



Collective Issues – Collective Voice

Experiences of carers supporting relatives in forensic mental health services in Scotland

Report on the 4th Scottish Forensic Mental Health Carers' Conference
Storytelling Centre, High Street, Edinburgh
Saturday 21st May 2011

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Acknowledgements

Thanks to:

Members of the Orchard Clinic Carers' Group

Geoff Huggins – Head of Mental Health Division, Scottish Government

Carolyn Little – Carer; Chairperson, Support in Mind Scotland; and Project Manager, User and Carer Involvement, Dumfries.

Panel members - Mary Weir, Chief Executive, Support in Mind; Ivan Carnegie, Margaret Hunter, Carolyn Little, Christine Mukasa.

Facilitators – Steven Bell, David Campbell, Tom Corrie, Joanne Doolan, Jennifer Gillespie, Ruth MacIntyre, Linda MacLeod, Jacqui MacQueen, Jamie Malcolm, John McMahon, John Miller, Jane Reubens, Andrea Ridley, Ruth Rooney.

The Forensic Network – in particular Sharon Bruce, Forensic Network Administrator and Vivienne Gration, Project Manager.

NHS Lothian and in particular Ian Hartley, Charge Nurse, The Orchard Clinic, Royal Edinburgh Hospital and Chair of event.

This report was collated and written by Edinburgh Carers Council.

Executive Summary

The fourth Scottish Forensic Carers' Conference was co-ordinated by Edinburgh Carers Council, NHS Lothian's forensic directorate and The Forensic Network. The conference was funded by The Forensic Network. This Edinburgh-based conference followed on from successful conferences organised in Perthshire and Glasgow. The conference was open to both carers and interested professionals from across services. The aim of the conference was to collate carer experience as it relates to forensic mental health services and highlight issues as carers see them.

Key issues identified were;

- a need for further information and support for carers. Carers expressed difficulty in accessing information and understanding the complex aspects of criminal law, the Mental Health Act and procedures and legal rights as well as difficulty accessing appropriate support to explain information.
- a need for carers to be involved in care planning, to be listened to and asked their views. Carers reported difficulties at times of discharge/transfer from hospital to community services, when insufficient information is exchanged about the support being made available to their relative and where their supporting role is often 'assumed'.
- earlier intervention. Referral onto specialist mental health services from GP's and earlier support from local police, following initial contact from carers with their concerns.
- importance of availability of independent advocacy for carers for forensic mental health carers while supporting someone through the criminal justice system. This also applies to tribunals and C.P.A. review meetings where families can be excluded and feel that all decisions made at meetings are a foregone conclusion.
- a need for clearer guidelines so that professional staff know what information they can/cannot share, so this does not create a barrier to carers receiving the information and support they need to provide most effective support to their relative.
- the stigma that the term 'forensic' holds for the family and the resulting unfair treatment of their relative and themselves from services and wider community. The label carries with it connotations of blame rather than an understanding of the treatment and support people need.
- there is still work to be done educating carers about what is meant by recovery. There is little concept of carer recovery amongst carers or staff in statutory services.
- a need for more trauma-informed services/ interventions to enable carers to deal with trauma they have experienced and reduce the potential for subsequent mental health difficulties for themselves. There is a need for greater training for staff around identifying carers and referring them to these services with clear pathways for this to happen. Respite and short breaks for carers should also be part of their recovery.

A: Background and Information

The fourth Scottish Forensic Carers' Conference was co-ordinated by The Edinburgh Carers Council, NHS Lothian's forensic directorate and the Forensic Network. The conference was funded by the Forensic Network. Carers travel costs were met by Edinburgh Carers Council. This Edinburgh-based conference followed on from successful conferences organised in Perthshire and Glasgow.

The conference theme, "Collective Issues, Collective Voice" was chosen by carers attending the Orchard Clinic Carers' group. Following feedback from the previous conference in Glasgow where delegates requested to hear more from carers themselves, the key note speech and workshops were all focused on the carer experience. The aim of the conference was to provide an opportunity for family and friends who had supported or are currently supporting someone in secure care to share their experiences and ideas for good practice. All who attend were able to take part in workshops and visit the market place where key organisations and each NHS region had been invited to host a stall.

