

# **Mental Health Awareness Training Session for National Initial Case Processing Unit (Procurator Fiscal)**

Dec 2019

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## Project Report

- Project:** Mental Health Awareness Training Session for National Initial Case Processing Unit (Procurator Fiscal)
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- Date of report:** 16<sup>th</sup> December 2019

### Introduction

Mental Health and Well-Being was identified as a national priority across Crown Office & Procurator Fiscal Services (COPFS) in 2019. A variety of training and development opportunities are being taken forward in relation to this across the Service.

In January 2019, following discussion between the lead proposers of this project, a plan was agreed for delivery of training on Mental Health Awareness as relevant to the development of staff knowledge and understanding of the National Initial Case Processing Unit (Procurator Fiscal) (PF). The training session was delivered within 1hr at dedicated development time for staff, across three sites; Paisley, Falkirk, and Hamilton.

Staff responses to a pre-training questionnaire on their current knowledge, understanding and previous access to training on mental health issues, informed the development of the training within the context of public mental health improvement as it may assist the work of the National Initial Case Processing Team.

### Pre-Training Needs Analysis

#### Results of training needs analysis via webropol

Total number of respondents: 24

#### 1. I need knowledge of mental health and mental illness in order to fulfil my role

Number of respondents: 24

Agree: *n*23 96%

Disagree: *n*1 4%

#### 2. I have enough knowledge of mental health and mental illness to fulfil my role

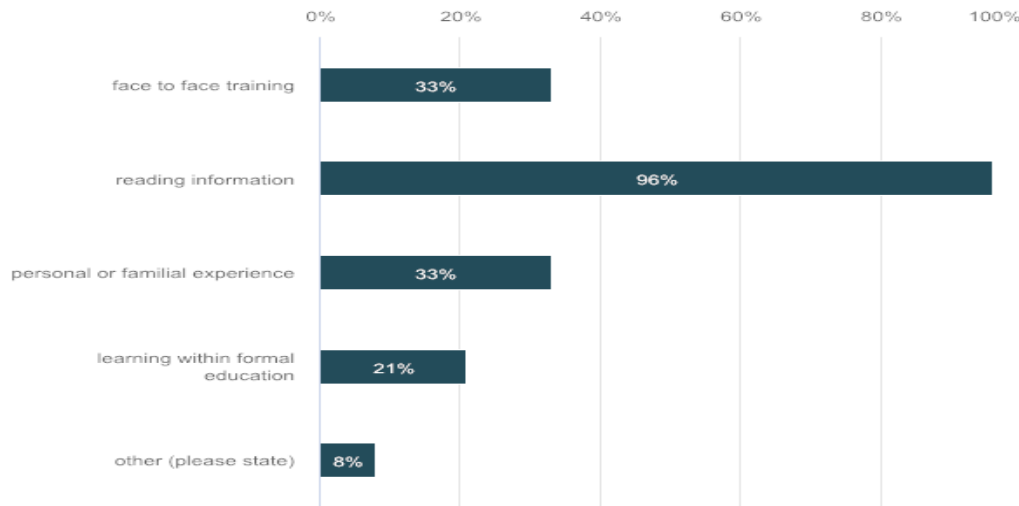
Number of respondents: 22

Agree: *n*3 13%

Disagree: *n*19 83%

**3. My knowledge of mental health and mental illness comes from (select all that apply)**

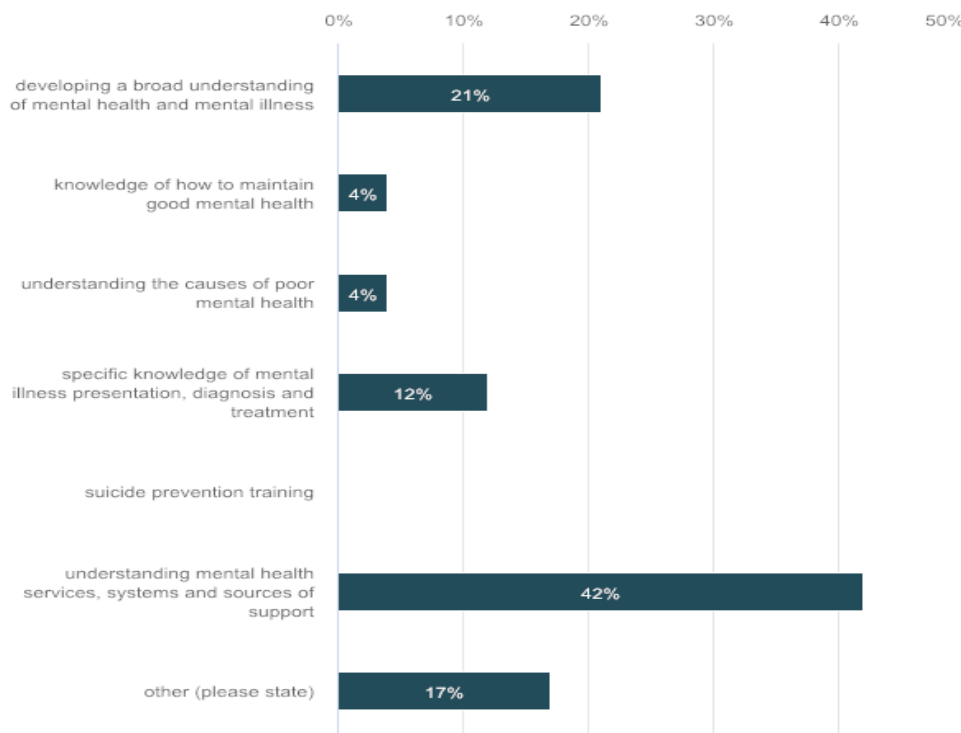
Number of respondents: 24, selected answers: 46



