Supporting Communication & Technology Use in Mental Health Settings

Communications and Technology Short Life Working Group

Update Paper

May 2021

CONTENTS

1. INTRODUCTION

In 2018 the Forensic Network facilitated a short-life working group at the request of Scottish Government, to consider what improvements could be made to the existing regime for mental health patients, so as to minimise unnecessary restrictions on their communications and use of technology. The resulting report '*Supporting Communication & Technology Use in Mental Health Settings'* produced by the Communications and Specified Persons Short-Life Working Group was submitted to Scottish Government who decided not to publish the report, publish any recommendations or to amend secondary legislation at that time.

The 2018 short-life working group was initiated as a result of practitioners reporting difficulty in balancing support for patients to maintain social and family ties whilst maintaining security, safety and privacy. In addition, the Mental Welfare Commission (MWC) published its thematic report on *Medium and low secure forensic wards* (August 2017). This report noted a varied picture of restrictions across services and recommended that the Scottish Government work with the MWC to update the regulations and guidance regarding the use of mobile phones, technology and the internet. It noted that restrictions which are unnecessary should be minimised and that there is a specific need to examine the restriction of mobile phones and internet access, particularly for non-forensic patients.

More recently the COVID-19 pandemic and the resulting restrictions, both across Scotland and locally, highlighted the importance of virtual or remote arrangements for contact with family and friends, as well as practitioners in delivering care and treatment. Scottish Government requested that a further short-life working group was convened to reconsider the original piece of work and to identify any changes or developments in this area since 2018, as well as learning from the experiences of those involved in providing care and treatment during the COVID-19 pandemic.

As a result, a new short-life working group was convened in December 2020. Invitations were extended to members of the 2018 working group, alongside colleagues who were actively considering the use of communications and technology within their services.

This new short-life working group have continued to be guided by overarching strategy documents such as Scotland's 'Digital Health and Care Strategy' (Scottish Government, 2018) and 'A changing nation: how Scotland will thrive in a digital world' (Scottish Government, 2021). These digital strategy documents continue to outline the aim of ensuring everyone in Scotland has the skills, connectivity and technology required to fully participate in our society. NHS services are therefore challenged with considering how best to support those in their care to access online services and develop adequate technological knowledge in order to prepare for rehabilitation and reintegration into a digitally focused society.

This paper is intended to be read as an update to the original 'Supporting Communication & Technology Use in Mental Health Settings' report (2018).

1.1 Membership

NAME	JOB TITLE	ORGANISATION
David Walker	Chair	The State Hospital (Security Director)
Eileen Bray	Project Co-ordinator	NSAIS - Foxgrove
Dr Jo Brown	Consultant Forensic Psychiatrist	Orchard Clinic Medium Secure Unit
Rebecca Carr	Interim Manager	Patient's Advocacy Service (PAS)
Dr Patrick Doyle	Clinical Psychologist	NHS Fife
Joanna Falconer	Head OT / Lead AHP	Rohallion Medium Secure Unit
Jacqueline Garrity	SC Manager/Digital Inclusion Group Rep	The State Hospital
Val Graham	Security Lead	Rohallion Medium Secure Unit
Doug Irwin	Programme Director (Security)	The State Hospital
Lorraine Keith	National Forensic Carer Coordinator	Support in Mind Scotland
Drew Lyall	Senior Mental Health Officer	West Dunbartonshire Council
Jamie Magill	Safety & Security Lead	The Ayr Clinic
Cheryl McMorris	Forensic Care Group Lead AHP	NHS Greater Glasgow & Clyde
Paul Noyes	Social Work Officer	Mental Welfare Commission
Dr Gillian Paterson	Consultant Forensic Psychiatrist	NHS Forth Valley
Lesley Paterson	Nursing Officer	Mental Welfare Commission
Jacquie Shand	Senior Charge Nurse	NHS Forth Valley
Dr Jana de Villiers	Clinical Lead for ID & Consultant	The State Hospital

1.2 Meeting dates

22nd December 2020
25th January 2021
22nd February 2021
22nd March 2021
26th April 2021
24th May 2021

1.3 Working Arrangements

The working group met six times over the course of the project. Given national restrictions in place due to COVID-19, the group met remotely via use of Microsoft Teams.

In line with the approach taken in the original short-life working group, members conducted an updated literature review and explored the current use of technology across all secure services in Scotland via a questionnaire. Advocacy colleagues were contacted to collate updated patient views. Additionally, the Forensic Network Carer Co-ordinators group were contacted and asked to collate feedback from carers, friends and families with regard to communication and technology use, particularly during COVID-19 where family contact may have been reduced or restricted.

In order to ensure consistency and common understanding of terms the working group followed the agreed definitions for communication and technology as outlined in the original 2018 report:

- **Communication** = any exchange of information by speaking, writing or any other medium, such as data or images.
- **Technology** = any device that enables communication in any format

Further points were noted around communication being the need or want to be in contact with other people and 'Personal Communication' referring to being in contact with a known person. Communication will then refer to any other form of contact.