The theme coincided with a commitment from The Forensic Network to support a collective advocacy forum for carers of those in forensic mental health services, and the conference allowed for an opportunity to bring people together to look at collective issues. To date, representatives of carers' groups from around Scotland have been supported to meet at SPS College, Polmont by The Forensic Network.

The use of discussion based workshops and the 'graffiti wall' in the market place served to maximise opportunities for carers to speak and express their opinions and concerns.

The event concluded with a plenary session chaired by Mary Weir; Chief Executive, Support in Mind (Scotland) and included a panel of carers from different regions of Scotland. The plenary session gave an opportunity to identify recurring themes that had been prevalent throughout the workshops and graffiti wall and also during informal networking and discussions that took place in the market place.

B: Presentations

Geoff Huggins

Geoff Huggins, head of the Scottish Government's mental health division, set the scene with an introductory talk on intended new strategies and developments within mental health care, as outlined in the Scottish National Party's manifesto.

Key points were:

- An updated, revised Mental Health Act, building on the recommendations from the McManus review, probably by 2012
- A continued commitment to dementia as a priority. One particularly relevant point for the participants at this event was the monitoring that is already taking place of the use and overuse of anti-psychotic medication with this group of patients. The findings from this will be used to inform an overview of the use of anti-psychotic medication in other patient groups in mental health.
- Improved access to Child and Adolescent Mental Health Services (CAMHS). The current workforce is too small and the intention is to increase it from 600 to 800 staff across Scotland by 2013. This will be linked to initiatives and targets to reduce waiting times.
- Improved access to psychological therapies, including for people in forensic mental health services. Again, this will be linked to targets for the reduction in waiting times and at present work is taking place to establish current levels of performance around the country. In addition, many carers develop mental health difficulties such as depression and anxiety and they too will be able to benefit directly from improved access, as will the person they support.
- There will be a new mental health strategy, a 'refresh' of Delivering for Mental Health. This will be finalised following consultation and it is intended that addressing issues faced by carers will be included in the new strategy.

Geoff Huggins also referred to three additional areas which are of particular relevance for people attending this event and which would be/are being addressed:

- Financial and other support for visitors travelling to different specialist units around Scotland and the UK. This would include secure care services. Work is already in hand on this and the intention is to complete this by early summer.
- Carers experience ongoing difficulties in being part of the 'care system'. It is intended that over the next three to four years there is a national lead to address 'cultural' issues faced by carers in the care system, and also to encourage the development of good practice.

- Across all sectors, there is a growing focus on 'outcomes' – that is, not looking at the activities that take place with people but the *results* – the outcomes – from those activities. This principle applies to health, social *and* personal outcomes.

Geoff Huggins informed the audience that individuals and groups can take things up with him directly and that he wanted them to be assured that they could do so.

Carolyn Little

The keynote speech of the day was delivered by Carolyn Little, a carer from Dumfries. Carolyn gave her perspective of supporting a family member in forensic mental health services for the past eleven years. Carolyn reflected on the changing landscape for carers with the introduction and development of carer support within The State Hospital and specific mental health carer support locally; and the impact of carer-focused policy like the National Carers Strategy and the Carers Information Strategy.

Some of the key points from her experience were;

- Supporting someone through legal process and forensic mental health services has a huge impact on the whole family's physical and mental well being.
- Situations that lead people to forensic mental health services could be avoided if carers' concerns and observations are listened to and taken seriously by GP's initially and is followed by a thorough assessment by mental health services.
- Family members experience stigma from friends and wider community
- Carers need information and an explanation of information of the legal aspects of what is happening to the person they are supporting. This support best comes from someone who has an understanding of mental health services and legislation.
- The restrictions imposed on a person in forensic mental health services also impact on carers, which in turn impacts on family relationships and the support they can offer.

Carolyn concluded her speech highlighting the need for a collective voice for carers supporting someone in medium and high secure care due to the very specific challenges it presents to carers; and the need for a champion to take the carers' perspective forward.

C: Workshops

Workshops were run over three sessions to allow all delegates the opportunity to attend and give input to a workshop on each topic. The workshop topics were;

- 1 Through the Criminal Justice System: information and support for families
- 2 Family Involvement in Mental Health Services: care planning, Mental Health Tribunals and transition
- 3 Recovery and Moving On: being involved in your relative's recovery & carer's own recovery.

