Recommendations from the Inquiry into the death of David Bennett:
http://image.guardian.co.uk/sys-files/Society/documents/2004/02/12/Bennett.pdf

Scotland's position

Recommendation 1

All who work in mental health services should receive training in cultural awareness and sensitivity.

- A Diverse Realities Mental Health training pack and 5 day workshop has been launched by the National Resource Centre for Ethnic Minority Health. It covers all mental health practitioners and will be facilitated and evaluated by black and minority ethnic service users and carers. November 2005 and January 2006 events focussed on:

Settings:
Forensic;
Community;
Admission ward; and
Voluntary Organisations.

Aspects:
Values and principles;
Appropriate and responsive;
Holistic assessment;
Person centred planning; and
Assessing and managing risk.

Recommendation 2

All managers and clinical staff, however senior or junior, should receive mandatory training in all aspects of cultural competency, awareness and sensitivity. This should include training to tackle overt and covert racism and institutional racism.

- National Resource Centre for Ethnic Minority Health training has developed leadership workshops for Scottish mental health systems and organisations aimed at senior and middle managers. The focus is on tackling multi discriminations and institutional racism.
Recommendation 3

All training referred to in recommendations 1 and 2 should be regularly updated.

- A core team of service users, community voluntary organisations, and statutory services support the evaluation through a 360% appraisal of each training programme. End year assessment is also in place.

Recommendation 4

There should be Ministerial acknowledgment of the presence of institutional racism in the mental health services and a commitment to eliminate it.

- The SE Health Department 'stocktake' (2000) of NHSScotland policies and practice for addressing the needs of black and ethnic minorities acknowledged the presence of institutional racism in NHSScotland.
- The Fair for All guidance was published to address this (2002).
- All NHS Chief Executives have signed up to the Commission for Racial Equality Leadership Challenge accepting personal and organisational responsibility for the promotion of race equality in the NHS.
- Progress in meeting the Fair for All standards through Race Equality Schemes is being monitored and supported by the National Resource Centre for Ethnic Minority Health.

Recommendation 5

There should be a National Director for Mental Health and Ethnicity similar to the appointment of other National Directors, appointed by the Secretary of State for Health to oversee the improvement of all aspects of mental health services in relation to the black and minority ethnic communities.

- A wellbeing project manager has been appointed to the National Resource Centre for Ethnic Minority Health to take the national lead on the work of mental health and ethnicity.
- The manager will support the implementation of the new Act within the context of promotion, prevention, care and treatment across all partners.
Recommendation 6

All mental health services should set out a written policy dealing with racist abuse, which should be disseminated to all members of staff and displayed prominently in all public areas under their control. This policy should be strictly monitored and a written record kept of all incidents in breach of the policy. If any racist abuse takes place by anyone, including patients in a mental health setting, it should be addressed forthwith and appropriate sanctions applied.

- The National Resource Centre for Ethnic Minority Health is undertaking an assessment exercise of NHSScotland and partners’ provision of mental health services for ethnic minorities. This assessment will identify the areas of concern and tension. An outcome report is expected by February 2005.

- The development of a template is currently underway with NHS Boards to support the mental health sector. The aim is to develop local action plans which address the requirements of the Race Relations Act 2000 and other equality legislation and policy drivers.

Recommendation 7

Every CPA care plan should have a mandatory requirement to include appropriate details of each patient's ethnic origin and cultural needs.

- The wellbeing project manager has an ongoing remit to support the development (nationally) of Care and Recovery Plans that reflect culturally appropriate interventions that value cultural heritage and strengthen social networks.

- Individual plans will involve creative options to meet the person’s needs that incorporate non-service options as well as formal mental health services.

Recommendation 8

The workforce in mental health services should be ethnically diverse. Where appropriate, active steps should be taken to recruit, retain and promote black and minority ethnic staff.

- The National Mental Health Workforce Group is considering such initiatives. This consideration links with the wellbeing project manager attention on addressing this issue across agencies.

- Work is ongoing to improve the general attraction rates to NHS careers/education, including those from culturally and ethnic backgrounds.

- Recruitment gaps are being identified in the employment market to identify steps needed to recruit more people from minority groups into NHS employment. A skills audit is planned within the refugee community as a potential skills pool.
• The introduction of the new *Life/Work Pin Guidelines* (replacing the Family Friendly guideline) will provide further opportunities for flexible working for all staff and help with retention.

**Recommendation 9**

*Under no circumstances should any patient be restrained in a prone position for a longer period than three minutes.*

• Method and length of restraint are matters of clinical judgement based on individual risk assessment and taking account of available good practice. Circumstances and settings will vary but in all cases every safeguard should be applied. Decisions on approach should be informed wherever possible on available knowledge of the individual, and his/her general health.

