



HIGHLAND USERS GROUP

A PLACE OF SAFETY

A Report on the views of the Highland Users Group on avoiding the use of Police Stations for People with a Mental Health Problem who are in crisis

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HIGHLAND USERS GROUP

The Highland Users Group (HUG) was established on 11 June 1996.

Its aims are to:

1. Represent the interests of users of mental health services living in the Highlands.
2. To identify gaps in services and to find ways of improving services for mental health service users.
3. To provide information about mental health issues to users living in the Highlands.
4. To participate in the planning and management of services for mental health service users.
5. To pass on information and news amongst mental health user groups in the Highlands and to interested parties.
6. To increase knowledge about resources, alternative treatments and rights for users of mental health services.
7. To promote co-operation between agencies concerned with mental health.
8. To promote equality of opportunity and to break down discrimination against people with a mental health problem.

At present July 2001 HUG has 245 members and 13 branches in:

- ◆ Caithness
- ◆ East Sutherland
- ◆ Easter Ross
- ◆ Wester Ross
- ◆ Nairn
- ◆ Inverness
- ◆ New Craigs Hospital
- ◆ Lochaber
- ◆ Skye and Lochalsh

Between them, HUG members have experience of nearly all the mental health services in the Highlands including Child and Adolescent Services and Services for Older People. However, our Reports mainly reflect the views of 'adults' with experience of mental illness.

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WHY LOOK AT A PLACE OF SAFETY?

For some years members of HUG have been aware that on some occasions, the Police Station and sometimes the Police cells have had to be used when people with a mental illness are in extreme distress and crisis.

This is because there has not been a safe and secure alternative available in the areas in which people live and because there can be long delays in arranging for assessment or transport to "New Craig's" the psychiatric hospital in Inverness.

HUG believes that treatment or containment in a Police Station when someone is acutely ill, is not appropriate.

It conveys an image that people have done something wrong when in fact they are ill. It can escalate illness. Users may feel very alarmed and confused when they find themselves being helped by the Police, both because of the message that is being given to users and because the physical environment is not one that will reassure them.

During informal discussion with members of the Northern Constabulary we were made aware that they can find the situation very frustrating themselves. This is because they are aware that the person should not be in the Station, and because they find themselves ill equipped to give the person concerned the help that they need and because they can not always access expertise from outside their service.

Work initially started on this subject in the Caithness Branch of the Highland Users Group where meetings were held some years ago to look at what they believed a place of safety would be and to discuss their thoughts with the Police who were invited to some of their meetings.

When the last visit from the Scottish Health Advisory Service occurred in 2000, HUG and other people alerted them to the fact that Police cells and Stations were being used for people with a mental illness especially in "outlying" areas.

This provided the impetus for a joint bid by the Highland Primary Care Trust, Health Board, Social Work Department and Highland Community Care Forum to the Scottish Executive to provide places of safety in the Highlands. A member of HUG played a large part in this and developed a user-generated template to back up the bid. (See Appendix 1) This bid was partially successful and accepted in early 2001.

In April 2001 the HUG meetings were used to look at what we thought a place of safety should be in each area of the Highlands. We looked at a series of different

options and at the things that we thought would help us if we reached such a state of crisis that hospital admission or containment was inevitable.

During the meetings it became clear that Police Stations were still having to be used for people in crisis with members being aware that some people had recently waited in the Police Station for up to 20 hours before being transferred to hospital.

In total 87 members of HUG were involved in the discussions, which as usual were semi- structured with key questions being asked but with room to develop our own ideas.

This report, which has been accepted by the twenty six members of the Highland Users Group Round Table Committee gives our views about what we think would help people in such states of crisis and the suggestions that each group thought would be appropriate for their area.

WHAT WE NEED FROM A PLACE OF SAFETY

THE PEOPLE WHO WOULD HELP US

As we said in our Report on Quality the most important assistance that any of us can get in crisis is from the people who are around us.