2. TERMS OF REFERENCE

The 2021 Terms of Reference were agreed with Scottish Government as:
"The overarching aim of the project continues to be to consider what improvements could be made to the current regime for mental health patients, so as to minimise unnecessary restrictions on their communications and use of technology. In particular, the following factors should be considered:

- ensuring that patients can keep in contact with friends, family and the outside world (including correspondence, telephone and electronic means such as social media), balanced appropriately with;
  - protecting the privacy of the patient and other patients; and,
  - ensuring appropriate levels of security and monitoring for justifiable risk management purposes.

The project should focus on practice; identifying good practice and what guidance should be in place in order to achieve the overarching aim. If the updated work identifies any legislative issues they should be reported, but the legislation is not the focus of the project.

This should be examined from the perspective of clinical professions, social work, patients and patient's families and victims."

Membership
Representation to the group was sought from:

- Mental Welfare Commission
- Scottish Human Rights Commission
- Police Scotland
- MAPPA
- Forensic Mental Health Services: High, Medium, Low & Community (including private service providers)
- National Forensic Carer Coordinator (Support in Mind/Caring Connections)
- Advocacy
- Social Work
- Psychology

Invitations were extended to members of the 2018 Communications and Technology short-life working group. Several members agreed to join the new short-life working group to provide continuity.

Reporting Arrangements
The group will complete a written report which will be submitted to the Unit Head, Forensic Mental Health Unit. This report will be used to inform policy and practice on communications and technology use in secure mental health settings.

Key Differences from 2018 Terms of Reference

Whilst the Terms of Reference for each iteration of the short-life working group are broadly similar in content, there are some key differences which were noted at the outset of the current short-life working group. These were as follows:

- The Terms of Reference no longer explicitly mention young persons and people with Intellectual Disabilities.
- Shifts emphasis from Practice, guidance *and legislation*, to practice and guidance.
- No longer asks for comment on managing patients in the same clinical environment that have different levels of access or restriction.
- No longer asks for "*an assessment of the extent to which the recommended amendments to current practice could be achieved within the current legislative framework*" but instead asks for "*an articulation of any legislative issues the project identifies".* There is also no explicit request to consider Specified Persons legislation and related regulations.

3. CASE FOR CHANGE

As per the methodology used within the previous report, an extensive literature search was conducted on the use of technology within secure hospital settings. As this paper is an update to the 2018 report, the search centred largely on publications between 2018 - 2021.

Despite the rapid implementation of various forms of technology within hospital inpatient settings over the past 12 months, there appears to have been limited research evaluating this within forensic mental health services. However, there are a range of relevant documents which provide further support for the implementation of technology within inpatient settings; these are summarised below.

3.1 COVID-19: Advances in the use of technology in mental health settings

At the start of the coronavirus pandemic in March 2021, there were system wide changes in the approach to how mental health services were delivered. In many cases, there was an increase in digital innovation in order to facilitate ongoing contact between patients and their families or service providers. There are two main areas which are of note: the use of virtual visiting and the remote delivery of therapeutic interventions and healthcare consultations (telemedicine).

Virtual Visiting

During the lockdown periods of the pandemic, in-person visiting within services was largely suspended, except in exceptional circumstances. This impacted on patients' ability to maintain contact with loved ones. For those in secure mental health settings, lack of access to a mobile phone or other device further limited their ability to regularly contact family and friends.

In order to address difficulties in patients maintaining contact with their loved ones, NHS Boards implemented Person-Centred Virtual Visiting across all inpatient services in Scotland. In May 2020, Healthcare Improvement Scotland (HIS) conducted a scoping exercise to explore the implementation of the service and ensure equity of provision for all. The resultant Scoping Exercise Report (March 2021) highlighted that most boards had implemented virtual visiting across their services. Of 16 NHS Boards who engaged, six reported that they had fully implemented virtual visiting across inpatient sites. However, gaps were found in provision within certain areas, including mental health services. Of the 16 NHS Boards who completed the survey, 13 require additional equipment and a total of 1,079 additional devices have been requested in order to ensure accessibility for all (HIS, March 2021, pg. 10).

In areas where virtual visiting had been implemented, Standard Operating Procedures and staff guidelines were produced. Guides were also provided for patients and families online within some Health Board areas. Four key areas were identified as challenges to implementation of virtual visiting: (1) IT capabilities and capacity, (2) accessibility of devices, training and support, (3) security and privacy for patients and families and (4) confidence of staff, patients and carers in using the service. The report highlighted a number of pragmatic solutions to problems that have arisen to date and concluded with a number of recommendations for the continued implementation of virtual visiting post-COVID.

