CONSULTATION QUESTIONS

Overall Approach

This consultation reflects a continuation and development of the Scottish Government's current approach for mental health. There is a general consensus that the broad direction is right but **we want to consult on:**

- The overall structure of the Strategy, which has been organised under 14 broad outcomes and whether these are the right outcomes;
- Whether there are any gaps in the key challenges identified;
- In addition to existing work, what further actions should be prioritised to help us to meet these challenges.

Comments

Recognition of the Severe Post Traumatic Stress Disorder suffered by those who have been wrongfully convicted in Scotland.

Improvement Challenge Type 1

We know where we are trying to get to and what needs to happen to get us there, but there are significant challenges attached to implementing the changes. An example of this is the implementation of the Dementia Strategy. There is a consensus that services for people with dementia are often not good enough and we already know about a range of actions that will improve outcomes. However some of these changes involve redesigning the way services are provided across organisational boundaries and there are significant challenges attached to doing this.

Question 1: In these situations, we are keen to understand whether there is any additional action that could be taken at a national level to support local areas to implement the required changes.

Comments

More needs to be done to make G.P.s aware of the Trauma caused by wrongful conviction

Improvement Challenge Type 2

We know we need to improve service provision or that there is a gap in existing provision, but we do not yet know what changes would deliver better outcomes. Supporting services to improve care for people with developmental disorders or trauma are two areas where further work is needed to identify exactly what needs to happen to deliver improved outcomes.

Question 2: In these situations, we are keen to get your views on what needs to happen next to develop a better understanding of what changes would deliver better outcomes.

Comments

Clinicians in trauma should be made available to individuals as early as possible, after having their convictions quashed at the Court of appeal.

Outcome 1: People and communities act to protect and promote their mental health and reduce the likelihood that they will become unwell.

Question 3: Are there other actions we should be taking nationally to reduce self harm and suicide rates?

Comments

Question 4: What further action can we take to continue to reduce the stigma of mental illness and ill health and to reduce discrimination?

Comments

Question 5: How do we build on the progress that *see me* has made in addressing stigma to address the challenges in engaging services to address discrimination?

Comments

Question 6: What other actions should we be taking to support promotion of mental wellbeing for individuals and within communities?

Comments

Outcome 2: Action is focused on early years and childhood to respond quickly and to improve both short and long term outcomes.

Question 7: What additional actions must we take to meet these challenges and improve access to CAMHS?

Comments

Question 8: What additional national support do NHS Boards need to support implementation of the HEAT target on access to specialist CAMHS?

Comments

Outcome 3: People have an understanding of their own mental health and if they are not well take appropriate action themselves or by seeking help.

Question 9: What further action do we need to take to enable people to take actions themselves to maintain and improve their mental health?

Comments
Information should be made available as soon as referal from the Criminal Case Review Commission is established, both the individual in question & their families.

Question 10: What approaches do we need to encourage people to seek help when they need to?

Comments Individuals who have been wrongfully imprisoned have a trust problem with figures of Authority, including psychologist. It is imperative for treatment that an organisation like MOJO is brought into appease any distrust.

Outcome 4: First contact services work well for people seeking help, whether in crisis or otherwise, and people move on to assessment and treatment services quickly.

Question 11: What changes are needed to the way in which we design services so we can identify mental illness and disorder as early as possible and ensure quick access to treatment?

Comments
Miscarriage of justice victims, as a small and unique group, should be prioritised both by G.P. and for immediate psychological counselling on release.

Outcome 5: Appropriate, evidence-based care and treatment for mental illness is available when required and treatments are delivered safely and efficiently.

Question 12: What support do NHS Boards and key partners need to apply service improvement approaches to reduce the amount of time spent on non-value adding activities?

Comments

Question 13: What support do NHS Boards and key partners need to put Integrated Care Pathways into practice?

Comments

Outcome 6: Care and treatment is focused on the whole person and their capability for growth, self-management and recovery.

Question 14: How do we continue to develop service user involvement in service design and delivery and in the care provided?

Comments More money and resources has to be made available to develop this service to shape and design for the trauma suffered by victims of a miscarriage of justice

Question 15: What tools are needed to support service users, families, carers and staff to achieve mutually beneficial partnerships?

Comments

Question 16: How do we further embed and demonstrate the outcomes of person-centred and values-based approaches to providing care in mental health settings?

Comments

Question 17: How do we encourage implementation of the new Scottish Recovery Indicator (SRI)?

Comments

Question 18: How can the Scottish Recovery Network develop its effectiveness to support embedding recovery approaches across different professional groups?

Comments

Outcome 7: The role of family and carers as part of a system of care is understood and supported by professional staff.

Question 19: How do we support families and carers to participate meaningfully in care and treatment?

Comments

Many of the families of a victim of a M.o.J. suffer secondary trauma living with someone suffering from severe PTSD DSM IV. More money and resources needs to find its way to help the families of a M.O.J.

Question 20: What support do staff need to help them provide information for families and carers to enable families and carers to be involved in their relative's care?

