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**Final consultation**

**Stage 3 of the review**

Plain English survey

Short version

August 2019

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**The contents of this survey**

This survey gives you a very short summary of each part of the consultation document for this stage of the review.

You can see the whole consultation document [here](https://www.irmha.scot/wp-content/uploads/2019/08/Full-consultation-document-FINAL-29-08-19.pdf).

If you want to respond to any section of this survey in detail, we suggest that you get the full survey for that section.

You can get the survey document for each section of this consultation [here](https://irmha.citizenspace.com/).

You might want to respond to a section or sections of the survey online. To do this, click on this [link](https://irmha.citizenspace.com/).

If you need help with this survey, you can call email us at

[irmha.scot@nhs.net](mailto:irmha.scot@nhs.net)

or you can phone us at

0131 313 8744

|  |
| --- |
| **1. What Scotland needs to do**  We think that Scotland’s mental health law needs to change for autistic people and people with learning disability.  We think that the law needs to change to comply with the United Nations Convention on the Rights of Persons with Disabilities.  We also think that it needs to change to comply with the European Convention on Human Rights in full. |

**1. What do you think about the ideas in this section?**

|  |  |
| --- | --- |
| x | I like the ideas |
|  | I have mixed views about the ideas |
|  | I do not like the ideas |
|  | I do not understand the ideas |

**2. Why do you think that?**

|  |
| --- |
| The RCOT is generally in broad agreement with the proposals in section 1, in particular the move to embracing the social model of disability and using a human rights perspective to frame this. |

**3. Could these ideas be made better?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | I don’t know |

**4. How could these ideas be made better?**

|  |
| --- |
|  |

|  |
| --- |
| **2. How we understand autism, learning disability and mental health**  We suggest that Scotland needs to move to understanding autism and learning disability as disabilities, not as mental disorders.  We think that Scotland’s mental health services for autistic people and people with learning disability need to move to a human rights culture.  In Scots law, everyone is presumed to have legal capacity. We suggest that it should not be possible to challenge the legal capacity of autistic people or people with learning disability. |

**1. What do you think about the ideas in this section?**

|  |  |
| --- | --- |
| X | I like the ideas |
|  | I have mixed views about the ideas |
|  | I do not like the ideas |
|  | I do not understand the ideas |

**2. Why do you think that?**

|  |
| --- |
| The RCOT supports autism and learning disabilities being defined as disabilities rather than as mental disorders and using the social model of disability to create positive change. Occupational therapists are trained to approach their practice from this perspective and advocate for tackling the causes of disability which are due to barriers in the social and physical environment. |

**3. Could these ideas be made better?**

|  |  |
| --- | --- |
| x | Yes |
|  | No |
|  | I don’t know |

**4. How could these ideas be made better?**

|  |
| --- |
| We agree that all systems, processes and workforce need to move to embrace positive risk taking. In our experience, risk assessment can result in the person being denied the opportunity to engage in their chosen occupations. We have found that providing our members with more in-depth tools to promote positive risk taking is helping to change practice. We have produced a document called “*Embracing Risk, Enabling Choice –Guidance for Occupational therapists*” (RCOT, 2018) which could be used as the basis for wider guidance for the whole workforce. |

|  |
| --- |
| **3. Support for decision making**  We suggest that Scotland should make change to comply in full with a key right in the Convention on the Rights of Persons with Disabilities, the right to equal recognition before the law.  To make it possible for autistic people and people with learning disability to have and use their legal capacity, Scotland would have to give strong support for decision making. We make a range of suggestions on how this support should be set up.  We also discuss how we think decisions should be made on psychological interventions, psychotropic medication, and at times of crisis. |

**1. What do you think about the ideas in this section?**

|  |  |
| --- | --- |
|  | I like the ideas |
| x | I have mixed views about the ideas |
|  | I do not like the ideas |
|  | I do not understand the ideas |