• Best practice suggests a built in mechanism for reflection and review of practices with assistance from people with experience of mental health services

• Continuous risk assessment is an essential element during the procedure as well as before.

• Expect local protocols to be in place and to be kept under ongoing review.

• For primary care, the Practice Manager competency framework, important to the delivery of the new GMS contract, covers *patient protection*.

**Recommendation 10**

*A national system of training in restraint and control should be established as soon as possible and, at any rate, within twelve months of the publication of this report.*

• NHS Education Scotland (NES) has developed training standards on *Prevention and Therapeutic Management of Violence in Adult Mental Health Settings*. NES has piloted its standards at The State Hospital and in a primary care setting in Lothian.

• The standards are now being finalised and will be signed off for consultation later in December. The consultations will run for three months from January 2005 with a view to publication thereafter.

• NES has no accreditation locus
Recommendation 11

The Department of Health should collate and publish annually statistics on the deaths of all psychiatric in-patients, which should include ethnicity.

- Information and Statistics Division is working with NHSScotland towards making the completion of this information mandatory.

Recommendation 12

All medical staff and registered nurses working in the mental health services should have mandatory first-aid training, including CPR training.

- This is a clinical governance issue.

- In the new GMS contract for GPs quality points are awarded if all practice employed clinical staff have attended training, or updated their training in basic life support skills in the preceding 36 months. In addition, points are awarded for a record of all practice employed clinical staff having attended training/updating in basic life support skills in the preceding 18 months. Points are also awarded for the possession of equipment and up-to-date emergency drugs. All told, this represents good clinical governance practice.

- Under the statutory requirements of the new GMS contract practices must have clinical governance systems in place which enable quality assurance of its services and promote quality improvement and enhanced safety. These arrangements include a nominated clinical governance lead. Annual contract visits by NHS Boards to the practices are being planned.

- Doctors working in hospital services, (including mental health) have regular CPR training and updates.

- All registered nurses require to cover CPR in their training. Post registration this will become a clinical governance issue, with most organisations requiring registered nurses to have a regular update.

- First aid training is much wider and is more difficult to administer to doctors and nurses.

Recommendation 13

Records should be kept of all psychiatric units’ use of control and restraint on patients. The Department of Health should audit the use of control and restraint.

- The Mental Welfare Commission for Scotland requests reports on all injuries arising out of restraint.

- For hospitals, all incidents involving restraint should be reported to the Mental Welfare Commission for Scotland.
• Local governance arrangements should include systems for inquiry into any injury arising out of restraint.

• For care homes, the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 require providers to keep records of any occasion where restraint or control has been applied with details of the form of restraint or control, the reason why it was necessary and the name of the authorising. These records are available for inspection by the Registration body. The National Care Standards for Care Homes has a published standard that staff will not use restraint at all unless it is permitted by law and even then restraint will not be used until other interventions have failed (unless it is legally required).

• The provisions of the Mental Health (Care and Treatment) (Scotland) Act 2003 reinforce the least restrictive approach message. In cases where a decision is made to administer urgent medical treatment under the Act and this treatment is to be administered by force, the strong legislative and supporting messages are that such interventions be undertaken only by staff who are fully trained in appropriate control, restraint and resuscitation techniques.

Recommendation 14

There is an urgent need for a wide and informed debate on strategies for the care and management of patients suffering from schizophrenia who do not appear to be responding positively to medication and we recommend that the Department of Health monitor this debate in order to ensure that such strategies are translated into action at the earliest possible moment. (See term of reference 10).

• There are three sets of guidance available to NHS Scotland on care and treatment of schizophrenia, from Quality Improvement Scotland; the National Institute for Clinical Excellence and the Scottish Intercollegiate Guidance Network. Quality Improvement Scotland is currently preparing a Mental Health Strategic Framework which will be consulted on shortly and will include a review of current arrangements.

• Discussions are underway between hospital, community and other interests on patient care pathways. Shared care programme approaches are facilitated partly through the new GMS Contract.

• Quality points for practices cover medicines management and include a medication review in the preceding 15 months for all patients being prescribed repeat medicines and an annual meeting with the prescribing adviser to agree up to three action points related to prescribing.

• Quality points related to mental health include a register of people with severe long term mental health problems who require and have agreed to a regular follow up; a review of these patients in the previous 15 months to include the prescribed medication, physical health and co-ordination arrangements with secondary care; and appropriate monitoring of lithium therapy.
Recommendation 15

All medical staff in mental health services should have training in the assessment of people from the black and minority ethnic communities with special reference to the effects of racism upon their mental well being.