Key points from workshops

Through the Criminal Justice System: information and support for families

Carers expressed difficulty in accessing information and understanding the complex aspects of criminal law, the Mental Health Act and procedures and legal rights as well as difficulty accessing appropriate support to explain information. This was as relevant a concern for carers who were new to the criminal justice system and forensic mental health services as those who had experience of supporting someone through these services for some time and for example, were experiencing transition between services or 'recall'.

There was a lot of discussion from carers around the role of early intervention of services and the possible prevention of their relative coming into contact with the criminal justice system. Carers highlighted earlier intervention and referral onto specialist mental health services from GP's and earlier support from local police, following initial contact from themselves with concerns, as being crucial. Carers reported that the family GP is often the 'first port of call' but there can be a long period between a carer alerting them with concerns and mental health services coming on board. Carers felt that GP's could be better briefed in the importance of listening to carers' concerns regarding a deterioration in their relative's mental well being. Carers feel they are often best placed to notice initial indicators of an increase in risk in relation to their relative, themselves and the wider public.

Similarly, carers reported difficulties at times of discharge/transfer from hospital to community services, when insufficient information is exchanged. Carers are sometimes not fully informed of discharge plans and the support being made available to their relative on discharge and are not part of any discussion about their role in providing support, which is often 'assumed'. Carers discussed that in their experience this was a key time in which crises arose and highlighted poor communication and lack of carer involvement as contributing factors to this.

Carers felt that there could be a better system for those discharged from hospital and community treatment to be fast tracked back in for treatment. Again, carers highlighted the need to be listened to when they are communicating concern about their relative's mental well being and risk.

Family Involvement in Mental Health Services: care planning, mental health tribunals, and transition

Carers highlighted the difficulties experienced due to poor communication from professionals with family during times of transition between criminal justice service to and within mental health services.

Carers stressed the need to be listened to and asked their views. They value open dialogue with professionals involved in their relative's care and feel close family are very well placed to identify changes in their relative's mental health. (see previous comments on page 8)

Independent advocacy for carers is important for forensic mental health carers while supporting someone through the criminal justice system as it is for tribunals and C.P.A. review meetings where families have felt excluded and that all decisions made at meetings are a foregone conclusion. The National Carers Strategy, Caring Together, outlines the carers' role as, "equal partners in the delivery of care". p.1.

Tribunals can be experienced by carers as adversarial and formal procedures can seem frightening to families. Carers have often not felt like 'partners in care' nor that their contribution has been valued. The current Mental Health (Care and Treatment) (Scotland) Act 2003 gives increased recognition to carers for example, with the role of Named Person, but it is felt by carers that sometimes they are not given enough support in what this role entails and in carrying out this role.

There was a lot of discussion about data protection and information sharing. Carers felt guidelines should be clearer and advised by government so that professional staff know what they can/cannot share. Professionals at the conference also indicated that this would be useful.

In discussion, it was clear carers do not like the person they care for being labelled as a 'forensic patient' when they may not have had contact with the Criminal Justice System, they do not identify with the label, and this can exclude them from carer support available within these services.

For all carers this term holds a stigma for the family and a resulting unfair treatment of their relative and themselves from services and wider community. The label carries with it connotations of blame rather than an understanding of the treatment and support people need.

The experience of the carer is inextricably bound to that of the service user. Carers' experiences can also compound their feelings of responsibility, guilt, concern for the individual and balancing the stigma and views of those around them within wider family and community. Carers felt that assumptions made about themselves need to be challenged, and that this should include the inclusion of the carers' experience and viewpoint in staff training.

Recovery and Moving On: being involved in your relative's recovery and carers' own recovery

It was felt that there is still work to be done educating carers about what is meant by recovery and also that there is little concept of carer recovery amongst carers or staff in statutory services.

In workshop discussions, and feedback, carers voiced that it was difficult to think of their own recovery when other basic needs aren't being met, for example, basic information about mental health legislation. Carers need information to enable recovery to happen, as one carer explained; "you need for information to take control of your life". Carers felt that this was particularly important in forensic mental health services where there are a lot of restrictions imposed on patients and their carers. Carers voiced that some services are really good at treating carers as equals which aids the carer's own recovery and is beneficial in the recovery of their relatives.