**2. Why do you think that?**

|  |
| --- |
| The RCOT would like clarification about whether the Review regards occupational therapy as a psychological intervention. Our opinion is that we are an occupational intervention rather than a psychological one, but we are aware that SIGN guidelines 145 include occupational therapy under the category of behavioural/psychological interventions. If it is categorised in this way, we will also need clarification about whether a human rights assessment would be required before occupational therapy interventions. |

**3. Could these ideas be made better?**

|  |  |
| --- | --- |
| X | Yes |
|  | No |
|  | I don’t know |

**4. How could these ideas be made better?**

|  |
| --- |
| The RCOT are firm supporters of the STOMP pledge and feel that a proactive campaign could also work in Scotland. Giving personal pledges has enabled each professional group to define their contribution in this area. For example, the RCOT committed to support members to include the reduction of medication in care plans; to challenge the use of medication and to encourage increased access to meaningful occupations during the reduction of psychotropic medication. Giving clear, tangible examples such as these can help promote change in the workforce. |

|  |
| --- |
| **4. Support, care and treatment**  We suggest that autistic people and people with learning disability should be given rights in law to have access to the support, care and treatment that they need.  We also makes suggestions on how support, care and treatment could be provided for women, children and offenders, in ways that respect human rights.  We discuss some duties that would need to be placed on public authorities to make these rights real. |

**1. What do you think about the ideas in this section?**

|  |  |
| --- | --- |
| x | I like the ideas |
|  | I have mixed views about the ideas |
|  | I do not like the ideas |
|  | I do not understand the ideas |

**2. Why do you think that?**

|  |
| --- |
| The RCOT support the theme of giving people with autism and learning disabilities the right to access support, care and treatment. We also support the proposal to create a new National Autism Service and have occupational therapists in England and Wales who have specialised in working with people with autism. |

**3. Could these ideas be made better?**

|  |  |
| --- | --- |
| x | Yes |
|  | No |
|  | I don’t know |

**4. How could these ideas be made better?**

|  |
| --- |
| The RCOT would like the opportunity to be included in further discussion about the creation of a National Autism Service as we believe we have members who have the skills and expertise to contribute to this service. For example, reports we have released this year contain several case studies of occupational therapists supporting people with autism to achieve their goals in the community. “*Making personalised care a reality; the role of occupational therapy”* (RCOT 2019) contains Thom’s story who works with an occupational therapist to join the local running club which resulted in him winning a junior trophy in the park run. They did this through one-to-one coaching sessions so Thom could become familiar with the environment, learn skills for personal relationships and manage personal care and transport. |

|  |
| --- |
| **5. Where support, care and treatment happens**  We suggest that there should be a shift towards voluntary support and care that emphasises social support and care. We suggest a shift away from compulsory treatment in hospitals that emphasise medical treatment.  We suggest places where support, care and treatment should happen. This includes a new type of service which we call secure support centres. |

**1. What do you think about the ideas in this section?**

|  |  |
| --- | --- |
| x | I like the ideas |
|  | I have mixed views about the ideas |
|  | I do not like the ideas |
|  | I do not understand the ideas |

**2. Why do you think that?**

|  |
| --- |
| The RCOT supports the right to independent living and this was a major theme in our recent publication “*Leading fulfilled lives; occupational therapy supporting people with learning disabilities”* (RCOT 2019). The document describes Ian’s story, who was housed in a specialist forensic rehabilitation unit far from home. The occupational therapist was able to advice about suitable housing nearer his mother and he was discharged to a rented property. We also agree that secure support centres could be led by occupational therapists who can take a personalised approach to care. |

**3. Could these ideas be made better?**

|  |  |
| --- | --- |
| x | Yes |
|  | No |
|  | I don’t know |

**4. How could these ideas be made better?**

|  |
| --- |
| We agree that Scotland will need more investment in community based professionals and support and would like to ensure that occupational therapists are included in this. Our report above states that occupational therapists should be positioned to:   * Develop wider partnerships to create access to opportunities in education, work and leisure * Provide advice and training to families and service providers * Provide clear access points for partners and service providers to utilise advice and guidance from occupational therapists |

|  |
| --- |
| **6. How professionals make decisions**  We suggest that Scotland should make changes to move closer to compliance with the right to liberty and security. This is another key right in the Convention on the Rights of Persons with Disabilities.  We suggest that Scotland is not yet ready to end all detention on the basis of disability, or all compulsory treatment, in a safe way.  We suggest that human rights assessments should be the basis for all professional decision making for autistic people and people with learning disability.  We suggest new roles for a broad range of professionals. |