- This is covered in the National Resource Centre for Ethnic Minority Health diverse realities training pack.

Recommendation 16

All patients in the mental health services should be entitled to an independent NHS opinion from a second doctor of their choice, in order to review their diagnosis and/or care plan. If a patient, by reason of mental incapacity, is unable to make an informed decision, their family should be entitled to make it for them.

- The General Medical Council Good Medical Practice includes advice that in establishing and maintaining trust with patients, the doctor must respect the right of patients to a second opinion.

- The British Medical Association in conjunction with the Ethics Department has published guidance for consultants related to patients requesting a second opinion which includes the involvement of the treating consultant, GP, patient and a relative or carer.

- The second part of this recommendation would include the provisions in the new Mental Health Act, the Adults with Incapacity Act and the Vulnerable Adults Bill for the situation described.

Recommendation 17

The question of detention in and treatment of patients in secure accommodation should be reconsidered in order to ensure that no patient is detained in such accommodation unless it is necessary, and that the period of each detention and the treatment be kept constantly under review.

- The patient’s Responsible Medical Officer has a duty to review the order for detention and vary or revoke the order as necessary. The new Tribunal will have the power to revoke an order but will have no specific review role other than to determine any applications which come before it.

- Detention and treatment within secure accommodation should address any inequality.
Recommendation 18

The Department of Health should examine, with the Department of Social Security, possible modifications to State financial assistance so that patients do not leave resident hospital care in order to obtain adequate financial assistance from the State.

- These are reserved matters. However, Section 288 of the new Mental Health Act allows payment of occasional personal expenses for those admitted to hospital for a mental disorder where they would not otherwise have resources to meet the expenses incurred.

Recommendation 19

All psychiatric patients and their families should be made aware that patients can apply to move from one hospital to another for good reason, which would include such matters as easier access by their family, a greater ethnic mix, or a reasoned application to be treated by other doctors. All such applications should be recorded. They should not be refused without providing the applicant and their family with written reasons.

- The new Mental Health Act includes provisions for applications to the Tribunal against the level of security in which the patient is being held and requiring an appropriate hospital to accommodate the patient within three months.

- As for recommendation 16 the British Medical Association in conjunction with the Ethics Department has published guidance for consultants related to patients requesting a second opinion which includes the involvement of the treating consultant, GP, patient and a relative or carer.

- An application may be made by the patient, the patient's named person, any guardian or welfare attorney of the patient, or by the Mental Welfare Commission. Because of the timescales involved, this option is only available to patients who will be detained for more than six months, and only one application for an order can be made in any twelve month period.

- Restricted patients have the same rights as civil patients, (except detention is without limit of time.

- There can be difficulties in moving patients from hospital to hospital in Scotland (cost and cultural considerations can apply and for restricted patients where requests may be to return to an area where the index offence took place). However, provided these positions are defensible these reasons can be declared and can be set out in any letter of explanation.

- Quality Improvement Scotland is currently preparing a Mental Health Strategic Framework which will be consulted on shortly and will include a review of current arrangements.
Recommendation 20

There is a need to review the procedures for internal inquiries by hospital trusts following the death of psychiatric patients with emphasis on the need to provide appropriate care and support principally for the family of the deceased, but also for staff members. (See term of reference 9).

- The Mental Welfare Commission for Scotland already receives and reviews critical incident reports.
- Guidance has already been published in the SE Mental Health Reference Group report on Risk Management (2000).

Recommendation 21

There is a need for medical personnel caring for detained patients to be made aware, through appropriate training, of the importance of not medicating patients outside the limits prescribed by law and the need for more regular and effective monitoring to support the work undertaken by the Mental Health Act Commission in this field. (See term of reference 11).

- The new Mental Health Act contains key principles that must be considered when intervening and minimum restriction of freedom is one of these. Restraint is more than just physical and that the patient may come to harm from medication as well.
- The Act also requires reporting to the Mental Welfare Commission for Scotland of any medication used in an emergency outwith a prescribed plan of treatment.
- The Mental Welfare Commission will monitor the use of emergency medication under the new Act and already examines the issue of medication administered outwith the authority of the present Act.

Recommendation 22

It is vital to ensure that the findings and recommendations of this Inquiry inform all relevant parties, including the developing black and minority ethnic mental health strategy. (See term of reference 12).

- The overall aim is to make sure that this work is embedded and clearly articulated within existing frameworks and policies.
- The Scottish Transcultural Mental Health Network will support the promotion of the development of a culturally appropriate and responsive mental health service for people from diverse backgrounds.
- The network will focus on the promotion of positive mental health and wellbeing and seek to promote sustainable recovery, rehabilitation and prevention.

Mental Health Division - December 2004