Carers can be so concerned with their relative's recovery, while still experiencing trauma from their experiences around their relative entering the mental health system, that they hold little or no hope for themselves in terms of recovering from significant experiences of trauma. It is often the carer who holds the hope for the service users' recovery throughout their journey mental health services and beyond. In order for this to happen, carers need to have the opportunity to recover themselves. Carers felt that there should be more trauma-informed services/ interventions to enable them to deal with trauma they have experienced and reduce the potential for subsequent mental health difficulties for themselves. They felt there should be greater training for staff around identifying carers and referring them to these services with clear pathways for this to happen. Respite and short breaks for carers should also be part of their recovery.

Carers also discussed the resource implications within the concept of recovery. To ensure inclusion into the community and maintaining mental well being involves a genuine participation in community activities and having meaningful occupation; carers highlighted a lack of options available to people leaving hospital, and an increased reliance on themselves to support involvement in the community.

There were reports of good improvements being made as shown in the annual Mental Health Tribunal service review, where people are moving on and there are examples of good care packages which aid recovery.

D: Key Messages from workshops and plenary discussion

Mary Weir presented the key issues from workshop discussions and feedback that had cut across all themes discussed on the day at a plenary session. The panel members and delegates were invited to comment and discuss these issues;

Assumptions: Assumptions are made about carers by professionals and services that they 'care too much' and have a lesser role to play when their relative is in hospital or other care settings. Carers have a valuable role to play in supporting a patient's care and treatment and their recovery. To do this they need clear information and good communication with services and involvement in tribunals and care planning.

Resources: The availability of training and education are key issues for those leaving forensic mental health services. Carers also stated there was a clear problem within some local authorities where delays in transition into the community from hospital settings have occurred due to local authorities arguing about who will fund a placement.

An example was given from the Tayside area, which covers three local authorities, Perth & Kinross, Dundee and Angus. When a patient is discharged from Perth Hospital, if they want to remain with Perth, they can be told it is not possible. Carers feel that this highlights an inequality faced by those leaving the forensic mental health services; had they never been ill they could freely choose where they would like to stay. Users of services have often developed relationships and a sense of belonging to a particular place due to the lengthy period of time they have stayed there. Again a focus on social and personal outcomes should be take precedence here rather than financial implications for a local authority.

Similarly, once people leave hospital, they often need 24 hour supported accommodation. There is a lack of this accommodation type and this can also delay discharge and lead to longer periods of stay in hospital than is necessary, and in effect inappropriate restrictions being placed on individuals. There needs to be an increase in the availability of 24 hour support.

There is a greater need for investment in carers including the provision of carer advocacy. Further work could be done between carer advocacy organisations and the Mental Health Tribunal Service in ensuring carers are offered and informed about carer advocacy when they are identified as Named Person.

Listen to us: Carers feel they aren't being listened to and having their concerns taken seriously. Family members often know when something is wrong. It is important for concerns to be explored even if a professional thinks it is likely to be nothing. Often the response is for a concern to be followed up by a nurse, carers feel it is essential a consultant psychiatrist should assess the situation. Carers said, "If you listen, we can prevent crisis". There is a need for focus on early intervention services.

Information: Carers need more information on the law and about the support available to them. There is a need for clear, accessible information, with support available for further explanation.

It is not enough to hand out carers leaflets, carers need to be able to discuss how the information available relates to their own situation and have the opportunity to ask questions.

Stigma and labelling: The term 'forensic' carries with it a huge stigma and a lack of understanding. It is used even if a person has never been to court. The term implies criminality which in turn implies blame. Carers strongly feel you cannot blame a person for being ill and that there is a need for another term.

The stigma attached to the forensic label impacts on the main carer/s and wider family, in how they are treated by other community members and the support they receive (or don't). Carers believe there is a need to take the focus away from 'forensic' and 'Criminal Justice System' and to move towards talking about 'best possible' or 'appropriate levels of care and treatment'.

There is a need for wider education to de-stigmatise people and services. There should be more focus on social, health, and personal outcomes for individuals and the level of care they need to achieve these outcomes. Care and treatment should be about meeting working towards these outcomes. The language used is key to this.

There was also comment on the current situation of provision for patients in forensic mental health services; that things have improved over the last ten years, with the introduction of mental health tribunals and the opening of medium secure units like Orchard Clinic in Edinburgh.