Comments
Support for the wrongly convicted, and their families, require education for the families at the point of release, and family therapy training and expertise from the staff helping with post-release difficulties.

Outcome 8: The balance of community and inpatient services is appropriate to meet the needs of the population safely, efficiently and with good outcomes.

Question 21: How can we capitalise on the knowledge and experience developed in those areas that have redesigned services to build up a national picture of what works to deliver better outcomes?

Comments The wrongfully convicted suffer from chronic & complex psychological trauma symptoms all of them will require long term individual & social support.

Outcome 9: The reach of mental health services is improved to give better access to minority and high risk groups and those who might not otherwise access services.

Question 22: How do we ensure that information is used to monitor who is using services and to improve the accessibility of services?

Comments

Question 23: How do we disseminate learning about what is important to make services accessible?

Comments

Question 24: In addition to services for older people, developmental disorders and trauma, are there other significant gaps in service provision?

Comments

Outcome 10: Mental health services work well with other services such as learning disability and substance misuse and are integrated in other settings such as prisons, care homes and general medical settings.

Question 25: In addition to the work already in place to support the National Dementia Demonstrator sites and Learning Disability CAMHS, what else do you think we should be doing nationally to support NHS Boards and their key partners to work together to deliver person centred care?

Comments

Question 26: In addition to the proposed work in acute hospitals around people with dementia and the work identified above with female prisoners, are there any other actions that you think should be national priorities over the next 4 years to meet the challenge of providing an integrated approach to mental health service delivery?

Comments

Outcome 11: The health and social care workforce has the skills and knowledge to undertake its duties effectively and displays appropriate attitudes and behaviours in their work with service users and carers.

Question 27: How do we support implementation of *Promoting Excellence* across all health and social care settings?

Comments

Question 28: In addition to developing a survey to support NHS Boards' workforce planning around the psychological therapies HEAT target – are there any other surveys that would be helpful at a national level?

Comments

Question 29: What are the other priorities for workforce development and planning over the next 4 years? What is needed to support this?

Comments

A Closer consultation between clinical practioners with ourselves. To develop a thorough Heart-care.

Question 30: How do we ensure that we have sustainable training capacity to deliver better access to psychological therapies?

Outcome 12: We know how well the mental health system is functioning on the basis of national and local data on capacity, activity, outputs and outcomes.

Question 31: In addition to the current work to further develop national benchmarking resources, is there anything else we should be doing to enable us to meet this challenge.

Comments

Question 32: What would support services locally in their work to embed clinical outcomes reporting as a routine aspect of care delivery?

Comments

SEE ADRIAN GROUND Recommendations

Outcome 13: The process of improvement is supported across all health and social care settings in the knowledge that change is complex and challenging and requires leadership, expertise and investment.

Question 33: Is there any other action that should be prioritised for attention in the next 4 years that would support services to meet this challenge?

Comments

Question 34: What specifically needs to happen nationally and locally to ensure we effectively integrate the range of improvement work in mental health?

Comments

Outcome 14: The legal framework promotes and supports a rights based model in respect of the treatment, care and protection of individuals with mental illness, learning disability and personality disorders.

Question 35: How do we ensure that staff are supported so that care and treatment is delivered in line with legislative requirements?

Comments

The Scottish Government

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The Miscarriages of Justice Organisation

Response

Mental Health Strategy for Scotland

2011-15

A Consultation

Chapters

M.OJ.O. Response - Mental Health Strategy for Scotland – A Consultation

What is available for the trauma inflicted upon the Wrongfully Convicted?

Introduction

It was in 1994, 3 years after his release, when I first met Paddy Joe Hill of the Birmingham Six. I had met him twice briefly before this point, but it wasn't until that fateful day on the 8th October 1994, when I really met him, and asked the question "how's life".

His reply shocked me, he started telling me about his breakdowns, his uncontrollable crying, not going out during the day because of the noise, sleeping in one room in his house, how he didn't fit in out here. I kept saying, "but you must have got help, your campaign was enormous, worldwide, they must have given you some help". I was shocked to think that someone who had spent decades wrongfully inside UK prisons, would be released without any psychological help to re-adjust. I wasn't a psychologist, psychiatrist or counsellor, but even I knew back then that long-term wrongful incarceration would weigh heavy on the mind. That was over 17 years ago, and to this day there is no immediate psychological treatment offered to those who have been wrongfully imprisoned on their release from the Court of Appeal, either in England or Scotland, it is a disgrace. There would be a public outcry if you tried to release a caged animal back into the wild without helping it come to terms with its new surroundings, yet we release the most traumatised individuals back out into "civilisation' with no psychiatric counselling on release. Professor Gordon Turnbull, who counselled the Beirut hostages Terry Waite and John McCarthy, and survivors from the Lockerbie bombing and the Gulf wars, says Paddy Hill is one of the most traumatised people he has ever come across. Another doctor dealing with

Gerry Conlon, Dr Paul Miller who works with victims of the troubles in Northern Ireland, has described Conlon as in the top 1% of the most traumatized individuals he had treated. This can be said for all of our clients.