In England, the Care Quality Commission (CQC) noted that many inpatient services invested in remote technology and software to support detained patients to remain connected to their family and support networks during the pandemic. Some services lifted restrictions around the use of technology (e.g. tablets and mobile phones). In their 2019/20 monitoring report, the CQC stated that they expect services to continue with extended access after the pandemic unless there were clear reasons for not doing so. Additionally, it was recommended that services should prioritise linked issues such as Wi-Fi connectivity in future service development (Care Quality Commission, 2020).

Whilst it is encouraging that NHS Boards in Scotland have committed to the rapid implementation of virtual visiting technology across inpatient sites, there is little evidence as to the capacity of forensic units to implement a full virtual visiting service, and no exact figures as to how many services have requested funding support in order to support sustainable provision for patients. Acknowledgement should also be given to the fact that forensic patients are more likely to lack access to a personal device due to security restrictions and may also require support or supervision to use virtual visiting platforms effectively.

Therapeutic Interventions

Several authors have considered the use of digital technology in prison mental healthcare in England and Wales (Hewson et al. 2021; Edge, Hayward, Whitfield & Hard, 2020). Prior to the COVID-19 pandemic, 50 of the 117 prisons lacked internet connectivity that was sufficient to support video-conferencing, and only two telemedicine approaches were approved for use within prisons operated by Her Majesty's Prison and Probation Service. Following COVID-19, new legislation permitted the use of 4G enabled tablets for telemedicine within secure environments, and all prisons in England now have the capability to deliver telemedicine (Edge et al. 2020).

With regard to inpatient forensic services, psychologists within South London & Maudsley NHS Foundation Trust were asked to adopt remote methods of engaging with their patients at the start of the pandemic. However, the lack of patient access to Wi-Fi or smartphones presented a barrier, as did the requirement for nursing observation if a patient was to use a technological device. In order to overcome this, protocols were developed which allowed patients to access an IPad unobserved by staff using 'Guided Access'. Available on specific devices, this option renders all other functionality of the device inaccessible until a passcode is re-entered by staff on completion of the session, therefore preventing information governance or security breaches. When the session is finished the patient returns the device to a nurse who then unlocks the device and completes a handover with the healthcare professional who was speaking to the patient on the device. Feedback from patients and staff on the use of this service was largely positive, though some expressed a preference for face to face work (CCQI, October 2020, pg. 5).

In Scotland, 'Near Me' is the videoconferencing service used across health and social care. Whilst the technology was available prior to the pandemic, use of Near Me increased

significantly from March 2020. Between March and June 2020 there was a 50-fold increase in video consultations and the service was used by over 50 specialties. Psychiatry/Psychology and Community Mental Health services presented a significant proportion of Near Me activity with 27% and 10% overall Near Me activity respectively. Post consultation survey data demonstrated that most patients and professionals viewed video consulting as beneficial, both during the pandemic and over the longer-term. However, it was noted that technical performance and quality of the call had a significant impact on patient reported outcomes (Wherton & Greenhalgh, 2020).

The Care Quality Commission noted the increase in the use of video conferencing for the assessment, care and treatment of mental health patients and also for Tribunals and advocacy services. The report highlighted that there needs to be careful and thorough evaluation of the use of remote technology should these continue after the pandemic (Care Quality Commission, 2020).

3.2 Digital Exclusion and Access

Digital exclusion is where members of society have unequal access or capacity to use Information and Communication Technologies (ICT) which are essential to fully participate in society (Sanders, 2020). Spending time within a secure mental health setting can often mean being excluded from changes in technology or software over time. In 2019, the Scottish Government reported the average time since admission for a forensic patient was two years and five months. It reported 48% of people had been admitted to their current unit between one and five years ago (Scottish Government, 2019). The Forensic Network's annual census reported an average overall mean admission length of 1618 days (4.4 years) for forensic inpatients.

Edge et al. (2020) have recently coined the term 'digital inequivalence' to describe the lack of equal access to healthcare technology in prisons and highlighted that custodial environments were slower to adapt at the start of the pandemic. Forensic mental health services and prisons share the requirement to carefully balance the complexities of security and care when introducing new technology. Issues regarding privacy, confidentiality and safety have long been outlined as challenges for psychiatric inpatient environments (Sales et al. 2018).

While there is no information on the level of digital skill in people detained in inpatient forensic settings, population estimates suggest 30% of the general population in Scotland have very low digital engagement (Lloyds Bank, 2021). Digital inequalities often mirror health inequalities, with low digital skills and access being more prevalent in groups with disability and in groups accessing benefits. Without proper access to technology and the opportunity to develop or maintain appropriate skills there is a risk that individuals are left with an inability to fully reintegrate into society, similar to the experiences of those who spend time in prison (Toreld, 2018). Furthermore, it has been suggested that digital exclusion may mirror social exclusion, as access, design and implementation of remote platforms are not usually considered from the perspective of those that experience digital exclusion, and therefore may exacerbate existing barriers and inequalities (Sanders, 2020; Carnegie Trust, 2020).