The qualities that we would be looking for from such people would be:

Someone who:

- ◆ is tolerant
- ◆ is calm
- ◆ is kind
- ◆ has a sympathetic nature
- ◆ is empathetic
- ◆ is not threatening
- ◆ doesn't make you feel useless or inadequate
- ◆ isn't arrogant or patronising
- ◆ is a good communicator – even when we cannot communicate ourselves
- ◆ is sensitive to other peoples needs
- ◆ is patient
- ◆ does not believe that they have answers to everything
- ◆ is understanding

- ◆ is “there with you”
- ◆ has sensitivity
- ◆ will take you seriously
- ◆ will be able to use their initiative
- ◆ will be reassuring
- ◆ will inspire trust
- ◆ has compassion
- ◆ a sense of humour
- ◆ will provide companionship
- ◆ has “human warmth”
- ◆ will be responsible
- ◆ will know when we need to be left alone
- ◆ will have common sense
- ◆ will be non-judgmental

Elements of these qualities should be included in a potential worker's Job Description.

THE SKILLS THAT WE WOULD LIKE FROM SUCH PEOPLE

Most members of HUG were very clear that the people dealing with us in crisis would have to be professionals ideally with specialist training in psychiatry (they would perhaps be psychiatric nurses) and in dealing with crisis. They would need a number of skills such as those shown below:

The personal qualities shown above are in themselves skills that we need.

They:

- ◆ can calm situations down
- ◆ have an ability to administer medication and have quick access to someone who can prescribe it.
- ◆ understand mental illness
- ◆ have insight into your situation
- ◆ can assess how ill you are, the risk and how “bad” the situation is
- ◆ can handle a situation that is threatening to get out of control but equally let you “let rip in safety.”
- ◆ can access other services and know when to do so.
- ◆ have knowledge of drug and alcohol issues.
- ◆ can find out and listen to users opinions and feelings
- ◆ are not offended by you or scared of your experience.
- ◆ would deal with each situation as it arises.
- ◆ don't immediately resort to using drugs

- ◆ don't see you as a "patient" they see you as a person.
- ◆ are able to distract you from what is happening.
- ◆ should know or have access to information about your medical background.
- ◆ can cope with pressure.
- ◆ can help us with confusion and agitation

WHAT OTHER THINGS DO WE WANT IN CRISIS?

Apart from the personal qualities and skills already mentioned, HUG members wanted, or had found that the following, had helped them:

- Help to do ordinary things
- Help to keep to a routine
- Help to get round to eating and to keep clean
- Help to make the effort to get dressed
- Help to get the things that you may need in hospital
- There would be help to let you know what was happening and where you were going.
- They would also help let friends and family know what was happening and provide support for them.
- There would be access to an advocate to help you express your opinions
- There would be much wider use of and recognition of "advance directives" so that people could say in advance how they would like to be dealt with in crisis.
- Assessment and admission would be speeded up
- You would know that your views are taken into account
- You would feel safe and secure
- Everyone around us should also feel safe
- We need anything that may enhance feelings of paranoia or of psychosis (such as uniforms or the environment that we are being helped in) to be minimised.
- We should have a choice of the sex of the person that is helping us.
- We should not be left completely alone
- We should have access to advice.
- It should be possible for people to do things like going for a walk.
- We should be treated like individuals – some people want to talk and others don't.
- Access to the place of safety itself should be very quick.
- We should know that as far as possible our situation is kept confidential
- We should be able to self refer for this type of help which should be available whenever needed.

HAVING CONTACT WITH SOMEONE THAT YOU KNOW

In many of the HUG Reports the ability to contact a professional who you know well and who you trust and who has a reasonable knowledge of you, your wishes, and history was said to be very important, especially at critical times in a persons life.

We looked at this again in these meetings and found that we still held strongly to this idea (some people felt that being put in contact with someone with little knowledge of you when ill could potentially be more damaging than anything else), but that we acknowledged that in an emergency it was likely that people would often be seen by strangers.

Our solution to this was:

- When you are being dealt with by a person you don't know it would be good if friends or family or a worker that you trust are contacted (with your permission) to provide companionship and support whilst the professional looking after you keeps control of the situation.
- In areas with a small number of professionals there should be an on call rota making it likely that you will be seen by a person you have some knowledge of.
- Equally, for some people, the skills are the most fundamental things that we are looking for –as soon as we see that a person caring for us can “bridge the abyss” we can relax and accept help.
- The use of advance directives could also help, (an advance directive is a statement that is prepared when a person is well detailing how they would like to be treated if they become ill and unable to make the decisions that they would want to when well).

THE ENVIRONMENT WE WOULD WANT TO BE LOOKED AFTER IN

We were all clear that in crisis, we would want a safe and secure place, which was peaceful, undisturbed and private, a place that reassured us and helped us relax. A place that was homely and comfortable.