The early experiences of others

Since that day I have now met dozens of individuals who have walked free from the Court of Appeal without any back up or help; especially before the setting of MOJO in Scotland, and the Miscarriages of Justice Support Service In England. In 1998 I met, through Paddy Hill, Patrick Nicholls who had walked out of the Court of Appeal in England after 27 years, he was 68 years of age, he recently had a stroke. On leaving the prison the authorities took from his possession a little squeeze ball to help with his recovery, he went to live with Paddy Hill in his flat in North London after leaving the Court of Appeal; Paddy Hill was dealing with his own severe post traumatic stress disorder, and classified with the most extreme form DSM IV.

On November 6th 2002, Robert Brown was released the week before his appeal into the care of MOJO, on condition that we took him to the Court of Appeal in England on the 13th Nov. He was released at 9.00am the morning of the 6th Nov, without a penny in his pocket, he had been incarcerated for 25 years. Had he been guilty he would have had a whole team of social workers helping him to readjust. The only help Robert Brown received was from this organisation, we had no funding at that time, except for what we raised through fundraising events ourselves. Robert Brown won his appeal unchallenged, and after 25 years in English prisons returned to Scotland. We managed to get him a flat in Drumchapel Glasgow near his dying mother, as well as completing his benefits and housing forms. There was no help from the state to help Robert Brown readjust back into society after 25 years innocent in prison.

Not long after Robert we started to help Stuart Gair, who had been released but still fighting to clear his name. Stuart had many problems readjusting to society, one in particularly was the heroin addiction he had maintained whilst serving his sentence. Even after Stuart had his conviction quashed, he still was not offered any help for the P.T.S.D. he suffered from 15 year of wrongful conviction. Through the support from this office he weaned himself off both heroin and methadone. However because of

the stress of living without treatment for his trauma, Stuart Gair had a massive heart attack 5 minutes after been given the all clear from a medic in his home in Edinburgh. The medic was being tailed by Donal McIntyre for a TV programme, Stuart died in Donal McIntyres arms that night. It should be noted that of our 18 primary service users, and all the individuals I have worked with, **all of them have been diagnosed with the most severe form of long term trauma PTSD DSMIV** (for more info on Miscarriages of Justice Organisation see Appendix 1 Annual Report 2010-11)

General Experience of long-term offender on release

On Release the Scottish Prison Service, is responsible for criminal offenders. These individuals, particularly those serving sentences over 8 years, are slowly reintroduced to society over a long period, somewhere between 2 to 3 years. They will be given a social worker, a parole officer, both before and after release. They will go out for a day, then a weekend, and slowly they will be found work, and will spend a week out returning at the weekend, building up to their final release date. Since innocent people, are released by the Courts, and not the Scottish Prison Service, they are suddenly released back into a world they know very little about; there is very little thru care, particularly meeting their medicals needs. They have been traumatised through their experience of wrongful imprisonment and again traumatised by their sudden release. There is something very wrong, when those who were innocent of the crime they have been convicted of, are getting no help before their release to come to terms with the world they will be living in, and again offered no medical/psychological help after they are released, but millions is being spent on guilty offender re-adjust, what about the innocent. Norman Parker, an ex-offender, puts it in succinctly in his Masters dissertation on the psychological trauma facing miscarriages of justice on release "What a supreme irony it would be if the very thing they yearned for so many years, immediate freedom, was the very thing that did them enduring psychological harm" (for more info see Appendix 2-Coping Strategies and Enduring Psychological Trauma in Some Miscarriages of Justice Victims by Norman Parker)

Our Work With Experts

In the last ten years we have met with some of the top psychologist and psychiatrist in the world. I have met with miscarriage of justice victims from Canada, who have been sent over to the UK to be treated by these professionals. The problem is many are in the private sector because of the speciality of the trauma, but many are willing to help. These include Consultant Psychologist Iain Stephens, Dr Adrian Grounds, Dr Paul Miller and Professor Gordon Turnbull (For more info see Appendix 3, Experts response)

What needs to be put in place?

What needs to me made available is that within the first week of release a full medical assessment, and consultation with an appropriate psychological consultant with experience of PTSD DSM IV, preferably someone with an experience of dealing within individuals who have been wrongfully incarcerated, these consultations should be at least once week. Ideally they would have a trauma centre to go to so they can be slowly, at their own time, brought back into society. As no trauma centre is available, in the meantime, what needs to be done is a full back service, with immediate weekly visits to a consultant psychologist along with other services to deal with coping problems re-adjusting back into society. These consultation should be backed up with client theraputic activities with a whole range of support networks, including drugs and alcohol addiction, anger management, family counselling. (For more info see Appendix 4 Clients response on Mental Health Questionnaire)

Yours Sincerely

John McManus

Project Coordinator

Appendix 1

Miscarriages of Justice Organisation
Annual Report 2010-11

Miscarriages of Justice Organisation

Annual Report 2010/11

Bringing Hope to the Innocent