

## HISTORY OF THE STATE HOSPITAL

**“The terminology used in this section, describing patients and the organisations looking after them, is no longer used today.”**

It has long been recognised that people suffering from a mental illness who fell foul of the law needed much more than incarceration, but it was not until the early 1800s that moves were made to offer an alternative to prison.

The Royal Burghs highlighted the problems of mental illness among the local prisoner population to the Secretary of State for Scotland. At this time the Royal Group of Hospitals were beginning to open and offer care - Montrose 1781, Aberdeen 1800, Edinburgh 1813, Glasgow 1814, Dundee 1820, Perth 1826 and Dumfries 1839. After much discussion it was decided that persons requiring treatment should be transferred from local jails to these Royal Hospitals. Initially ten people from local jails were placed in these hospitals. Problems quickly arose, the biggest difficulty being that of finance.

The local parishes found that the majority of persons placed in the hospitals needed the support of parish funds, and this became an unbearable cost which they were no longer willing to undertake. Due to this and other problems, the experiment floundered, leaving the situation much as before with mentally disordered people being contained in jail. After further petitioning of Parliament and extensive discussion, it was decided to open a specialist facility for ‘criminal lunatics’.

In the mid-1800s an area of Perth Prison had been identified as a suitable area to house these mentally disordered people. It was walled off from the main prison. This became the criminal lunatic department; the first step in creating a therapeutic environment for mentally disordered persons requiring care in a secure environment. The criminal lunatic department was expanded at the turn of the century but it was recognised that it was not a suitable place to rehabilitate people.

Again, after much discussion and planning, the present site at Carstairs was identified to be a suitable location for a new institution for the care and treatment of this specialised group. In 1936 building began on the present site. Initially it was to house ‘mental defectives’ and become the State Institution for Mental Defectives. The building work was completed in 1939, but as this coincided with the Second World War, it was not handed over for use. Instead the facility was handed over to the army and used to treat mostly military staff requiring treatment as a result of war. The army handed back the Hospital in 1948 for civilian use.

It was opened in 1948 as the institution for mental defectives (correct term now is 'patients with a learning disability') and used as such until building was completed on the West Wing of the site. In 1957, with building complete, the patients were transferred to the new buildings on the East Wing. On 1 October 1957, 90 prisoners presumably with mental illness from the criminal lunatic department at Perth were transferred to the Carstairs site along with staff. The combined institution then became the State Mental Hospital.

While there had been many incidents that affected the running of the Hospital, its role changed very little. The Hospital would contain its patients, and then often as a secondary element offer treatment. Major changes usually came about as and when the Mental Health Act was revised.

In 1960 a new Mental Health Act came into force. One of the Act's main features was that 'mental defectives' and persons suffering from a mental illness, no longer required to be nursed separately. As with all changes, these were implemented very slowly. In general terms, the ethos did not change much, and the main goal remained as containment. By the late 1960s Scottish psychiatry was moving towards not admitting patients with a personality disorder. Mainly patients that had a mental illness or were intellectually disabled came to the Hospital.

St Andrew's Day in 1976 marked a major incident for the Hospital when two patients escaped. This escape resulted in the loss of life of a member of nursing staff, a patient, and a Police Officer. Security was immediately reviewed and strengthened.

In 1984 the Mental Health Act was revised having an effect on the type of patient being admitted to the Hospital, although there is evidence that the escape in 1976 had more impact on the admission of patients with a personality disorder than that of the 1984 Act. Nonetheless, much more emphasis was directed towards care and treatment. The change continued slowly until 1991, when with the appointment of a General Manager (now Chief Executive), it was recognised that further change had to be achieved.

In 1994 legislation went through Parliament to bring the State Hospital legally into the National Health Service in Scotland as a Special Health Board (now referred to as a 'National Board') - State Hospitals Board for Scotland. This marked a major milestone in the Hospital's development becoming the sole provider of special secure mental health services for patients from Scotland and Northern Ireland.

Until October 1996, the Hospital operated on a split site. While most of the facilities were located on the West Wing, a substantial number of patients were housed in wards on the East Wing, separated from the main campus by a public road, a railway and two high security fences. Following relocation onto the West Wing, all patients were accommodated on one site in eleven wards. This move greatly enhanced the quality of life of patients, by removing the need for time consuming shuttle buses, and increasing everyone's access to on and off-ward activities.

Improving and modernising services for patients continued to be a priority, however with the Mental Health (Care and Treatment) (Scotland) Act 2003 (which came into effect in October 2005) came statutory requirements to ensure patients were treated in accommodation appropriate to their needs and in an environment that supported rehabilitation.