NHS Fife Addictions service completed a scoping exercise in 2020 of how many patients (community) had access to technology. Approximately two thirds of clients had suitable technology available (usually a smartphone or a laptop) and home broadband. Some said they would be able to borrow a partner's or family member's device if necessary (NHS Fife Psychology Department, 2020).

Several funding programmes have been established during the pandemic in order to support and meet the needs of those who are excluded through lack of access to technology (e.g. Connecting Scotland). Reports suggest that these initiatives have been overwhelmed with requests and have had to release funding on a phased basis related to criteria such as age, income and disability (Sanders, 2020).

Digital exclusion is a complex issue which requires collaboration across sectors and services in order to solve it. Overcoming barriers to access is essential to ensure that everyone receives the opportunities needed to succeed in the modern world, regardless of whether they are accessing care in an inpatient setting.

3.3 Independent Review into the Delivery of Forensic Mental Health Services

In March 2019, the Minister for Mental Health announced an Independent Review into the Delivery of Forensic Mental Health Services. Derek Barron, Director of Care at Erskine was announced as the Chair to the Review in May 2019 and began work at the end of June that year. The Review gathered evidence during its 'listening phase' which ran between August 2019 and February 2020. An analysis of the evidence received by the Review was published in August 2020. This interim report, *What People Told Us*, provided an overview of the key issues and challenges in forensic mental health services in Scotland as they are experienced by the people receiving and delivering them.

The Interim report outlined the importance of access to technology for patients in receipt of care within forensic mental health services. It acknowledged the variation in restrictions across inpatient settings and the impact that this can have on managing patient's expectations at times of transition. Digital inequality was also highlighted as contributing to feelings of frustration, confusion and anxiety amongst patient groups.

Recent research by Tomlin et al. (2020) supports this highlighting that forensic patients list a lack of internet access as curtailing their opportunities to develop and maintain meaningful relationships, and a lack of access to modern game consoles or devices as depriving them of opportunities to increase their occupational skills and rehabilitation. Patients expressed frustration with restrictive elements of forensic care and felt that staff acted as 'gatekeepers' who decide whether they access certain items or progress through their care pathways. It was noted that concerns over risk led to items being prohibited (e.g. mobiles, tablets, access to the internet) which limits patients' scope for agency and their ability to exercise the degree of autonomy necessary to live an independent life upon release. The authors concluded that services should work to facilitate activities which promote autonomy and skill development;

adopt a tailored approach to care; promote positive risk-taking and trust forensic patients to demonstrate a degree of responsibility.

The Independent Review published their final report in February 2021. Similarly, this report highlighted the need for patients within secure inpatient settings to be provided with opportunities to develop their skills and learn how to use technology safely and confidently as part of their rehabilitation pathway. The report supported a consistent, positive risk taking approach to the access of technology for people in secure settings, supported by trained staff and educational programmes, across all levels of security (Independent Review into the Delivery of Forensic Mental Health Services: Final Report, 2021, pg. 65).

3.4 Standards within Forensic Mental Health Services

The Quality Network for Forensic Mental Health Services (QNFMS) is a quality improvement network for low and medium secure inpatient forensic mental health services in the UK. In 2019 the QNFMS published their updated Standards for Forensic Mental Health Services: Low and Medium Secure Care (Third Edition). These standards outline the minimum expectation for low and medium secure services in relation to delivery of care. Standard 100 requires that there are formalised policies, procedures and guidance in relation to "*supporting patients' use of electronic equipment and safe access to the internet, including specific advice around the appropriate use of social networking sites, confidentiality and risk*" (pg. 26).

More broadly, the Royal College of Psychiatry College Centre for Quality Improvement (CCQI) published Standards for Inpatient Mental Health Services (2019). This document also included a specific standard outlining that "*Patients use mobile phones, computers (which provide access to the internet and social media), cameras and other electronic equipment on the ward, subject to risk assessment and in line with local policy."* (pg. 13). It is noted that staff members should ensure the use of such equipment respects the privacy and dignity of everyone and know how to manage situations when this is breached.

Standards allow healthcare professionals to share an understanding of high quality services and promote a reduction in unnecessary variation in how services are delivered, and the quality of the care that is offered. The inclusion of these standards for technology access within both inpatient and low/medium secure services in England highlights the need to review and progress in this area within Scottish forensic mental health services.

4. ASSESSMENT

In 2018, an assessment was conducted to ascertain current practice with regard to communication and technology devices across services in Scotland. This was repeated for the purpose of the current paper. In line with the methodology used within the initial report, the group used a questionnaire to clarify the types of technology currently in use and to highlight inconsistencies in approaches taken by services.

Each service was contacted directly and asked to provide an indication of the types of devices in use across each of their wards. Respondents were also asked to provide detail on any changes in communication or technology that were implemented in response to the COVID-19 pandemic, and whether there are plans to introduce any further forms of communication and/or technology in the next 12 months.

Sixteen services were contacted and thirteen responses were received, providing a broad overview of practice across all levels of security. An overview of the devices and types of technology used in secure mental health services across Scotland is provided in Appendix A. Where a service response differs from the response provided in 2018, this has been highlighted.