**1. What do you think about the ideas in this section?**

|  |  |
| --- | --- |
|  | I like the ideas |
| x | I have mixed views about the ideas |
|  | I do not like the ideas |
|  | I do not understand the ideas |

**2. Why do you think that?**

|  |
| --- |
| The RCOT supports the idea of having a human rights assessment and special regard for a persons will and preference. However, we have long advocated for role extension for our members and this section does not propose this. For example, there will be some of our members who with additional support and training could provide a human rights assessment. The Human Rights Framework produced in September 2018 already contains categories that are part of an occupational therapy assessment such as standards of living, health and independent living. We understand that the human rights assessment by the Mental Health Officer can include information from occupational therapists and that the Tribunal can invite the occupational therapist to the Tribunal to give evidence and clarify their views. We support both of these proposals but would have liked them to go further. |

**3. Could these ideas be made better?**

|  |  |
| --- | --- |
| x | Yes |
|  | No |
|  | I don’t know |

**4. How could these ideas be made better?**

|  |
| --- |
| We would like further clarity about how occupational therapy support, care and treatment may be considered and authorised under the proposed new criteria. We would also like clarity on how professionals will carry out a human rights assessment in an emergency situation. Our members are more frequently working in crisis services and will need further guidance.  It is our understanding that occupational therapists, nurses and social workers can already be care managers so are unclear why these are termed “new roles” in the review. We support our members who wish to act in this role.  We disagree that the shift towards the social model of disability and a human rights perspective should be driven solely by social work and social care. The right levers need to exist within in the health system itself to embrace wide scale change. Occupational therapists for example, are embedded throughout the health and care system and will be allies in this paradigm shift.  The Responsible Clinician role in England and Wales also names occupational therapists in the Regulations alongside psychologists, nurses and social workers. We are aware of two such occupational therapists, one in Wales and one in England who act as Approved Clinicians and who have shown the ability to provide “objective medical expertise”. We have received anecdotal evidence from our members that they feel they have been prevented from moving into new roles due to attitudinal barriers in predominantly medicalised systems. It seems that despite nurses, psychologists and occupational therapists, albeit in small numbers, demonstrating their advanced competencies and skills, that this review does not include any proposal to change either the Mental Health Officer role (social worker) or the Responsible Officer role (medic), which we regard as a missed opportunity. |

|  |
| --- |
| **7. How decisions are monitored**  We think that Scotland needs mental health law and services based on human rights. We think that autistic people and people with learning disability should be routinely involved in developing, implementing and monitoring the law and services.  We suggest that the Mental Welfare Commission for Scotland and the Mental Health Tribunal for Scotland should be more authority to protect the rights of autistic people and people with learning disability.  We make a range of suggestions on how human rights should be monitored. |

**1. What do you think about the ideas in this section?**

|  |  |
| --- | --- |
| x | I like the ideas |
|  | I have mixed views about the ideas |
|  | I do not like the ideas |
|  | I do not understand the ideas |

**2. Why do you think that?**

|  |
| --- |
| RCOT supports the shift towards a zero tolerance towards restrain and seclusion which are incompatible with human rights. |

**3. Could these ideas be made better?**

|  |  |
| --- | --- |
| x | Yes |
|  | No |
|  | I don’t know |

**4. How could these ideas be made better?**

|  |
| --- |
| The RCOT supports the proposal to set up a second opinion professional service and would like this to be open to all professionals with the right competencies and skills. |

|  |
| --- |
| **8. Offenders**  We suggest changes to make the criminal justice system fairer for autistic people and people with learning disability.  We suggest that Scotland uses ‘intermediaries’ to support suspects and defendants who have communication impairment.  We suggest a change to how disability is understood in criminal law. This change could make it possible for person to be held responsible for an offence, but also to have adapted consequences that take account of the person’s disability.  We suggest that punishment, treatment and support to stop offending should be clearly separated out in law for autistic offenders and offenders with learning disability.  We suggest that punishment should not be longer for these offenders than for any other offenders. |