Mental Health Tribunals: Dr Joe Morrow, President of the Mental Health Tribunal for Scotland, stated that of the 80 cases involving restriction or compulsion orders last year 40% are on road to recovery. He emphasised that there are good bits of practice going on. He identified two things which are key in this;

First, that people are starting to speak to each other, multi-disciplinary communication has improved and people are working in teams;

And secondly, carer input is becoming increasingly significant, particularly in navigating the 'recovery ship'. For example, in discussions about where people should go once they are discharged from hospital care settings.

Dr Morrow also clarified that rather than the tribunal being a 'foregone conclusion'; it should always be a blank page to start, which is filled out during the tribunal. He appealed to carers to say if they feel they are not being listened to at a tribunal.

E: Issues identified

There was a clear consensus from all delegates that the points raised should be taken forward in a coherent way and that delegates wanted very much to be kept informed of any developments. Carers are keen to engage with The Forensic Network in discussion around the following areas they highlighted for change and development at the conference.

There have been prior discussions with Vivienne Gration, Forensic Network manager, around developing a dedicated carer page on the Forensic Network site and newssheet. All delegates will receive a copy of the conference report and know where to access information on further developments, including any outcomes from presentation of carer issues to the National Advisory Board of the Forensic Mental Health Services Managed Care Network in September.

Information and support for carers

One of the Millan principles underpinning the Mental Health (Care and Treatment) Scotland Act 2003 is 'respect for carers', in that, those who provide care to service users on an informal basis should receive respect for their role and experience, receive appropriate information and advice, and have their views and needs taken into account.

It is clear from discussion that more needs to be done in terms of pulling together information relevant to carers supporting someone through criminal justice system and forensic mental health services which can be accessed easily, perhaps through a central point. This information should include support and advocacy available to carers. Carers have also indicated the value of having the opportunity of specialist support to work through information and discuss issues in greater depth, with someone who has an understanding of forensic mental health and criminal justice systems and of the particular issues for carers.

An increased awareness, training around the carer experience and clear protocols for identifying, signposting and involving carers for all frontline staff across social services, health care, police forces and court and prison services would help carers access the correct information and support early on. Carers also feel that it is important for there to be an identifiable person who is responsible for ensuring carers are informed, this is often lost when many professionals are involved.

The Scottish Government's commitment to work closely with NHS Boards and others to expand and improve access to psychological therapies for people of all ages, as an alternative to drug treatments will benefit carers who need this type of support as a result of their traumatic experiences. It is important that staff within forensic mental health services are clear as to the interventions available and how to refer and/or signpost carers to these services, if carers wish to access support of this kind.

Independent Carer Advocacy

Carers would like to see an increase in the provision of independent carer advocacy across Scotland.

There needs to be more emphasis on working together with Mental Health Tribunal for Scotland, local authorities and health boards on publicising advocacy services to Named Persons and identified carers. The benefits of carer advocacy are noted in the National Carers' Strategy, *Caring Together*. "Carer advocacy organisations report positive outcomes for carers on a wide range of issues... Providing carer advocacy can help restore family and partner relationships." (Para 17.3)

Early Intervention/Prevention & communication with carers

Carers feel that more could be done when deterioration in their relative's health is noticed, in terms of preventing crises. They would like to have their concerns taken seriously and acted upon quickly. They also would like to see better partnership working between themselves and GP's, social work, local police and hospital and community mental health staff.

Carers would like to be listened to, and be kept informed by staff throughout their relative's journey through the mental health care system. The National Carers' Strategy, '*Caring Together*' highlights the importance of good communication and involvement of carers in discharge planning; "If hospital discharge is well-planned and the right services put in place then there is a much greater likelihood of the cared-for person remaining at home with carer support. This means identifying the carer at an early stage when the person is admitted to hospital and ensuring that the carer is part of the care and discharge plan" (*Caring Together*, p22; chapter 2)

The NHS Quality Strategy for Scotland, published in May 2010, lists National Quality Outcomes Measures including "The measure on emergency admissions, relating to supporting patients to remain at home, will reflect improved partnership working with carers."

The importance of communication with carers is highlighted in Support in Mind Scotland's 2010 survey, 'It's their job, it's my life.' The National Carers Strategy, *Caring Together*, states; "Family members do have the right to be involved in decisions about the healthcare of people who lack capacity, balancing the patient's right to confidentiality with the principle of carer involvement".

