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Public Perceptions of Secure Mental Health Facilities in the Community

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Professor Ron Akehurst, Dean of ScHARR

AUTHOR

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Claire Holden,
Honorary Research Fellow

CONTENTS

Abstract

This study investigated public perceptions of developing secure mental health facilities in the community. Four specific cases were investigated where medium secure units were proposed by community Trusts. Each Trust conducted a public consultation exercise. In all four cases, there was intense opposition from local residents. Two of the Trusts eventually built the medium secure units, but in the case of the other two Trusts, the units were never built.

The nature of the public consultation process was investigated in each case. Semi-structured interviews were carried out with Trust managers, local residents, local politicians and service user group representatives who had been directly involved in the consultation process. A review of past research was conducted; socio-demographic data for each area were collated and media coverage such as newspaper cuttings and TV footage of each case was analysed. The findings suggest that there was a mismatch of perceptions between the Trust managers and the residents, with regard to residents' fears. Trust managers tended to underestimate the depth of public feeling and this may have had an adverse impact on the effectiveness of the consultation process. There was a discrepancy between the perceived fears of the residents according to the managers and the stated fears of residents who were interviewed. Local politicians played a very influential part in the consultation process. Media coverage suggested some negative stereotyping in two of the cases.

The support of other agencies such as regional offices and local health authorities was felt to be Background important, but lacking in three out of four cases. The community socio-demographic profile was not predictive of the level of opposition.

Several conclusions are drawn in relation to the public consultation process. These focus on the need for trusts to be open and up-front with all interested parties as early as possible. The maintenance of an ongoing dialogue with local residents, politicians, media, service user groups, community health councils and statutory bodies is essential

Public Perceptions of Secure Mental Health Facilities in the Community.

Introduction

This study investigates public perceptions of secure mental health facilities in the community. This one-year study was funded by NHS Executive Trent Research & Development Group. The study examined four specific instances where four community trusts attempted to establish medium secure units in residential areas. These four cases all took place within the last eight years, with the most recent case occurring about 3 years ago.

All four trusts in this study experienced intense public opposition to the proposed medium secure units. This study investigates the nature of that public opposition and the trusts' response to that opposition. In particular, it examines the nature of the public consultation process in the context of how other trusts might 'learn the lessons' from these four cases when embarking on a public consultation process.

Rationale

This study took place in the context of the government policy advocating care in the community for those with mental health problems[1-3]. The past few decades have seen the closure of many large psychiatric hospitals as part of the process of deinstitutionalisation[4]. Locked wards were specifically discouraged by the Code of Practice to the Mental Health Act (1983)[5]. These institutions are being replaced by smaller community-based units and outpatients services.

The Glancy[6], Butler[7] and Reed[8] Reports made recommendations for smaller secure units (medium secure units) to be built to provide a more intensive treatment

programme for those who were deemed to be 'treatable' within a two-year period Moreover, these units were to be sited near centres of population, a recommendation that was endorsed by the Department of Health & Social Security [9]. The number of required beds varied in each report and the recommendations were followed rather slowly. Despite this move towards community-based mental health facilities, little guidance followed about how to manage the development of such units near centres of population.

More recently, the National Service Framework for Mental Health[3] has emphasised the importance of social inclusion in caring for individuals with mental illness in a non-stigmatised community setting. The proliferation of inquiries in recent years into the tragic actions of patients being cared for in the community has focused the public debate on the suitability of community care for those individuals who have a mental illness (See for example, references 10 and 11). Recent surveys on public attitudes to mental illness suggest that the public is generally sympathetic towards individuals with mental illness[12] although the same survey also records public concerns about having those same individuals with mental illness living in the local community.

Given an increasing emphasis on caring for people with mental health problems in a community setting, this study seemed ideally placed to assess public attitudes to the setting up of community-based secure mental health facilities. This study also represents a unique opportunity to examine four cases retrospectively where mental health facilities have been proposed and to clarify the issues surrounding public fears and trust responses to those fears.

Other factors were taken into consideration in this study: the media (press and TV) coverage of each case was examined. In addition, some socio-demographic data for each ward where the units were proposed were gathered and analysed.