It should be noted that whilst this exercise provides an overview of the responses from services, a fully accurate and detailed picture would require considerable time and resource.

4.1 Changes implemented in response to COVID-19

COVID-19 has seen services rapidly adapt their delivery and practice to support family contact throughout the extended period of lockdown and social distancing. In-person visits have been severely restricted over the past 12 months which has led to an enforced change in working practices across services.

All services were asked to detail any changes or new practices that they implemented as a direct result of or in response to COVID-19. Responses largely fell into the following four areas:

- **Videoconferencing facilities**: all services responded saying that they had expanded or introduced the use of videoconferencing technology in order to promote and facilitate patient and family or social contact. In many cases this has been supported by staff and facilitated via the use of clinic equipment, rather than personal devices. Some services report that they were able to procure tablets/IPads to be used in order to facilitate virtual visiting. There appears to be variation in the platforms used to facilitate video visiting and calling (e.g. Skype, Teams), however this is something that should be mapped out further post-pandemic in order to promote consistency in service delivery.

- **Therapeutic Groups and Educational provision**: Several services, across all levels of security, noted the delivery of education and therapeutic interventions via Microsoft Teams, Near Me or Attend Anywhere. The State Hospital noted that it has established a

pilot project to explore using videoconferencing to deliver therapy groups to patients in different wards within the hospital.

- **Telephone Access**: many low secure services noted that they have increased or widened access to mobile phones within their wards. One service noted that patients are currently only allowed access to phones outside the ward and due to restrictions, they only have 4x15 minute periods in the grounds which limits their ability to contact relatives. A payphone has now been installed to facilitate access.

- **Wi-Fi/Multimedia Access:** Two low secure services have agreed that patients can access streaming services (e.g. Netflix/Amazon Prime) and in one unit patients can access Wi-Fi via an approved Wi-Fi voucher system. It was noted that where patient Wi-Fi is available, this is typically limited or restricted due to the local IT infrastructure and security which limits its use to a very small number of patients at once. Another low secure service noted that their ongoing attempts to install patient accessible Wi-Fi have been unsuccessful to date.

4.2 Plans to introduce new forms of communication/technology over the next 12 months

Five services who responded indicated that they did not have any further plans to introduce technology or communication devices in the next 12 months. Options under consideration by other services included the safe introduction of patient accessible Wi-Fi; reviewing policies to enable the downloading of music and other media; and the possible extension of independent patient internet use. The Orchard Clinic noted that they continue to expand their own technology where possible and aim to support patients to purchase their own devices, where appropriate.

4.3 Policies in place

Services were asked to provide copies of their policies and procedures in relation to the use of technology. Five services indicated that they had policies in place governing patient access to information technologies and/or mobile phones. A further two services indicated that they were currently developing policies which will seek to reflect any national guidance that may be produced. Two services highlighted that they do not currently have policies in place covering the use of communications and technology devices and make decisions based on individual patient risk/needs.

4.4 Patient Opinion

Given the national restrictions and requirement for social distancing, it was considered that there would be limited response from directly surveying patients for their views. The group also noted the limited support that advocacy services were able to provide patients in order to complete such surveys, due to ongoing restrictions on patient contact. In order to gather feedback, advocacy services were contacted to provide an overview of patient views with regard to their experiences of communication and technology over the past 2 years, but particularly during the past 12 months when COVID-19 has impacted the delivery of care within services.

All advocacy services who were involved in the 2018 report were contacted by telephone or email. Many were unable to speak directly to patients to collate views, however provided feedback in terms of their recent patient contact or knowledge within the service. Five services provided feedback which covered all levels of security. Two services noted that they sought feedback through a collective forum for direct patient feedback. Additionally, one patient from within a low secure service made contact with an advocacy service to provide feedback directly regarding their own experiences and those of other patients currently within forensic mental health services.

Generally, patient feedback remained consistent with the views outlined by those who participated in the survey in 2018. Feedback highlighted the following areas:

- **Response to changes implemented as a result of COVID-19**

Feedback noted the effort that services have made in order to ensure patients' have access to advocacy and to maintain contact with their families over the past 12 months in the face of significant restrictions. However, respondents provided mixed feedback. It was noted that whilst video and teleconferencing technology has been helpful in maintaining family contact, it has been less successful in relation to professional meetings and tribunals. Connection and IT problems can add pressure to an already stressful experience; engagement can be difficult when no video is available which can lead to increased staff support being required; and there are often difficulties in facilitating advocacy support at such meetings due to the number of individuals required to be in a room.

Respondents who were less familiar with the use of technology welcomed the introduction of video technology and the use of tablets to facilitate communication. However, it was highlighted that trial runs with the technology or device to be used would be helpful as patients' often focused on the use of devices, rather than engaging with the purpose that it was being used for (e.g. meetings or rehab visits to other services).