The NHS Quality Strategy for Scotland will also help ensure the voice of carers is heard. It is the key driver for further change and improvements in healthcare. This strategy will seek to ensure that healthcare is of the highest quality, with improved safety and clinical effectiveness based on person-centred support and the full involvement of care partners. There will be an emphasis on developing relationship-based care and shared decision-making. A further aim is to ensure that patients and carers have clear instructions and information on care, treatment and symptoms and that they are fully involved in treatment choices.

There will be a clear emphasis on treating carers as equal and expert partners with knowledge and experience, especially about the person they care for.

There are a number of useful sources of information on this issue;

http://www.mwscot.org.uk/web/FILES/Publications/Carers_Confidential.pdf

<http://www.rcpsych.ac.uk/PDF/Carersandconfidentiality.pdf>

http://www.bma.org.uk/healthcare_policy/community_care/Workingwithcarers.jsp

http://www.gmc-uk.org/guidance/ethical_guidance/confidentiality_64_66_sharing_information.asp

http://www.gmc-uk.org/guidance/good_medical_practice/relationships_with_patients_people.asp

http://www.bma.org.uk/images/confidentialitytoolkitdec2009_tcm41-193140.pdf

<http://www.supportinmindscotland.org.uk/information-and-support/publications/its-their-job-its-my-life>

Forensic label

Carers would like the opportunity to discuss the validity of the term 'forensic' in relation to the inequalities and stigma it can cause. The term is not inclusive of those presenting high risk and who need more secure or highly intensive care, who have not come into contact with the criminal justice system but who may be accommodated within 'forensic mental health' services. Carers would favour a change in language which focuses on best possible and appropriate care and treatment and on the *outcomes* for patients and carers.

Recovery

It would be helpful for information on recovery written specifically for carers to be developed, with joint working between the Scottish Recovery Network, carer and other third sector organisations and mental health and criminal justice services to promote the concept of recovery to carers and to maximise any opportunities to carers for participation in their relative's recovery. This could include carer representation and involvement in recovery groups on local service level and joint working between the statutory and voluntary sector to provide opportunities to promote and support carers' own recovery. Delivering forensic mental health services with the ethos of recovery will promote more positive therapeutic settings for patients, carers and staff.

The National Carers Strategy discusses Wellness Recovery Action Planning (WRAP) promoted by the Scottish Recovery Network, as a model with potential to help improve the mental health and wellbeing of the general population, including carers.

Some carers' organisations are already working with WRAP with carers to promote recovery. Edinburgh Carers Council has commissioned an independent evaluation (available in September 2011) of the delivery of this training to carers with particular focus on ongoing WRAP groups, which continue to deliver ongoing recovery focussed support.

In discussions of any of the above, there are particular challenges for carers living in rural and remote areas. In line with Action point 5.2 of National Carers Strategy, which commits to joint working to develop plans to help address rural carer issues, carers are keen to discuss the best ways of accessing support for themselves and for all carers, the issue of the cost of providing visiting support to their relatives is an important issue. This is particularly the case for those supporting relatives in forensic mental health care settings, whose 'regional' or nearest appropriate care facility may be hundreds of miles away, or in fact, in England.

Gaps in services

Carers have highlighted the following gaps in service provision in Scotland;

- Services for young people who present a high risk to themselves and/or others.
- Appropriate accommodation for people with learning disabilities and/or autistic spectrum disorders who have challenging behaviour and who have *not* come into contact with the criminal justice system.

These carers have had to face particular challenges of maintaining visiting support and family relationships to north of England facilities with few support systems in place and additional financial implications of travel.

Appendix (i) Conference programme

- 09.30 Registration & Coffee
- 10.00 Introductions
Ian Hartley, Orchard Clinic, Royal Edinburgh Hospital
- Welcome Speech
Geoff Huggins, Mental Health Division, Scottish Government
- Keynote Speech
Carolyn Little, Carer, Dumfries
- 10.45 Workshops
- 11.30 Coffee in Market Place
- 11.50 Workshops
- 12.35 Lunch & Stalls in Market Place
- 13.45 Workshops
- 14.30 Coffee in Market Place
- 15.00 Plenary Session
Introduction
Mary Weir, Chief Executive, Support in Mind Scotland
What Next? How will issues be taken forward?
- Panel Members - Carolyn Little, Dumfries, Ivan Carnegie,
Tayside, Margaret Hunter & Christine Mukasa, Glasgow
- 15.45 Close

Appendix (ii) Profile of Organisations involved

The Edinburgh Carers Council is an organisation that provides individual and collective advocacy to carers who support someone who is in hospital, uses mental health services or has a mental disorder in the City of Edinburgh.