Elements that would contribute to this would be:

It would:

- ◆ need to be quiet

- ◆ be somewhere you could be alone when you wanted but equally have company when you want.
- ◆ be like an ordinary sitting room or bedsit
- ◆ be stress free and peaceful
- ◆ have provision for tea and coffee
- ◆ have facilities to allow smoking
- ◆ have soft furnishings
- ◆ have soft light
- ◆ be a mellow place
- ◆ have a television
- ◆ be clean
- ◆ be somewhere you can treat like your home.
- ◆ be comfortable
- ◆ have comfortable chairs
- ◆ have nice soothing decorations
- ◆ have something that you can focus on such as a fish tank
- ◆ have soft music if you wish
- ◆ be near a relaxing outside environment such as being near water or the sea.
- ◆ have disabled access
- ◆ have no clutter
- ◆ be secure but you shouldn't feel as though you were detained
- ◆ be a welcoming friendly place
- ◆ have a phone

There would:

- ◆ be somewhere to rest or sleep – either a fold down bed or a bedroom
- ◆ be things to do and things to distract you
- ◆ be easy access from it to other services in case they become necessary.

I deally it would be somewhere familiar.

It should be dedicated to helping people with mental illness – some people made the point that a place such as this should not be used by people with drug and alcohol problems unless they also had a mental illness. Whilst many members of HUG also have drug and alcohol problems there are some members who can find the company of people under the influence of drugs or alcohol, or who are detoxing very disturbing and unsettling. They have often said there should be separate high quality, easily accessed, facilities for people in such situations.

OPTIONS FOR A PLACE OF SAFETY ITSELF

Members of HUG were keen that any new facility which is developed would grow in such a way that it can cater for a wider range of people in the future, ideally this development does not just respond to people being diverted from the Police cells, but eventually would help anyone needing refuge in crisis.

We are also keen that any future developments are sustainable and do not wind down after the three years of financial aid have run out.

Lastly it should ideally utilise any underused resources so that money is spent as efficiently as possible.

The ideas that members of HUG came up with were:

- A place of safety should be somewhere that is very quick and simple to get into or its purpose will become meaningless.
- In some areas basing a place of safety in one location could cause similar problems to having the psychiatric hospital based in Inverness. Access could still be hard because of the difficulties of travel in that area.
- The development of places of safety need also to be seen alongside the development of services that prevent illness and crisis and which will ultimately reduce some of the need for such places.

ACCESS TO PEOPLE

Just having contact with someone who can listen to you and act if necessary can make crisis manageable

DROP-IN CENTRES

Some people felt that if staff from the Community Mental Health Team could be taken into a drop-in centre, purely to look after a person in crisis, then the need for a dedicated centre would vanish. This could be especially useful if used when the drop-in centre is closed.

The presence of other users could also be beneficial - users have often talked of the support and comfort that they can get from each other.

Some drop-in centres have quiet rooms that some people thought would be ideal for helping people in crisis.

Some staff at drop in centres talked about the need for access to professionals who can provide back up in these situations especially at times when drop in centres are open and other services are closed.

However many people were also worried about the effect dealing with a person in crisis could have on the atmosphere of a drop in centre – there was a worry that, although on first impression they could be an ideal resource, they might be damaged by the disruption caused.

HOSPITAL

Many people still think that a local hospital could be another answer. It should be relatively easy to allocate a bed and it should be easy to make safe and secure as well as getting access to services and expertise.

It does however have the downside that it is not very private, is not very homely and for some people not very reassuring.

A MULTIFUNCTIONAL BUILDING – A SAFE HOUSE/HALFWAY HOUSE

Some people thought that there should be a local resource that could provide a range of services of which a "place of safety" would be just one.

It could provide specialised therapies, respite care and short breaks as well as access to support and self help groups.

People were aware that, at present, resources do not seem to be available for this but thought that such a centre could be a long-term aim.

HOME TREATMENT

This was a very popular option for some people.

Home is a familiar, safe, relaxed comfortable place for many people.

Taking a worker into someone's own home could be the ideal solution for them whilst also stopping the need for having dedicated facilities.

However, this would not be practical for those whose family situation could not sustain the users presence any more or for people whose one desire is to escape from the place that they are living in.

HEALTH CENTRES

Not all health centres are fully used and most are closed out-of hours. This idea was attractive to some people as a ready-made resource with access to professionals and medication. In some communities it would be one of the few options available.