- **Skill Development**

Respondents continue to highlight that they feel disadvantaged by the lack of access to technology within some services and expressed concern that they will face barriers in future due to having a lack of skills (e.g. online banking, benefit/job applications). It was recommended by patients that services should seek to support those who do not have a basic

understanding of IT to enable them to feel more confident. Patients also highlighted that having access to staff with technical knowledge who can support them in their use of technology would be beneficial.

- **Privacy**

Feedback highlighted that patients continue to have concerns regarding a lack of privacy with regard to the use of ward payphones which are often located close to the nurse's station. Within some low secure services patients are allowed access to smartphones and it was noted that this is helpful as it allows calls to be taken in a quiet area on the ward, affording greater privacy.

One issue highlighted regarding the use of virtual visiting and videoconferencing is that staff may require to be present in the room which can impact on an individual's ability to speak openly with their friends and family as they would in a face-to-face visit.

- **Equitable and Consistent Access**

Feedback continues to highlight the need for consistency across services at similar levels of security within the forensic mental health estate. Patients also continue to desire equity with other members of society in order to access online banking, shopping and the use of media (e.g. streaming music or films). Payphone access was noted to be expensive when calling mobiles and some numbers are prohibited (e.g. 03 numbers which are commonly used by retail customer services).

It was noted that patients would like the easing of some restrictions during the pandemic to continue (e.g. increased access to a mobile phone). Patients within one low secure service were allowed unsupervised access to smartphones and it was suggested that this should be the standard that all low secure services should aim for.

4.5 Opinion of Family & Friends

As with feedback from patients, the group noted the consultation and feedback gathered in preparation for the 2018 report. As National COVID-19 restrictions limited the ability to engage with carers in a forum event, the group agreed to seek feedback through the Forensic Network Carer Co-ordinators Group. This group is comprised of representatives from each Health Board, who as part of their professional role provide support to carers of patients accessing their services. The group also has representation from Support in Mind Scotland and The Carer's Trust.

An email request went to all carer co-ordinators requesting feedback from carers, friends and families with regard to communication and technology, and also on any changes that have been implemented in response to COVID-19. Co-ordinators provided feedback that had been shared with them over the course of the pandemic in response to the changing restrictions and use of virtual visiting technologies. Co-ordinators from three services also sought updated responses from carers directly over a 4-6 week period.

The view as outlined in the previous report that Carers would like increased contact with their friend or family member in an inpatient setting remains the same. There continues to be an appetite for patients to have access to a wider range of technology to support social contact and also to support their rehabilitation and development of skills. Feedback has highlighted that some carers have concern over the patient being "left behind" now that most services are accessible online and this worry has been exacerbated by the pandemic and society's move to online shopping and GP appointments during lockdowns.

In the 2018 report there was a noted appetite for patients to have access to applications that support video calling such as Skype or Facetime. Since March 2020, when restrictions on visiting inpatient units came into place, many services made a quick move to introduce video-calling to support patients to continue contact with their friends and families. The response from carers has been largely positive in relation to this; particularly where carers require to travel long distances to visit the patient. However, some services have reported a lower level of uptake in video-visits than they anticipated and have commented that carers at times feel uncomfortable with video-calling and have returned to telephone use most of the time. Reasons for this included:

- Carer lack of familiarity with the technology being used
- Frustration at internet connection problems or poor signal
- Feelings of discomfort and 'staring at another person on a screen' which stifles the ability to have natural conversations

One carer provided feedback that whilst they are keen to have contact with the patient they are supporting, it feels intrusive to have them see them in their own home and this impacts negatively on the level of emotional distance they would prefer to maintain. This may be a unique consideration for those supporting patients within forensic mental health settings.

From the feedback collated it appears that there is a continued desire from friends and family for patients to have access to a range of technology devices, but that this would complement, rather than replace, other forms of communication such as the telephone.

5. DISCUSSION

This update paper sought to reconsider the work of the initial short-life working group, and to assess how practice has changed since the completion of the 2018 *'Supporting Communication and Technology Use in Mental Health Settings'* report. It is clear that there is a continued need to consider how best to support patients in mental health settings to maintain contact with family and friends, access online services and to develop accurate levels of technological knowledge in order to prepare for rehabilitation and reintegration into a digital society. This is particularly relevant for those currently cared for within forensic services.

In line with the Terms of Reference of the initial short-life working group, we were asked to conduct an assessment of improvements that could be made in the current regime to avoid unnecessarily restricted patient communications and use of technology, whilst balancing this with necessary risk management. Consideration was also to be given regarding how privacy and security concerns should be addressed whilst reducing restriction. The group consider that both of these areas were comprehensively addressed within the initial "*Supporting Communication and Technology Use in Mental Health Settings*" report. Having conducted an assessment of current practice and the developments made during the COVID-19 pandemic, it is our view that the suggestions and recommendations outlined in the initial report remain relevant and appropriate.