It is not intended that this paper be a 'blueprint' or formula for other trusts on how to deal with public concerns about mental health facilities. If anything, these four cases suggest that there is no one way, or right way, to go about reducing public fears. Although the four cases have some similarities, their outcomes are firmly grounded in the local context. Rather, these are four examples of how a trust embarked on a public consultation process and its effect on local public opposition. They are not representative cases but some broad conclusions can be drawn from these experiences.

Throughout this paper, the four trusts are referred to as A, B, C and D, to retain the anonymity and confidentiality of the participants. It also allows general conclusions to be drawn from the collective experiences of all four trusts.

Structure

Chapter One outlines the main research methods used in this study. **Chapter Two** focuses on what past research studies and findings have identified as the key issues affecting public attitudes to mental health and to mental health facilities in particular. **Chapter Three** outlines the media coverage given to each case, as well as the perceptions of the interviewees of that media coverage. **Chapter Four** summarises the main themes and issues identified from in-depth analysis of the semi-structured interviews. **Chapter Five** brings together the findings from the interview analysis,

socio-demographic data, media analysis and the literature search. Some overall conclusions are also given.

CHAPTER ONE - RESEARCH METHODS

A case-study approach was employed in this investigation, with four cases subjected to in-depth analysis. This approach was chosen for several reasons. Firstly, such consultation exercises are relatively rare events and as such a detailed analysis of each case is required. Secondly, these four communities had already experienced considerable disturbance with the proposal for a secure unit and thus a sensitive approach was needed to avoid provoking unnecessary further anxiety. The nature of the case-study approach is such that these cases are analysed individually and therefore these findings 'can rarely be generalized beyond the individual(s) or event(s) studied'[13].

A literature search was carried out for relevant past research on attitudes to mental health and mental health facilities. An archive search was also carried out for media coverage, to give an indication of the main issues raised through media coverage of each consultation process. Using the principles of grounded theory, the literature search and media search were used to develop a series of questions that were incorporated into a semi-structured interview schedule[14]. Much of the literature found was American, although a substantial amount of research had been carried out in Australia and Britain.

The literature search revealed that many researchers investigated various socio-demographic factors in relation to attitudes to mental health. With that in mind, data were collected on each of the four electoral wards in which the proposed medium secure unit would be sited. Information was obtained from census data, health

authority and local council figures. The following factors were included: employment levels, house-ownership, council-run housing, levels of socio-economic deprivation and the age distribution of the local population. The figures are shown in Appendix 1. When dealing with perceptions, it was not felt appropriate to use quantitative methods of research such as a closed questionnaire to assess individual perspectives. Such methods would not allow for individual and detailed responses. This study represented an opportunity for an in-depth analysis of the perceptions of a relatively small sample of individuals. At the same time, it was important to obtain specific information about the consultation process in each of the four cases, so that comparisons could be made more easily. Asking some common questions which had been generated from the literature review meant that the views of residents, managers and politicians could be compared on particular issues, such as media coverage, for example. Thus, semi-structured interviews were seen as an appropriate method under these conditions.

Semi-structured interviews were carried out with Trust managers, local politicians and local residents. In total, 16 managers were interviewed, all of whom had a direct involvement with the proposed unit. This included two Chief Executives, Directors of Finance, Planning and Mental Health Services, several senior nurses and a consultant psychiatrist. A total of six local residents, seven local politicians and two service user group representatives were interviewed. Several informal interviews by telephone were conducted. Face to face interviews lasted about 20 to 30 minutes and were tape-recorded with the prior permission of the interviewee. A list of interview questions for each group of interviewees can be found in Appendix 2. The software package QSR*NUDIST was used to assist in data handling and analysis of the interview

transcripts.

Upon initial examination of the four cases, it seemed that some media coverage was given to each case. Indeed, one way in which key figures were identified in the four cases was through scanning the media coverage for names. Local newspaper archives were accessed for press coverage and regional television stations were accessed for news items of interest. These media articles or clips were then examined to ascertain how the stories were covered (for example, was the Trust portrayed in a positive or negative way) and whether the nature of the coverage had any impact on the consultation process. This in turn was linked in with interviewees' recollections of the media coverage at the time and the extent to which the interviewees felt they had interacted (proactively or reactively) with local journalists.