**1. What do you think about the ideas in this section?**

|  |  |
| --- | --- |
|  | I like the ideas |
|  | I have mixed views about the ideas |
|  | I do not like the ideas |
|  | I do not understand the ideas |

**2. Why do you think that?**

|  |
| --- |
| The RCOT supports the proposals for registered intermediaries, rehabilitation centres and support for fair access to rehabilitation and community based sentences. |

**3. Could these ideas be made better?**

|  |  |
| --- | --- |
| x | Yes |
|  | No |
|  | I don’t know |

**4. How could these ideas be made better?**

|  |
| --- |
| Occupational therapists are working in similar schemes in England and would like to be considered for inclusion as registered intermediaries who support people who have been charged with a crime.  We also believe that appropriately designed rehabilitation centres could be the new model for detention, particularly if occupational therapist are involved in the design and delivery of these. Successful outcomes have been achieved involving occupational therapists in the design of new environments that offer the opportunity for skills development in a protected environmental such as forensic settings. This has enabled a balance of safely and the need for environments that support social interaction, activity and personal choice. |

|  |
| --- |
| **9. Where support, care and treatment happens for offenders**  We suggest that rehabilitation should usually happen in the community, for offences that would usually lead to community rehabilitation for anyone else.  We suggest that offenders should usually be given support, care or treatment in the community or in rehabilitation centres, not in hospitals.  We suggest that prison should only be used for autistic offenders or offenders with learning disability when it is specially designed or adapted to meet the person’s needs. |

**1. What do you think about the ideas in this section?**

|  |  |
| --- | --- |
|  | I like the ideas |
|  | I have mixed views about the ideas |
|  | I do not like the ideas |
|  | I do not understand the ideas |

**2. Why do you think that?**

|  |
| --- |
| RCOT support the proposals to support people to live in the community and the need to set up rehabilitation centres in Scotland for offenders with learning disabilities and autistic offenders. |

**3. Could these ideas be made better?**

|  |  |
| --- | --- |
| x | Yes |
|  | No |
|  | I don’t know |

**4. How could these ideas be made better?**

|  |
| --- |
| As previously stated, we believe that occupational therapists could play a vital leadership role in these rehabilitation centres, in the screening and diagnosis of all offenders and in the design of rehabilitation centres. |

|  |
| --- |
| **10. What this means for the law**  We suggest that autism and learning disability should no longer be defined as ‘mental disorders’ in Scotland’s Mental Health Act.  We suggest that Scotland develops a new law to give ‘positive rights’ for support, care and treatment to autistic people and people with learning disability.  We give a summary of the changes that we are suggesting for criminal law.  We suggest how Scotland might prepare to end detention on the basis of disability, and to end compulsory treatment, at some time in the future. |

**1. What do you think about the ideas in this section?**

|  |  |
| --- | --- |
| x | I like the ideas |
|  | I have mixed views about the ideas |
|  | I do not like the ideas |
|  | I do not understand the ideas |

**2. Why do you think that?**

|  |
| --- |
| The RCOT support the proposal for a new law to encompass and enact the vision of the Review. |

**3. Could these ideas be made better?**

|  |  |
| --- | --- |
| x | Yes |
|  | No |
|  | I don’t know |

**4. How could these ideas be made better?**

|  |
| --- |
| However, we are concerned that if the right to independent living is placed outside the scope of this law it will delay progression in this area. Settled accommodation is a key feature in reducing re-offending rates and is crucial to move people out of secure environments.  We also support the Review’s final comments about the need for the Scottish Government to be tied to a clear commitment to resource the services that people need to end detention. This will essentially mean an increased for resources for community services and will need to include clear and definite workforce plans. None of the proposed changes will happen without thorough workforce considerations. |

**Section 2.4 About you**

We would like to know a bit about you. You do not have to answer these questions but it is very helpful for us if you do.