5.1 Underlying Principles

The group wish to emphasise the importance of the overarching principles as detailed within the initial report, as it is considered that these are essential for any advancements in practice in this area. The purpose of any strategy, policy or direction for communication devices should be to create access, equity and reinforce the principles of least restriction, whilst giving appropriate consideration to risk. It is important that a balance is struck with regard to the needs of service users and the need to protect people against the misuse of technology. Services continue to have a duty to address this issue, supported by any necessary legislative or structural change, as a matter of urgency.

The increase in use of technology within mental health settings during the COVID-19 pandemic still does not allow patients parity of use with those being cared for in general hospitals or other public facilities. The group continue to strongly advocate that principles for best practice in this area should be based on unrestricted access as the norm, with clear reasons and explanations for restrictions where these are required. Blanket and service level restrictions should be avoided. Where blanket restrictions are identified as necessary and proportionate, there should be a system in place which ensures these are reviewed within a regular time frame, with an overall aim of reducing restrictive practices.

Feedback from patients and carers continues to highlight that some patients feel disadvantaged and experience confusion or distress when transferring between services due to a lack of consistency in approaches taken by services with regard to communication and technology access. Further evidence for this view is highlighted within the final report of the Independent

Review into the Delivery of Forensic Mental Health Services. These issues should be addressed to allow for consistency in experience for patients and provide further support to the recommendation in the initial report relating to benchmarking within services.

Finally, the group continue to support the adoption of a pragmatic approach to risk management and the acceptance that adverse outcomes may occur, but can be appropriately planned for and managed in order to avoid "knee jerk" responses to problems. Defensible practice should be central to any approach or principles that are adopted by services.

5.2 Legislation

The 'Supporting Communication & Technology Use in Mental Health Settings' (2018) report specifically considered the Specified Persons Legislation. It recommended that the Specified Persons Legislation should be reviewed in order to include:

- The restriction or removal of any device that enables communication
- The communication via such devices
- The use of devices owned by the organisation
- The ability to appeal against any imposed restrictions

The report noted that legislation should be created to allow managers and services to implement general restrictions and prohibitions where necessary and that legislative guidance should be created to support any changes in legislation.

Whilst Scottish Government decided not to amend secondary legislation in 2018, the current working group were asked to note any legislative issues that should be reported on. With this in mind, the group continue to recommend that the Specified Persons Legislation is updated in order to remove barriers to implementation of a range of communication and technology devices (e.g. tablets, kindles etc). At the current time, safety and security regulations are used to restrict communication. Whilst this allows services to manage issues that may arise, consideration should be given to a comprehensive review of legislation to cover all forms of technology.

In addition, whilst patients who lack capacity to make their own decisions were not a specific focus of this work, consideration should also be given to implications for patients who are subject to the Adults with Incapacity (Scotland) Act 2000.

5.3 National IT Group

The initial 2018 report recommended that "*an IT awareness group with appropriate membership, support and links should be created to maintain and communicate knowledge of types of uses and threats of technology*" (pg. 40). It was suggested that this group would allow for ongoing monitoring of developments and incidents across forensic services and provide a forum to support shared learning and respond to any new or developing risks.

The current working group further considered this recommendation in light of the advances in practice over the past 3 years and the broad range of operational and technical challenges that exist for services. There remains an ongoing need to identify and implement solutions to these on a national basis.

It is recommended that a National IT Group is formed, but the remit should be broader than IT awareness. Given the breadth of challenges facing services in relation to the introduction of communication and technology, there is a clear need to focus on the effective implementation of eHealth across mental health services.

Any national IT group should have a broad remit and focus on implementation. Representation should be sought from the Police Cyber Security Group and partners working in eHealth across NHS boards; representation from such services will be essential to ensure safe and successful integration of technology within mental health services. A holistic approach in which multiple perspectives are integrated is necessary to ensure that eHealth is of added value and ensure consistent practice across services in order to optimally benefit from the potential of different types of technology.

A National IT group should provide a forum to:

- Enable service representatives to stay up-to-date with new security risks from IT and communication devices
- Consider the application of relevant legislation
- Develop policy and guidance to ensure a consistent approach to technology use
- Influence and support the integration of eHealth within secure services
- Promote consistency and standardisation in the use of hardware/software across the estate
- Link with National initiatives which may provide assistance to services (e.g. Connecting Scotland)
- Define support required for patients to enable them to develop digital skills and knowledge of how to use the internet safely
- Review staff training needs and develop proposals to address these

Guidelines and manuals should be made available to staff to assist when technology is being used by a patient. Developing clear guidelines surrounding the use of electronic devices within inpatient settings can help mitigate confusion and conflict amongst both patients and staff.

A national approach to specification, procurement and management should be taken where possible. Direction may be required from Scottish Government regarding how a co-ordinated national approach may be funded, and how this could be best supported via the Forensic Network of within the development of a National Forensic Board for Scotland in the longer term.