Where possible, access was negotiated to the Trusts' files on each consultation process, in order to use the documentation to corroborate interviewees' accounts. These documents were used only as background and contextual information: they were not used directly in the analysis.

CHAPTER TWO - PAST RESEARCH FINDINGS

This chapter examines the past research that has been conducted on public attitudes to mental illness in general and more specifically, attitudes to mental health facilities. An initial search for literature revealed that although a lot of research has focussed on public attitudes to mental illness *per se*, research on attitudes towards mental health facilities is less plentiful. Therefore some of the main research on attitudes to mental illness has also been included in this chapter to give a wider context to this study. Their relevance to the current study will be discussed in Chapter 5.

Attitudes to mental illness in general

The past research on public perceptions of mental illness seems to indicate that views of mental illness are at best neutral and at worst, openly hostile. Common reasons for these views include the fear of unpredictability, visibly disturbed behaviour, the possibility of aggression, a sense that 'they' are somehow different. Researchers have taken account of a wide range of factors in looking at public attitudes. These include their knowledge of mental illness and the mental health service, their age, sex, race, socio-economic status, and level of education. Other researchers have assessed the public's prior contact with mental illness (whether they have been mentally ill themselves or someone they know has been ill), prior contact with mental health facilities and how near they live to such facilities.

Isolating the factor of mental illness in studies on public perceptions can give a false picture of attitudes according to Hayward and Bright[15]. They suggest that we usually make decisions about an individual based on a range of factors and characteristics; the influence of one factor such as mental illness may be counteracted by other

characteristics that assume more importance in a particular context. Wolff[16] suggests that attitudes are better measured in relation to a 'real' situation, such as attitudes to the opening of a mental health facility in the community. Thus, when respondents are expressing their views on a specific and real set of circumstances, their responses at least have a focus and a personal meaning.

In terms of mental illness, labelling theory suggests that the label of mental illness can be just as crippling and debilitating as the illness itself. In fact, although the person may recover from the illness, the label can persist to their detriment and possible relapse. Whitehead[17] believes that stigmatisation of the mentally ill stems from the perceived irrational, inappropriate, threatening behaviour or sexual misconduct on the part of the mentally ill individual. Byrne[18] defines stigma in this context as 'social exclusion' (after Goffman[19].) He claims that a psychiatric diagnosis has "personal, social, vocational and financial consequences" for the individual. The label can affect the people themselves in that they come to stigmatise themselves and assume the role that the label thrusts upon them.

A recent survey of public attitudes suggested that the public are generally sympathetic towards individuals with mental illness, although a significant proportion (24%) consider that locating a mental health facility in a residential area would downgrade their neighbourhood[12]. With this in mind, several studies have investigated whether increased contact with individuals who have a mental illness will reduce fear and rejection. Brockington et al[20] noted relatively tolerant attitudes towards mental illness and personal experience seemed strongly associated with increased tolerance. Link and Cullen[21] observed that increased contact with mentally ill patients reduced fear

among residents and patients were perceived as less dangerous: these findings were consistent regardless of age, sex, education and nature of the contact. In contrast, other studies have noted little change in negative attitudes even after contact with individuals with mental illness[22,23]. This rejection may be based on a lack of knowledge about mental illness; Gould[24] and Reda[25] noted their respondents' lack of knowledge about major mental illnesses.

Several studies have examined the attitudes of the public in relation to their beliefs about the dangerousness and criminality of mentally ill patients, bearing in mind the government commitment to 'safe, sound and supportive mental health services'[2]. For example, Levey & Howells[22] noted that a significant minority of their sample believed that schizophrenia sufferers were 'different' and unpredictable and are liable to be violent, echoing a finding by Steadman & Coccozza[26]. Pasewark and colleagues[27] noted that American residents over-estimated the arrest rates for rape and other sexual offences committed by individuals with a mental illness.