NHS Lothian's forensic directorate comprises of The Orchard Clinic, a 45 bedded inpatient medium secure mental health unit with a community team based on site. Recently the forensic directorate also became responsible for the medical and nursing services provided at St Leonard's Police station.

The Forensic Network was established in September 2003, following a review of The State Hospitals Board for Scotland '*The Right Place, The Right Time*'. Its aim is to bring a pan-Scotland approach to planning of services, patient pathways, strategic planning as well as teaching, training and research. The Network hosts and supports a number of operational groups that promotes networking and sharing good practice. These groups also shape the work of the Network and influence policy.

National Forensic Mental Health Carers Meeting, supported by the Forensic Network, provides an opportunity for carers to meet and discuss matters of common interest.

Appendix (iii) Market place

In the months prior to the conference, carer related organisations and health boards within Scotland were invited to hold a stall at the market place. This year an attempt to increase the number of agencies working with families within the criminal justice system was made.

Participating agencies were;

National organisations:

Families Outside Scotland
The Forensic Network
Mental Welfare Commission
Royal College of Psychiatrists
Scottish Independent Advocacy Alliance
Scottish Recovery Network
Support in Mind Scotland
The State Hospital

West Region:

Circle Advocacy, Glasgow
Charing Cross Carers Group
NHS Greater Glasgow

North Region:

Tayside Forensic Voices

South & East Region:

Advocard
Crisis Centre (24/7)
Edinburgh Carers Council
Lothian & Borders Police
Legal Services Agency
Orchard Clinic Recovery Group
SACRO Travel Service
Spiritual Care Team, Edinburgh

There was a good atmosphere and 'buzz' about market place, with a lot of networking and exchanges of views happening. Professionals and carers both found the displays and stalls informative and a good focal point for sharing news from different geographical areas and of different areas of practice. i.e. family work within NHS services and from voluntary sector services across both mental health specific and prison services. Conversation and verbal feedback was that the day was very positive; despite some of the difficult experiences shared; that carers had felt listened to by the professionals present and that professionals were positive about the links they had made with other organisations and carers present. It is hoped that some good joint interagency working will come from this day and more importantly with carers themselves being invited to become more involved in working alongside agencies to improve service provision.

Appendix (iv) Conference Feedback Form and Responses



4th Scottish Forensic Mental Health Carers Conference

“Collective Issues – Collective Voice”

Saturday 21st May 2011, Storytelling Centre, Edinburgh

SPEAKER/WORKSHOP EVALUATIONS

WELCOME & INTRODUCTION

	Very poor	Poor	Average	Good	Very Good	No Comment
Relevance to my needs	0	0	6	17	14	0

KEYNOTE SPEECH

	Very poor	Poor	Average	Good	Very Good	No Comment
Relevance to my needs	0	0	0	6	31	0

THROUGH THE CRIMINAL JUSTICE SYSTEM: INFORMATION & SUPPORT FOR FAMILIES

	Very poor	Poor	Average	Good	Very Good	No Comment
Relevance to my needs	0	0	5	17	13	2
Opportunity to give views/opinions	0	0	4	16	15	2

RECOVERY & MOVING ON: BEING INVOLVED IN YOUR RELATIVE'S RECOVERY, CARERS OWN RECOVERY

	Very poor	Poor	Average	Good	Very Good	No Comment
Relevance to my needs	0	0	3	15	16	3
Opportunity to give views/opinions	0	0	3	15	17	2

**FAMILY INVOLVEMENT IN MENTAL HEALTH SERVICES: CARE PLANNING,
MENTAL HEALTH TRIBUNAL, TRANSITION**

	Very poor	Poor	Average	Good	Very Good	No Comment
Relevance to my needs	0	0	1	19	15	2
Opportunity to give views/opinions	0	1	3	12	19	2

PANEL QUESTION & ANSWER SESSIONS

	Very poor	Poor	Average	Good	Very Good	No Comment
Relevance to my needs	0	0	1	18	16	2
Opportunity to give views/opinions	0	0	1	15	18	3

OVERALL EVALUATION

	Very poor	Poor	Average	Good	Very Good	No Comment
Relevance to my needs	0	0	0	14	21	2
Opportunity to give views/opinions	0	0	1	11	23	2
Opportunity for meeting people	0	0	1	13	21	2
Enjoyment	0	0	0	12	23	2