Timescales

It is acknowledged that the implementation of the recommendations outlined within the initial report and this update paper may require considerable planning, particularly if consistency is to be achieved on a national level. However, services have a duty to address the lack of parity with access to communication and technology within general services as a matter of urgency, and for this to be supported by any necessary legislative or structural change.

With this in mind, a staged approach is suggested with initial steps as follows:

1. In line with the principles of least restrictive practice, low secure services should be supported to enable patient access to communication and technology devices as quickly as possible. Existing processes such as the Care Programme Approach (CPA) should be adapted to include consideration of access to devices in order to support risk assessment and defensible decision-making in this area.

2. Services across the forensic estate should be supported to access immediate funding to support the necessary eHealth upgrades that will enable technology use (e.g. Wi-Fi). Financial investment would allow services to fully implement the technology required to support current initiatives such as virtual visiting and would allow a widening of access to various forms of communication and technology.

3. A mapping exercise should be conducted across all services to identify the various technologies in use across Health Boards to allow for consideration of consistency and standardisation.

4. Patients within high and medium secure services should continue to be supported to access a range of communication and technology devices where possible, balancing patient rights against other considerations.

5. Digital targets should be developed for all services to work towards in order to set a tone of continuous improvement and ensure that services maintain a focus on enabling access to communication and technology for patients.

These steps should run alongside any necessary changes or amendments to legislation which will enable services to safely implement a range of communication and technology devices for patients.

6. CONCLUSION

As digital technology plays a growing role in the lives of patients, providers within secure mental health settings will continue to grapple with the clinical and legal implications of increased access to communication and technology for patients within their care. The "*Supporting Communication and Technology Use in Mental Health Settings*" (2018) report sets out several key recommendations regarding improvements that could be made to support patients, so as to minimise unnecessary restrictions on their communications and use of technology. Since the publication of this report the rapid acceleration towards the use of digital technologies during the COVID-19 pandemic has further highlighted the pressing need for action to be taken in order to allow patients within mental health settings parity with wider society in relation to accessing communication and technology.

Scottish Government's commitment to eradicating digital exclusion within the country should include sustained efforts to address the issues for patients within secure inpatient settings. Pragmatic steps which seek to widen access to technology within inpatient settings will result in a patient population who are skilled and equipped to re-enter society and support their rehabilitation.

Appropriate legislation and guidance should be developed and implemented to ensure that decisions regarding restrictions to technology are made within an appropriate legal framework. Legislation needs to support individual clinical decision-making and the need for services, when appropriate, to make service level restrictions.

A national approach should be adopted to promote consistency and ensure adequate IT infrastructure and provision for secure mental health settings. However, this should not create a barrier to action in the short-term and services should be supported to implement the recommendations from within the *'Supporting Communications and Technology in Mental Health Settings'* (2018) paper in a timely manner.

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Appendix A: Overview of Current Practice across Mental Health Services (brackets demonstrate the number of responses received and collated for the type of service)

	Landline	Mobile Phone	Tablet	Laptop	Games Console	Internet Access	Social Media
Low Secure (9)	Yes	Yes - access limited to off ward in some services. Some reported access to a basic clinic purchased model of phone which can only be used on the ward.	Depends - with restrictions reported for specified persons or supervision dependent on risk assessment or restrictions on functionality. IPads available for virtual visiting.	Yes - access being reviewed on a case by case basis with restrictions for specified persons.	Yes – largely through connectivity being limited. One service indicated that patients can use their phones as a hotspot to access internet games (e.g. FIFA).	Depends - access typically limited to therapy areas or under supervision of staff. Access is agreed with the MDT and based on risk assessment.	Depends – many services do not restrict access however some discourage it.
Medium Secure (3)	Yes	Depends - There is guidance in place for how patients move devices in/out of the clinic. These are checked by staff. Mobiles are only used outside the building. Some patients only have access to non-smart phones due to risk assessments. One service allows non-wifi enabled	Yes - access whilst in therapy area & either supervised access or no access at all. Cameras are deactivated.	Yes – access based on individual case.	Yes, but restricted to certain models without internet connectivity.	Yes - general access, limited to therapy areas. One service noted the recent introduction of Wi-Fi which will be limited to one part of the clinic.	Depends, no general access but access off ward dependent on risk management plans and individual risk management plans. Use of some social media sites is monitored.

	Landline	Mobile Phone	Tablet	Laptop	Games Console	Internet Access	Social Media
		mobile phones in wards once individually risk assessed. Patients allowed access on SUS.					
High Secure (1)	Yes	No access	Depends – A tablet has been allocated for an individual patient as a communication aid. Project Proposal approved in December 2020 to develop the use of technology solutions for Patient Learning which will include the wider use of tablets and handheld devices. *Change from 'No Access' in 2018*	Yes - Laptops regularly used for patient learning but not connected to internet). *Change from 'No Access' in 2018*	Yes, but restricted to certain models without internet connectivity.	Yes - Internet access is limited to individual patients accessing this under supervision for the purpose of patient learning). *Change from 'No Access' in 2018*	No access