Answers given into free text field: *learning 'on the job'. Experience during workplace communications with CPNs.*

**4. I would be particularly interested in (select all that apply)**

Number of respondents: 24



Answers given into free text field; *All of the above but it won't let me select more than one Knowledge of how CPN works, the services available to them & the interface with PSOS. All of the above plus safeguarding mental health following disclosures by members of staff.*

### **Development and Delivery of Training**

The pre-training survey indicated a third of staff having accessed previous training opportunities and a need for training on general understanding and awareness of mental health. Additionally, a third of staff reported knowledge or understanding gained through their own personal or familial experience highlighting the often personal aspect to delivery of this training which was then reflected in the training sessions; encouraging staff to consider their own and the mental health of colleagues, family and friends within the context of what we discussed.

The training session was developed through adaptation of a range of resources already available that would meet the required outcomes to meet the needs indicated through the pre-training survey results and agreed with the Principal Fiscal Depute. A 1-hr training session with accompanying hand-out containing definitions, service structure and information was developed and delivered to staff during the available sessions. Questions and discussion were encouraged throughout the sessions and a short discussion section was held at the end of each session to capture issues that staff wished to raise in addition to the content covered uniformly across the three sessions.

**Training Aim:** To increase knowledge and awareness of Mental Health, and the supports and services

### **Learning Objectives:**

By the end of the learning session participants will be able to:

- Understand the NHS Scotland definitions of Mental Health
- Understand prevalence of mental ill health and mental distress in Scotland
- Understand the interconnection between mental health and inequalities
- Have an awareness of Mental Health Service Structures in Scotland
- Have an awareness of common mental health problems and sources of support/relevant services
- Have an awareness of self-care and resources that are available to support their own mental health and the mental health of those they care for.

## Post-training Evaluation and Feedback

A post-training evaluation questionnaire was circulated within the PF staff team . Both verbally at the close of each training session and via the online post-training questionnaire, staff illustrated their reflections on practice and experience.

Total number of respondents: 11

### 1. I have enough knowledge of mental health and mental illness to fulfill my role

Number of respondents: 11

Agree (n6) 54.5%

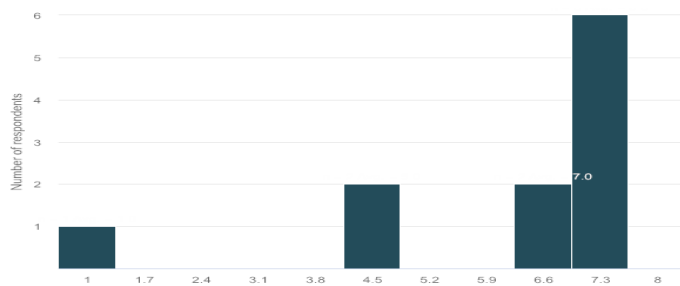
Disagree (n5) 45.5%

**Rate the training on a scale of 0 to 10.**

**0 is very poor and 10 is very good**

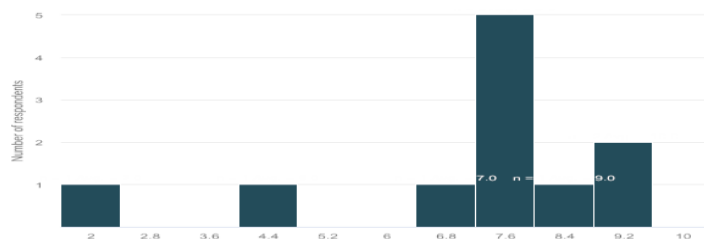
### 2. How well did the training increase your understanding of mental health services, systems and sources of support?

Number of respondents: 11



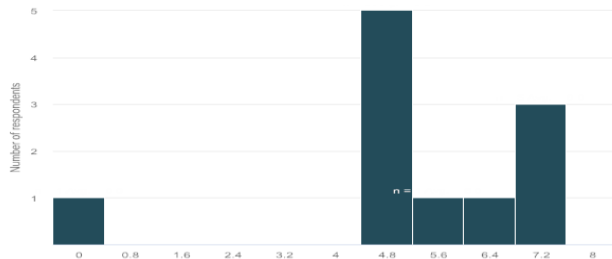
### 3. How well did the training provide a broad understanding of mental health and mental illness?

