

**DATE: 23 October 2018**

**RESPONSE OF: The Royal College of Psychiatrists in Scotland**

**RESPONSE TO: Management of Offenders (Scotland) Bill: The Parole Board for Scotland**

This response was prepared by the Royal College of Psychiatrists in Scotland. For further information please contact: Elena Slodecki on 0131 344 4964 or at [elena.slodecki@rcpsych.ac.uk](mailto:elena.slodecki@rcpsych.ac.uk).

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

**7. Do you support Part 3 of the Bill, which makes provisions for the Parole Board for Scotland, in terms of its membership and appointment system; its functions and requirements in relation to prisoners, its independence, and its administration?**

The RCPsych in Scotland would like to comment on the proposal within the Bill to remove the statutory requirement for the Parole Board to include a medical member who is a psychiatrist. Whilst we understand the removal of the statutory requirement does not preclude a psychiatrist from being a member of the Parole Board, it does mean there is potential for the Parole Board to lack psychiatric expertise entirely.

The justification in the policy memorandum is that there are “sufficient members with experience in forensic psychiatry to provide medical expertise to the Board[[1]](#footnote-1).”

If it is no longer a statutory requirement for a psychiatrist to be included in the membership of the Parole Board, it is essential the Parole Board have access to appropriate specialist experience. A medical practitioner registered with the GMC who is a Psychiatrist will be able to offer this necessary expertise and experience to the Parole Board. While there is an important range of expertise offered by General Members of the Board who have made a study of the causes of delinquency or treatment of offenders and who have knowledge and experience of the supervision or aftercare of discharged persons, there are some areas where it is necessary the decisions made by the Board be informed in more detail, including the below:

1. Mentally Disordered Offenders.

The Psychiatrist Parole Board member will generally have or have been recognised as having special experience in the diagnosis and treatment of mental disorder, including a working knowledge of the International Classification of Diseases. The member can therefore inform the Board of implications of a diagnosis and its relevance to release or setting of licence conditions for the main diagnostic groups.

1. Treatments for Mental Disorder.

The pharmacological treatment of mental disorder is complex and specialists are required to maintain a high level of understanding of treatments and their side effects. It is essential the Board has access to knowledge of treatments and psychotropic medications relevant to offenders and relevant policies issued by professional bodies. Information regarding prescription of medications should be offered by a specialist who has experience of providing them. It is also essential the Board has knowledge of protocols and regimes for treatment using anti-libidinal medication.

1. Knowledge/experience of community healthcare in relation to Mentally Disordered Offenders (MDO) presenting risk in Forensic Psychiatry, Adult Mental Health, Child and Adolescent Mental Health Services and Old Age Psychiatry.
2. Knowledge/experience of legislation relevant to Mentally Disordered Offenders, such as Transfer for Treatment Direction, Compulsion Orders, Assessment Orders and Orders for Lifelong Restriction.

A proportion of prisoners transferred to a psychiatric hospital will go on to be released under the care of a psychiatric team. Specialist knowledge of such services is essential to help the Board make decisions regarding the risk of release.

1. Knowledge/experience of prison healthcare and how it is delivered.

It is critical the Board are informed about the scope for delivery of healthcare to prisoners and the limitations in assessing evidence from health professionals.

1. Knowledge of systems of psychiatric monitoring.
2. Knowledge/experience of Structured Professional Judgments and risk assessment

It is essential the Board are informed about whether a risk assessment tool has been validated for the offender group for whom it has been used.

1. Knowledge/understanding of Levels of Security.

Psychiatric care is delivered in a tiered way to transferred prisoners[[2]](#footnote-2). Knowledge and understanding of the physical and relational security arrangements should be available to the Board to allow understanding of the assessment of risk of transferred prisoners.

1. Knowledge and experience of working with Multi-Agency Public Protection Arrangements (MAPPA) as a Responsible Medical Officer
2. Offence-focused work in healthcare.

Offence focused work is available to patients across the psychiatric estate and is therefore available to transferred prisoners. The psychiatrist member will often have greater knowledge of the work which takes place in NHS settings.

1. Research and evidence-based practice.

The psychiatrist member can summarise knowledge of current evidence with regard to psychiatric interventions.

1. Understanding and knowledge of victims in related legislation.

Psychiatrists are likely to have clinical experience of dealing with victims of crime in the course of their training and career which will be critical to the work of the Board.

In summary, we hope the Committee will consider how the Parole Board will be furnished with appropriate specialist expertise in areas related to psychiatry if it is no longer a statutory requirement to include a psychiatrist in the membership.

There may also be particular value in having a Forensic Psychiatrist as a member of the Board. Forensic Psychiatrists are specially trained psychiatrists who undertake a General Medical Council approved curriculum. They have specialist training in aspects of forensic psychology and offender management and are experts in risk assessment. Owing to their training and working experience with high risk patients and mentally disordered offenders in various levels of secure environments, including prisons and community, a Forensic Psychiatrist would have developed the unique expertise of applying structured risk assessments into safety management. Most Forensic Psychiatrists would have the ability to formulate risk-management-based scenarios, specifically within the context of reoffending, when a decision had to be made for the release of the offenders into the community.

As outlined above, there are a number of areas where the specialist input of a psychiatrist who has both medical expertise and expertise in particular mental health settings will assist the Board in making its decisions.

1. <http://www.parliament.scot/S5_Bills/Management%20of%20Offenders%20(Scotland)%20Bill/SPBill27PMS052018.pdf> [↑](#footnote-ref-1)
2. <http://www.forensicnetwork.scot.nhs.uk/documents/hdl/LevelsofSecurityReport.pdf> [↑](#footnote-ref-2)