Again, other people felt that a health centre could be a place that aggravates their problem, as there is an emphasis on illness and it can feel clinical and threatening.

RESPI TE

This option was suggested frequently, perhaps less as a response to extreme crisis and more as a refuge for people approaching crisis.

People suggested a dedicated new facility or somewhere like Catalina House, rehabilitation unit or even a farmhouse that can act as a refuge and distraction.

Some people thought a complete escape to respite out of the Highlands could also help.

A ROOM IN A BED AND BREAKFAST OR HOTEL

Areas could enter an agreement with local landlords for access to a comfortable room when people are in crisis. Support could either be provided by trained and supported landladies, or the Mental Health Team.

"FOSTER CARE"

People who regularly get into crisis may benefit from contact with a known trusted and trained member of the community who could provide a private place of safety with support in crisis.

However there were concerns about how medical facilities could be accessed in such a place, the effect on other people in the house, possibly becoming reliant on such a service and on being able access the place quickly.

TRANSPORT AND RESPONSE TIMES

When a person is acutely ill and maybe in extreme distress the use of a place of safety may be appropriate whilst they are waiting for admission to hospital.

But equally the quicker they can be admitted and the shorter the journey the less trauma people are likely to suffer and the shorter will be the time that a place of safety is needed.

People have often talked of how distressing the wait and the journey to "New Craig's" can be.

There was a feeling by some that mental illness is not always regarded as a priority by people arranging for admission or transport. While members of HUG did agree that some forms of physical illnesses (such as people suffering heart attacks) did need very quick responses, they also wanted people to be clear that mental illness is as important as a physical illness, and is sometimes life threatening. A speedy response could solve many problems later on.

There was some discussion in some of the more "outlying" groups about whether the use of a helicopter for admission could be considered - some people thought this may be an option but others thought this form of transport may be more traumatic and insecure although quicker than other forms of transport.

People also said that public transport should not have to be used when getting admitted in these circumstances.

THE RESPONSE BY THE POLICE

As was mentioned at the beginning of this report the use of a Police Station to hold someone in distress is regarded as inappropriate.

It conveys ideas of criminality and has a symbolism attached of the power that is conveyed by people in uniforms, the environment and the knowledge of possible detention backed by the potential use of force.

This does not mean that treatment in a Police Station is always bad. The majority of HUG members who talked about this had a lot of praise for the Police themselves and thought that, although they may need training in mental health, they generally acted in a humane and compassionate manner.

There have been some incidents where the environment of a Police Station has caused considerable distress, where the unwillingness of the Police to respond to crisis has escalated the problem and where some Police have failed to respond to the individual and instead carried out their work in an authoritarian way, which has all served to increase individuals feelings of distress, alienation and unhappiness, but this has been mentioned in a minority of cases.

Some members of HUG feel that the Police Station should never be used as a place to contain a person who is mentally ill. However most thought that although it shouldn't happen that on occasion it will be inevitable.

People in very distressed states may be violent to themselves or others to such an extent that community options would not provide the required degree of safety. If, in a small number of cases, as a last resort, the Police need to be involved then we need to know that the place that a person is kept in within the Police Station is as attractive and homely as possible, that the Police have an understanding and awareness of mental illness and that they have access to professionals with an expertise in mental illness.

Members of HUG also said that other people coming into contact with the Police may have a need for a pleasant environment for a variety of reasons: they may be victims of rape, assault or trauma of some kind and like people in distress because of mental illness all need to feel comfortable and protected when in a Police Station.

An additional point that members have raised was about how frustrated the Police can feel when, on occasion, they have to charge people for criminal offences when they know the persons actions have been greatly influenced by their illness.

THE INITIAL IDEAS FOR A PLACE OF SAFETY THAT WERE SUGGESTED BY THE DIFFERENT GROUPS

(Note: These ideas may be further developed in the future)

THURSO

- 1.) It could be provided in someone's own home.
- 2.) It could be provided in the drop in centre.
- 3.) It could be provided in Dunbar hospital.
- 4.) As a last resort the Police Station should be used.

WICK

- 1.) It could be a multifunctional centre.
- 2.) It could be in the drop in centre (especially out of hours).
- 3.) It could be based in the Timberly Unit.
- 4.) The Police Station or hospital could be used as a last resort.
- 5.) It should be near other services.

