travel across Scotland and Northern Ireland meeting up with families to establish those links. We have a Person Centred Improvement Team and a Carer Forum that help improve that. As part of our regular Care Programme Approach (CPA) meetings, Named Persons are routinely invited if the person wishes them to be there, and we make sure that the views of family are discussed and considered in that meeting.

The State Hospital will support patients to have contact with their families if they wish. At the end of the day, as with other NHS hospitals, we have a duty to uphold the patient's wishes as far as is possible.

Some families find it hard to believe that their son does not wish to speak to them or have them visit. We understand that this can be concerning and stressful for the individuals involved.

The use of social media by relatives is not a reason for a Named Person designation to be challenged. This has not been the case for any patient within the State Hospital.

## **7. ACCESS TO FRESH AIR AND ACTIVITY**

The State Hospital's Intellectual Disability Service aims to meet the mental health, physical health, communication, skill development and social needs of this complex patient group. The aim is to equip individuals with the skills they need to successfully move on to less secure settings.

Patients receive continuous reviews of their clinical need, and care and treatment plans are reviewed on a six-monthly basis. This includes a structured timetable of activities and therapies to support the individual needs of patients.

As with NHS hospital settings throughout the pandemic and currently, it is the case that the State Hospital has faced staffing shortages in a similar way, but as you would expect for a setting such as ours, this has not meant that patients have been left in their rooms with nothing to do. The State Hospital has looked very carefully at how we can still make sure that patients have as much activity as possible, and access to fresh air as possible, and there are procedures in place to facilitate that.

We have not yet been able to get back to a position of the same level of activity that there was pre- pandemic but we are working hard towards reaching that goal. Patients are receiving activity, they are having access to fresh air and exercise, and staff have been going above and beyond to make sure they can facilitate that as much as possible.

## **8. DETERIORATION IN MENTAL HEALTH / CLAIMS OF OVER MEDICATION**

This does not reflect the progress of any of our patients with an intellectual disability. Therefore, the basis for this claim by any patient family is unclear. We continue to provide all patients with person-centred care and treatment.

## **9. MANAGING VIOLENCE AND AGGRESSION**

One of the core purposes of the State Hospital is to manage violence and aggression, and we are actually very good at that. When we look at our incident data and how often physical interventions are required, those have come down by more than half over the last four years.

When staff feel that an incident is of such seriousness that they need to activate their personal alarms for extra assistance, only in about a third of cases will that then lead to the use of physical restraint to maintain safety. This demonstrates the very high level of skill within the State Hospital to de-escalate, to avoid, and to only use those measures when there is no other way of maintaining the safety of the person themselves or anyone else. Physical restraints are used as a last resort when there is no other way to safely manage risk of violence or self-injury.

If there is an injury to either staff or patients, these are recorded and investigated to ensure any learning from that particular incident can be undertaken and to improve the service for everyone. Patient safety remains our top priority.

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