**RCOT Response to the *Independent Review into the Delivery of Forensic Mental Health Services in Scotland – What People Told Us*, October 2020**

The Royal College of Occupational Therapists (RCOT) was pleased to see the release of the report which summarises the information shared with you during this important review and welcomes the chance to give some comments and suggestions for your final recommendations.

As you are aware, occupational therapists are employed across the pathway of forensic services in Scotland, have already submitted information and have our own evidence-based guidelines, implementation guide and audit tool to guide practice in these services.

<https://www.rcot.co.uk/practice-resources/rcot-practice-guidelines/secure-hospitals>

We feel there are two themes that will provide a vision for improved services, which are **rehabilitation** and **employability**. We also have some specific points to make about occupational therapy from the report with suggestions for recommendations.

**Rehabilitation**

We feel that the vital need for rehabilitation in forensic services is not clear enough and needs strong recommendations so that this aspect is structured, prioritised and resourced. We believe that rehabilitation should be the central ethos of every forensic service and every member of staff. Occupational therapists have expert skills in rehabilitation, but this needs to be shared so every single opportunity is one for skills development and learning. Forensic services could then become true places for positive change.

People only change and move eventually to independent living through rehabilitation. We believe that that recommendations to improve and expand the quality of rehabilitation provision in Scotland forensic services should be made. This vision of the centrality of rehabilitation in forensics should be needs-led, joined up, holistic and based on what matters to the person so that rehabilitation, recovery, and readjustment can happen together.

Rehabilitation should be the essential component of forensic services and occupational therapists can help to lead and delivering this cultural adjustment that can encompass physical, social, and mental health needs.

**Employment**

Within this overarching rehabilitation framework, the ability to gain open employment is crucial. Alongside settled accommodation is it the key predictive factor of successful community living without re-entering the forensic system. We feel it needs much greater prominence in this review and clear recommendations that employment-related interventions should be core and central to all parts of the forensic system. We suggest the following key principles from the State Hospital are adopted:

1. Engaging in productive occupations and work is fundamental to health and wellbeing
2. All patients should be asked about their aspirations for work early and throughput their rehabilitation
3. Patients should be supported towards work with individualised rehabilitation plans with clear goals and opportunities for progression
4. Use of Motivational Interviewing to match employment support to a person’s place in the cycle of change; pre-contemplation; contemplation; preparation; action and maintenance all requite different types of intervention.

Detailed information from NHSGGC proposes a Forensic Employability Pathway that addresses these five stages in the cycle of change including positive activity; work preparation; early recruitment into work and long-term support. This model could be adopted by the Scottish Government across the whole of Scotland.

**Specific Points from the Report**

**P33, 5.1.3 – Access to occupational therapy**

*“People said that less secure hospitals do not have parity of access to psychological interventions and occupational therapy”.*

Occupational therapist working in forensics services feel that this problem is not specific to just lower security hospitals and that a suitable recommendation should be for parity of access to occupational therapy across all levels of security.

**P38, 6.1 – Activity provision**

*“Opportunities for activities and outings are highly valued. People described activities on the ward as essential to alleviate boredom, to give a sense of purpose and achievement and to develop skills. Many people with lived experience commented on the difficulties of boredom and frustration when faced with long periods of time without structured activity, particularly in evenings and weekends. Gaps in services ability to provide a range of activities that appeal to everyone are associated with dissatisfaction and boredom. Access to activities and regular routines outside of the ward in integral to a person’s progression through the secure estate to the community. However, people with lived experience reported activities and escorted leave off ward being cancelled as result of staff shortages.”*

Linking to the point above, this paragraph is a crucial example of how a rehabilitation focused service could reframe this as a challenge owned by the whole service. Activities are a crucial way that people change and learn new skills, particularly those with multiple challenges that may find it difficult to access traditional talking therapies. While occupational therapy, adult education and recreational therapies are part of the solution, it cannot be done alone, and recommendations should stress a whole service approach to turning every opportunity into one for positive change.

**Page 40, 6.1.2 – Disclosure**

*“Occupational therapy staff have developed some guidance on disclosure and are working with the Scottish government to publish it”*

Disclosure is of course a vital element of rehabilitation and employment and the request for more support in this area is valid. Occupational therapists working in forensic services have indeed developed a document to support this but feel that the Scottish Government need to take the current document and develop it further so it can be used nationally. A firm and clear recommendation to the Scottish government to do this would help drive this forward. To progress this particular component, a short life working group could be set up by the Scottish Government to explore the issue further which of course, we would be happy to be part of.

**Page 61 and page 63 – Prisons**

” *There is inconsistent access to others services in prisons, including AHPs.”*

“*The evidence outlining issues with mental health provision in prisons does indicate that this is an area which could benefit from further examination and it is hoped that the Scottish government will identify an appropriate body for such work”.*

Occupational therapists working in forensic services are in agreement with this point and feel it will be crucial to help improve the utility and value of prisons again as a place for rehabilitation and recovery.

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