Sometimes real, although relatively rare, events can also serve to link mental illness and violence in the minds of the public, particularly when given extensive coverage in the media[28,29]. According to Logan[30], '[r]ecent opinion surveys reveal that the news media are now the public's most important source of health information and an important information source for physicians, (p.43). Several studies note a causal link between mental illness and violence in the media coverage of mental illness[31,32,33] and clearly this may have a detrimental impact, according to Logan's observation[30].

Public Attitudes to Mental Health Facilities

Some of the same pitfalls that apply to research on attitudes to mental illness need to be considered when looking at attitudes to mental health facilities. Methodological weaknesses are apparent in this research also, as is the difficulty of comparing results when such a variety of methods is used. The past research is outlined below.

Local residents may react badly to the housing of the mentally ill in their area for many reasons, according to Arce[34], but that concern may be justified if the supportive services and facilities are not there to adequately cater for the needs of the mentally ill, leading to problems. There is also an assumption that the community is homogeneous and that somehow 'the community' will form part of the therapeutic process for the ex-patient[35], without any clarification of what that therapeutic contribution might entail. The type of community that accepts or rejects mental health facilities also varies enormously.

Socio-demographic Characteristics of the Neighbourhood

The possibility that certain types of communities may be more rejecting than others has been investigated. For example, Taylor and colleagues[36] conducted an extensive analysis of previous American studies. The general profiles that emerged from their analysis indicated that an accepting community had a relatively transient population, a high population density, mixed housing stock, few family-based households and a low income. The most rejecting neighbourhoods had stable populations, low population density, mainly single-family housing, a high proportion of families and children and higher income levels. It also seemed that the further out from the city centre, the more rejecting the community. Suburban areas seemed to be more resistant to mental health

facilities, which was borne out by the relative lack of such facilities in the suburbs of Toronto, where the survey took place.

In contrast to Taylor and colleagues[36], Repper and Brooker[37] note that some of the more consistent research findings suggest that increased tolerance of mental illness is associated with having a higher socio-economic status, among other factors. Their finding echoes that of Wolff and colleagues[16] and Brockington and colleagues[20], both studies also noted that a higher level of education, as another indicator of socio-economic status, was associated with increased levels of tolerance of mental illness. Older age has also been associated with less tolerance of mental illness[20,38]. Of course, this does not necessarily mean that older age is associated with less tolerance of mental health facilities. Some of these factors were noted in the current study and these will be discussed later. It is possible that negative attitudes towards mental health facilities can change for the better once the facility has been established in the community, a finding recorded by Arens[39] in New York.

Smith[35] observed in his study that there seemed to be a concentration of ex-patients in urban areas, possibly because many of them come from a lower socio-economic status originally, or they may drift to an area of cheaper housing. Alternatively, there may be a move to house ex- patients into communities that are politically powerless and thus less likely to object to facilities. Thus, particular types of locations may be identified as ideal for siting a facility.

Several studies have highlighted the important role of local politicians in the development of mental health facilities[40,41], a factor examined in more detail later in this paper.

Proximity of Mental Health Facilities to Residents

A major theme in this research area has been the effect of the proximity of the proposed facility to residents on their attitudes and the studies show differing findings. Hall[42] noted that respondents in his Toronto-based study seemed generally sympathetic towards the idea of mental facilities in the community, but these facilities seemed less desirable the nearer the facility was to the respondent's home. In contrast, Smith[43] observed that acceptance of people with severe mental illness was significantly higher in a neighbourhood immediately adjacent to a psychiatric hospital than the control neighbourhood, a finding that was echoed in the study of Wahl[44].

A similar finding was noted by Rabkin and colleagues[45]. In an American telephone survey, they observed that respondents with experience of living close to a facility were no more or less concerned about the 'dangers' of living near a mental health facility. In fact, 90% indicated that they were not prepared to take action to block the establishment of a facility. However, although the homes may be generally accepted, this does not always mean that the locals will interact with the home residents.

Accusations of NIMBYism (Not In My Backyard) are often aimed at communities that appear to reject such facilities and it is generally assumed to be an indication of a a community's selfishness and ignorance. The reality may be very different.