EAST SUTHERLAND

- 1.) Ideally there would be a multifunctional unit (providing breaks and respite as well as a place of safety).
- 2.) It could be a room in a bed & breakfast or hotel.
- 3.) It could be provided in someone's own home.
- 4.) It could be provided in the drop in centre (possibly with the involvement of users and extension of hours).

EAST ROSS

- 1.) It should be in a place that an individual feels safe and secure in.
- 2.) It could be in a local hospital.
- 3.) It could be Foster care.
- 4.) It could be in Catalina House Rehabilitation Unit.
- 5.) The Police Station would be a last resort but is a possibility.

INVERNESS

- 1.) A dedicated facility for very short stays.
- 2.) Use of other resources – such as Birchwood Nursing Home.
- 3.) It could be a foster care system.

NAIRN

- 1.) In Nairn the people who had experience of the Police Station (with one vigorous exception) said that the Station was the best option for them, especially as doctors were usually quick to arrive and give assistance.
- 2.) Support at home could be good for some people.
- 3.) Out of hours services could reduce the need for places of safety.

LOCHABER

- 1.) It could be support in your own home.
- 2.) Access to a flat or house in town that provides respite as well as a place of safety.
- 3.) The Health Centre.
- 4.) A pleasant room in the Police Station as a last resort.

SKYE AND LOCHALSH

- 1.) In the drop in centre with extended hours.
- 2.) In separate psychiatric beds at the local hospital.
- 3.) In a separate multipurpose building also providing respite.
- 4.) In your own home.
- 5.) In the Police Station in certain circumstances for instance when people are violent.

WESTER ROSS

- 1.) In a bed and breakfast with support.
- 2.) In a purpose built unit providing both respite and crisis care.
- 3.) In a persons home.
- 4.) In a private house with a foster carer.
- 5.) In a health centre.
- 6.) A pleasant room in Police Station or Police involvement could be used as a last resort.

APPENDIX 1

TEMPLATE FOR A PLACE OF SAFETY DESIGNED BY A HUG MEMBER

Any place of safety should be:

- Homely
- Clean
- Secure
- Barriers Free

People caring for someone in a place of safety should be:

- Sensible
- Courteous
- Compassionate
- Given the opportunity for training

A place of safety can be:

- a room in a community hospital or residential facility
- A room in someone's home
- Or any suitable alternative, where the minimum requirements can be met

The place of safety should be available to:

- The local Court
- The Police
- Local GPs
- The Local Mental Health Team
- The local A&E

Back up

Both for the sake of the person cared for and the carers other people should be available to be called in as necessary.

1. Homely possibilities - a sitting room, with a bed settee, in case the person requires to be there overnight, somewhere where two or three people could relax and chat, pleasant but unobtrusive wall decoration, kettle and mugs, supply of biscuits, box of dominoes, pack of cards, soft furry object, ashtray made available

if the person is a smoker, shelf of books of cartoon characters, Snoopy, Garfield, Asterix, for example.

2. Clean, not aggressively clean, but well cared for, as a non verbal signal to the person that they are worthy of respect and of being cared for.
3. Secure, there are two sides to this:
 - It is important that the person should be secure and, hopefully, be able to feel secure from whatever is threatening them.
 - There is a legal requirement when the Police use a place of safety, that it is a place of containment.
 - There is a possible conflict between these two objectives that needs some serious thought.
4. Barrier Free, this place should be accessible to any person suffering mental distress, therefore it should be accessible to a wheelchair user, with appropriate toilet facilities, equipped with a hearing loop, uncluttered for the safety of a blind person.

The next three suggestions, which refer to people, have the drawback of being subjective, but they are important. Can objective criteria be used?

1. Sensible, aware of one's own abilities, limitations and when to work with someone else
2. Courteous, someone who would never patronise
3. Compassionate, a "warm person" to empathise.

Given the opportunity for training: many people who have given support to people with mental health problems, feel that they do not understand enough. They would like awareness training.

A place of safety can be:

- a) A room in a community hospital or residential facility.
- b) A room in someone's home
- c) Or any suitable alternative where the minimum requirements can be met

a) could be suitable for either containment or reassurance, while b) and c) would probably only do for reassurance, however meeting this need in time may obviate the need for containment.

ACKNOWLEDGEMENTS

With thanks to all the members of HUG, and other mental health service users, who contributed to this report.

(Please feel free to photocopy this Report)

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