From May 2006, the Act gave State Hospital patients the right to appeal to the Mental Health Tribunal for Scotland against being held in conditions of 'excessive security' (high secure care) and against their legal order (authorising compulsory measures).

The women's service closed in 2007/08 in line with the national plan for no high secure provision for females. The last female patient was transferred on 31 March 2009.

Due to the poor physical condition of the estate and obligations to meet these statutory requirements, a full business case for the redevelopment of the State Hospital was approved by the Scottish Government in September 2007. It was recognised that the facilities at the State Hospital were no longer suitable and detrimentally influenced the care that was being delivered. The site needed to be redeveloped to provide the level of care that patients should receive in the 21<sup>st</sup> century. It was agreed that the new State Hospital be built on the existing site as this enabled specialist health professionals to provide effective care and treatment for people with complex mental health problems in an environment which was already safe, secure, and therapeutic. In addition the existing site was easily accessible to population centres within Lanarkshire, Glasgow, Lothian, Stirlingshire, and the South of Scotland, due to its central location.

Construction commenced on site in the Spring of 2008. Under the contract, Skanska (the contractor) built 19,000m<sup>2</sup> of new wards and facilities, and refurbished a further 1,500m<sup>2</sup>. In order to provide continuous care throughout the construction period, the construction and refurbishment took place on a phased basis allowing the Hospital to remain operational, highly secure and allowing patient care and treatment to continue with minimal disruption. The project came second place, and was awarded a 'high commendation' in the '2010/11 Skanska UK Project of the Year' awards.

The completion of Phase I in 2009/10 - with the commissioning of the Skye Centre (for patient therapies and activities including a Primary Care Health Centre) and the Essential Services buildings - was just the first step in this exciting journey for patients and staff. Phase 2 construction of the State Hospital took major strides forward during 2010/11 with the wards (hubs and clusters), Family Centre and Reception buildings all taking shape. In tandem with this was the introduction of a new clinical model of care for the new Hospital. Patients and staff moved into the new buildings in September 2011. Focus was then directed to the de-commissioning of old buildings and landscaping. Demolition of the old buildings was complete in April 2012 following which work concentrated on landscaping and the construction of new car parking facilities.

The official opening of the new State Hospital was celebrated with Nicola Sturgeon, Deputy First Minister of Scotland, Cabinet Secretary for Health, Wellbeing and Cities Strategy unveiling the plaque on site on 26 June 2012. This marked the end of a £90 million project to rebuild the State Hospital as a modern fit for purpose high secure Hospital. The Hospital was developed entirely from a safe clinical and therapeutic perspective and sees a complete transformation of the site. Patients can now benefit from the most up-to-date treatments, equipment, and technology, delivered by high quality staff in modern, fit-for-purpose accommodation.

The size and shape of the service changed as a result of the development of the Forensic Network and regional medium and low secure units across Scotland. The new State Hospital has 140 high-secure beds for male patients (12 specifically for patients with a learning disability), requiring specialist care that matches individual needs, in conditions of maximum security.

There are an additional four beds for emergency use. The Hospital also facilitates maintenance, improves efficiency, and enables the Hospital to meet its environmental targets.

The move to reduce bed numbers from 240 in the old Hospital to 140 in the new Hospital was dictated by national mental health policy and legislation - the Mental Health (Care and Treatment) (Scotland) Act 2003 / 2015 - to provide services that are appropriate and local where possible. The planned reduction took place over three to four years. There was no 'sudden exodus' to less secure accommodation.

The State Hospital continues to be the national resource operating in a high secure environment and is one part of the pathway of care that should be available for those with secure care needs. The rebuild supports the national drive to provide a modern service which meets the needs of patients, protects staff and the public, and enables patients to move on from the State Hospital to more appropriate local care as and when appropriate.

The Hospital provides the skills, culture, rehabilitation ethos and now the physical facilities necessary for good quality care of forensic patients.

In 2023 a new clinical model of care (i.e. Clinical Model) was implemented providing an opportunity to implement positive service redesign based on the views and experience of patients and teams delivering front line care.



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**State Hospital, 110 Lampits Road, Carstairs, Lanark ML11 8RP**  
**Tel: 01555 840293 Email: [tsh.info@nhs.scot](mailto:tsh.info@nhs.scot) Web: [www.tsh.scot.nhs.uk](http://www.tsh.scot.nhs.uk)**