Takahashi and Dear[46] propose that the acceptability of a facility can depend on the degree of threat that the client group is perceived to present. Thus, understanding the definition of threat for a community is crucial. Repper and Brooker[47] comment that the term "NIMBYism" assumes that the negative reactions of communities are based on selfishness and parochialism. In fact, they argue that local fears may be legitimate and need to be acknowledged and dealt with. The civil rights of the patients also need to be considered if the agency is publicising the establishment of a facility.

A Critical Overview

Several issues need to be acknowledged in relation to the research literature cited above. Firstly, much of the research literature is American in origin, although a significant minority is British or Australian. Caution must be exercised in making any assumptions about the generalisability of the findings to the British context.

Secondly, many of the studies assess public attitudes to mental illness: however, just because a particular attitude is expressed does not always mean that this attitude will be translated into actual behaviour. For example, although a resident may express a negative attitude towards a mentally ill person, it does not automatically mean that the same resident will take action to oppose the building of a community mental health facility. Another point, noted from the literature search, was that although some studies do investigate public attitudes to mental health facilities, it is rarely secure facilities that are the focus of the investigation, as is the case in this study and clearly that may have a bearing on the findings.

The terminology of 'mental illness' and 'mental disorder' can be used interchangeably between studies, which may have implications for peoples' different understanding of the term. The terms also have different legal meanings. When assessing whether an attitude is 'negative' or 'tolerant', it is important to acknowledge that these terms can have different meanings. For example, how do we measure what a 'tolerant' attitude is? Is it merely the absence of negative views or the positive acceptance of those with mental illness?

The studies use a wide variety of methods and measuring tools in their assessment of public attitudes, which creates difficulty in comparing findings. Brockman and colleagues[48] reviewed 22 international studies on public attitudes to mental illness. They noted that methodology has an important bearing on the outcome of these studies. In methodological terms, semantic differential scales, social distance scales and questionnaires all have an element of artificiality to their use. Questions that are asked of participants may not represent the huge variations in context and circumstances that may affect their answer (or attitude) at any particular point in time, thus reducing the value of the outcomes of such methods. The information presented in vignettes and social distance scales is clear-cut and unambiguous: information is rarely presented in such straightforward terms on a daily basis. Despite these caveats, these methods do at least give an indication of attitudes and trends.

Interviews may not be the ideal alternative: social desirability and social acceptability may play their part in face-to-face interviews. Given the sensitive nature of this topic, there is pressure on respondents to give politically correct answers and thus answers may not reflect the respondent's true feelings. There is always the danger of

interviewer expectation bias, whether in the form of non-verbal cues such as reaction to answers or the composition of questions in the questionnaire.

A difficulty in comparing the findings of these studies is not only the very different methods employed, but also the profile of the participants that is used. Only some studies take into consideration an extensive list of demographic factors. Some studies ask participants about prior contact with, or knowledge of, mental illness and mental health facilities whereas others do not even mention this. In addition, some studies employ control groups to gauge the relative strength of public perceptions and opinions.

In conclusion, the past research literature seems inconclusive as to the nature of public attitudes towards mental illness and mental health facilities. There is also disagreement about the factors that affect public attitudes. This is further complicated by the observation that attitudes do not always translate into actual behaviour. Some of the issues identified in this literature will be discussed in Chapter Five.

The next chapter gives an overview of the media coverage of each case.

CHAPTER THREE - MEDIA COVERAGE OF THE CONSULTATION PROCESS

Local newspaper and TV archives were accessed for information on how the story was covered for each trust.

Trust A

The various parties in this proposal are represented in the media coverage. As well as a lot of quotes from opposing local residents, Trust managers, local politicians and MIND also have some say in the local newspapers.

The headlines are not particularly sensationalised or graphic in their descriptions: for example, 'Hospital may get dangerous patients unit'; 'Residents in talks about unit', 'New unit is in patients' interests' and 'Hospital secure unit delay'. One newspaper even took a poll of readers' views on the proposed unit: the results found that 65% of voters were against the proposal. A Trust manager and a local resident were given the opportunity to comment on the results. In fact, in most articles the views of residents and trust managers are evident. The local paper also printed a letter from the director of the local MIND association expressing MIND's support for the proposed unit. The local MP and councillors are also mentioned, but only to state that they have received queries from concerned residents about the unit.