We keep all your information private. Our privacy statement is available on our website. If you would like us to send a copy to you, please contact us.

**1. What is your name?** This helps us to know if you have answered more than one survey.

|  |
| --- |
| **Genevieve Smyth** |

**2. What is email address?** This helps us to know if you have answered more than one survey.

|  |
| --- |
| **Genevieve.smyth@rcot.co.uk** |

**3. Are you taking part in this survey as…?**

|  |  |
| --- | --- |
|  | An individual |
|  | A professional |
| x | A group |

**4. Do any of these apply to you? (please tick all that apply)**

|  |  |
| --- | --- |
|  | I am a person with learning disability |
|  | I am an autistic person |
|  | I am an unpaid carer for someone with learning disability |
|  | I am a carer of an autistic person |
| x | None of the above |

**5. If you are taking part as a professional, what is your profession?**

|  |
| --- |
|  |

**6. If you are taking part as a group, what is the name of your group?**

|  |
| --- |
| Royal College of Occupational Therapists |

**7. Do you live in Scotland?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**9. Do you want us to publish your response?** This means that after the survey closes your response will be published on a Citizen Space web page until June 2020

|  |  |
| --- | --- |
| X | Yes please publish my response anonymously |
|  | No |

If you would like to make any further comments, please do so here:

|  |
| --- |
|  |

**Equality monitoring form**

This form asks some details about you. You do not have to fill it in, but if you do it will help us make sure we are treating people equally.

Anything you tell us on this form will be anonymous. We will use it only for our statistics. We won’t link it to your answers.

**Where you live**

We are asking where you live because our review is about Scottish Law and we want to make sure all of Scotland is covered.

Where in Scotland do you live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Prefer not to say

**Age**

We ask about your age because we want to hear from lots of different age groups.

|  |
| --- |
| How old are you? \_\_\_\_\_\_\_\_\_   * Prefer not to say |

**Gender identity**

We ask about gender identity because research shows that people who are trans experience high rates of poor mental health. We want to make sure we hear from all genders.

|  |  |
| --- | --- |
| Are you:   * Male (including trans man) * Female (including trans woman) * Other gender identity - please tell us what:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Prefer not to say | Have you ever identified as transgender?   * Yes * No * Prefer not to say |

**Sexual identity**

We ask about sexuality because research that shows that people who are lesbian, gay or bisexual experience high rates of poor mental health. We want to make sure we hear form all sexual identities.

|  |
| --- |
| Which of these best describes how you think of your sexuality?     * Heterosexual or straight * Gay or lesbian * Bisexual * Other sexuality - please tell us what: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Prefer not to say |

**Ethnic origin**

We ask about ethnic origin because there is research that shows that some ethnic groups might have different experiences of mental health services from others.

|  |  |
| --- | --- |
| * Prefer not to answer   **White**   * Scottish * Other British (English, Welsh, Northern Irish) * Irish * Gypsy/Traveller * Polish * Any other white ethnic group, please describe:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Asian, Asian Scottish, Asian British**   * Pakistani, Pakistani Scottish, Pakistani British * Indian, Indian Scottish, Indian British * Bangladeshi, Bangladeshi Scottish, Bangladeshi British * Chinese, Chinese Scottish, Chinese British * Any other Asian, please describe: | **African**   * African, African Scottish, African British * Any other African, please describe:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Caribbean or Black**   * Caribbean, Caribbean Scottish, Caribbean British * Black, Black Scottish, Black British * Any other Caribbean or Black, please describe:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Other ethnic group**   * Arab, Arab Scottish, Arab British * Any other ethnic group, please describe:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Any mixed or multiple ethnic groups**   * Please describe:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Thank you for completing this survey**

If you need help to with this survey, you can call us at

0131 313 8744

You can send the survey back to us by email

[irmha.scot@nhs.net](mailto:irmha.scot@nhs.net)

You can send it by post to

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