CONFERENCE MANAGEMENT

	Very poor	Poor	Average	Good	Very Good	No Comment
Refreshments & Lunch	0	0	2	12	23	0
Welcome & Registration	0	0	1	17	19	0
Delegate Pack	0	0	0	20	17	0
Market Place/Information Stalls	0	0	2	19	16	0



4th Scottish Forensic Mental Health Carers Conference

“Collective Issues – Collective Voice”

Saturday 21st May 2011, Storytelling Centre, Edinburgh

EVALUATION COMMENTS FROM THE DAY

- Today has offered professionals and carers the opportunity to have a say. It has provided information to me that I was unaware of as well as allowed me to share information.
- Great day but could do with more time at workshop sessions.
- Good opportunity for networking and nice to see professionals from health services in attendance.
- Extremely enjoyable and valuable.
- Lots of opportunity to meet new people and talk about issues.
- Very good although perhaps more emphasis on stalls next time.
- Brilliant day, there should be more!
- Very good conference.
- Well organised, pleasant venue, good opportunity to share experiences.
- Very interesting to hear all views from different areas of the country.
- Really enjoyable conference and as a nurse I find these events and carers stories really important. It reminds me that it is not only the patient who is affected by being in hospital but also the huge strain this puts on individual families.
- Eye-opening to get carers perspective. Very informative discussions. Appreciated hearing them tell their side of the story and how this story started and that their experiences have improved (for the majority of people) in recent times. Food for thought re ‘forensic’ label – no wonder carers dislike it when it is ‘double stigma’ as all ‘forensic’ patients have offended.
- Microphones would have been useful in the morning.
- There was a delay in starting the first round of workshops. It would have been helpful for facilitators to have updated delegates about timings.
- Very well organised!
- Very useful day in lovely surroundings. However, market hall was quite small. A few more seats at lunchtime would have been good.
- Excellent day for meeting people from a wide range of professional disciplines and carers with many experiences.
- Excellent day! Good to value the role of carers in recovery and in their own recovery. The collective voice is vocal!
- Good insight into information and well delivered. Thank you.
- Thoroughly enjoyable and informative day.
- Very well organised. Loved the building and facilities in the centre of the city.

- Stimulating, moving, an opportunity to share experiences and listen to those of others. Time is always too short! Collated sheets would be valuable and interesting. Facilities good!
- Very informative. The information, facilities and network opportunities were fantastic.
- Very good!
- Pity opening session over-ran. Could not hear the morning speakers very well, poor sound. Better when microphones were supplied. Much better sound in plenary session.
- Very good. Well behaved audience!
- Excellent. Fantastic Food. Good comfy seating, but some at back struggling to hear. Maybe 2 workshops would have been better than 3 as it was a bit rushed and some folk didn't get the chance to speak due to 1 or 2 people dominating the discussion.
- It was fantastic, very informative and a real eye opener. I hope everyone took as much away from it as I did.

EVALUATION SUGGESTIONS FOR FUTURE EVENTS

- Good to have another conference – anywhere!
- It would be great if SACRO could advertise with you.
- Continue conferences and information sharing. Have water available at next conference.
- Hope you can get more carers to attend.
- Same type of event and venue could be worthwhile.
- Many concerns raised are linked to professionals. More advertising of event aimed at professionals to encourage greater attendance. More specific questions – quite broad ones given.
- I hope there will be many more conferences like this.
- Show video recording of a mock MHT hearing or CPA meeting.
- Larger venue to give easier access to stalls. Would have preferred entire group discussion as opposed to separate workshops – wider discussion and feedback and would have saved time.
- Include student nurses in these events so new generation of nurses are aware of the importance of carer input.
- More time allocated to see stalls and talk to other carers and organisations. Venue lovely but it could have had a bit more space and places to sit down.
- Will look forward to future conference and ideas which will benefit all patients.
- Keep them coming!
- Carer and patients conference! i.e. service user and carers meeting to discuss issues. i.e. confidentiality.
- Another conference please!
- Day finding out types of information required with the vision to developing an easy access facility to find the processes of forensic environments.
- Market Place needs to be bigger. Need seats at lunchtime. Cloakroom would be handy for leaving coats and bags etc.