Number of respondents: 11



**4. How well did the training provide specific knowledge of mental illness presentation, diagnosis and treatment?**

Number of respondents: 11



**5. Describe any impact of the training on your work practice**

Number of respondents: 1

much of the discussion made me stop and think and consider the stigmas and the gender based division

**6. Describe any barriers or challenges to applying your learning within your role**

Number of respondents: 3

Answers given in free-text field:

*Crown office policy and public interest jurisprudential themes*

*As discussed at the training there is frustration that the way each area deals with those in custody presenting with mental health/illness issues is different.*

*In some areas if we/the Police have not made CPN's aware by 11am then they refuse to see accused persons until the next day. While we make every effort to identify cases where the accused may need reviewed this is not always possible before 11 am. This can result in the accused being remanded overnight. The training made clear that this can have an adverse effect on a person. I think we were aware of that but if we cannot safely release an accused we are left with no option.*

*The biggest challenges to applying this is the difficulty in having persons in custody assessed by mental health staff. There are areas of the country where referrals for assessments require to be made before 11am. Given the volume of custodies reported on any one day it simply is not always possible for us to identify persons who need assessed and have that arranged for everyone before 11am. I understand that this is because there is no obligation on the NHS to provide staff to cover mental health assessments for persons in custody and so these assessments are simply done by agreement. I feel that this is terribly unfair to mentally unwell persons in custody when the failure to be assessed can result in them spending a night in prison to await an assessment the next day, or even 3 or 4 days if they originally appear on a Friday and it is then a weekend or even a long weekend. Had these persons not been arrested and instead were required to be assessed at their home address, elsewhere in the community or A&E their welfare becomes the responsibility of the*

*NHS / mental health services and so they are seen and assessed timeously. I feel that persons in custody are being put to the bottom of the pile in terms of priority when actually they arguably some of the most in need of assessment and the repercussions of them not being assessed is so serious and potentially detrimental to them. It can also be a difficulty when concerns are not highlighted by police but then a defence agent at court intimates that they do not feel they can get instruction at all from the accused person and they appear to need an assessment as by that stage it is almost always past the cut off for arranging an assessment and there is then no mechanism for us to have that person assessed, again resulting in unnecessary stays in custody for potentially vulnerable mentally unwell persons. A stay in prison for even 1 night, or potentially more, can be very detrimental to an already vulnerable person. I say this not only as a current Procurator Fiscal Depute but also as a former defence solicitor and former curator ad litem with MHTS, so I have seen this system in action from different points of view.*

*[The training has caused me to reflect...] Mental Health Hospital [in... ] (I suspect this may be across the country) has a policy of reporting all assaults on staff to the Police. If the Police have a corroborated crime then they are virtually bound to report to COPFS. While the accused may have been found to have the capacity to know right from wrong what are a court going to do (that the hospital cant under civil powers) if the accused is found guilty after a trail or examination of facts. While I would agree that there will be assaults/crimes which should be reported it appears to me that some agreement regarding what should be reported would save resources for the hospital, the Police and COPFS.*

**7. Would you like any further training on mental health e.g. self harm training, suicide prevention, managing stress? Please state below.**

Number of respondents: 3

Answers given in free-text field:

No

*Whilst I felt this training was sufficient for general awareness of mental health disorders, I feel that in depth training on the Mental Health (Care and Treatment) (Scotland) Act 2003 and the types of orders under it would be beneficial as cases are often reported for persons who are already subject to short term detention certificates / CTOs etc without much explanation of what this means for the patient and what options are really open to them being dealt with under the mental health system.*

*Training on the mental health legislation and on what happens after the person leaves the criminal justice system into the health care system.*

## **Conclusion**

Acquiring written feedback on the sessions has been noted as a particular difficulty following these sessions, however, when combined with the verbal feedback received following the delivery of the sessions indicate an overall benefit from training delivery. The post-training questionnaire results, despite being small in number, accurately reflected the engaged discussion with staff and verbal feedback received by the trainers across the three sessions delivered.

The results of the questionnaire indicate a need for further training on specific aspects of mental health and may require further exploration with the staff group to prioritise any additional training offer that could be made in future to enhance and expand staff knowledge and understanding in benefit of their roles.

Additionally, and importantly, staff feedback raises challenging issues for the NHS regarding the provision of mental health services and assessments to services users of court and justice services.

Further systematic exploration of these issues is recommended to identify test-of-change opportunities that follow public health evidence and provide timely interventions, assessment and service to prevent, minimise or mitigate the detrimental impact on mental health and well-being of unnecessary periods in custody.