The Trust also appears to have been proactive in engaging the media. For example, the two main local papers both contain an advertisement from the trust inviting local residents to a series of Open Days to look over plans for the unit. In addition, several of the managers went on radio to answer queries from concerned callers.

It would appear that this proposal was covered in a reasonably balanced way by the local media. All sides in the consultation process seem to have been given some coverage of their views.

Trust B

Coverage of this story came from the local papers and the local BBC and ITV television channels. The newspapers tended to give a reasonably balanced account of the proposal, although it is also clear that residents are quoted more often than the Trust managers. Some of the headlines use vivid terminology such as 'Living in the Shadow of the Valley of Fear', or strong language such as 'Battle lines drawn up over secure unit.' Other papers are less melodramatic, 'Locals await decision on mental home' and 'Secure unit for patients to go ahead.' It is interesting to note how the medium secure unit is described by different papers as a 'mental home', 'secure unit', 'mental unit', 'psychiatric unit' and 'mental hospital', possibly contributing to confusion among local residents.

The TV reports came from regional channels, and local residents seemed to feature heavily in the reports. However, neither Trust managers nor spokespersons appeared at all in any of the bulletins seen by this author. MIND representatives spoke in several TV bulletins about the need for the unit, which gave some balance to the coverage. However, the MIND representatives also criticised the Trust for failing to give enough information to the public and they also criticised the Regional Health Authority for not making a decision quickly about the siting of the unit.

It would appear then, that the media coverage of the consultation process favoured the residents' side of the story. Little mention was made of the Trust managers. This

suggests that the managers perhaps did not engage actively with the local media, or indeed that the residents successfully publicised their opposition to the proposal.

Trust C

The press coverage of this proposal was quite markedly biased against the Trust. The newspapers used catchy headlines and sensationalist language in their coverage. One local paper in particular gave a lot of space to the story and used vivid and sensationalist language in their headlines and the story itself.

For example, in relation to the first public meeting the headline read 'Hecklers get a word in. Debate is postponed as packed meeting proves unmanageable.' In another story about 'Health Chiefs in Row over Secure Unit', local councillors accused the Trust of being 'cash-hungry' and 'ignoring' residents' pleas for a public meeting. The same paper described the trust as being in a 'bitter confrontation' with 'angry' residents about a 'secure unit for the criminally insane'. The paper finally reported several months later that 'protesters [are] confident of secure unit victory.' A few days later, the failure of the proposal was confirmed by a headline reminiscent of World War Two, 'VICTORY! People Power heads off mental unit plan.' It went on to say 'Just who wants the Criminally Insane?'

The other main local paper did not devote as much space or time to the story. Although not quite as vivid in its language, it nevertheless showed some bias against the unit. Some headlines included 'Neighbours' Secure Unit Fears "ignored".' 'City MP attacks plans for mental unit.' Little coverage was given to the trust managers' views.

Several trust managers believed that the local press had never been supportive of the mental health services in the trust, even prior to this proposal. They recalled that the coverage was also biased when a low secure unit was first proposed several years prior to the medium secure unit proposal. A new health reporter joined one of the local papers at the time of the proposal. According to one manager, the reporter adopted an aggressive style of reporting against the trust and used this proposal to make a name for herself.

This trust appeared to have had the worst coverage of the public consultation exercise, in terms of sensation and negativity of coverage. Certainly the views of the residents were prominent in each article, with a subsequent lack of space given to the trust perspective.

Trust D

The newspaper coverage of this proposal came from the local and regional papers. One of the local papers in particular seems to be broadly supportive. It devoted several supportive editorials to the issue, entitled 'Desperate Need for Secure unit', and 'Lessons to be learned in Trust's approach'.

Other newspaper accounts were fairly balanced, with quotes from opposing residents, Trusts spokespersons, local politicians and MIND representatives. The headlines tended to refer to residents' fears however, such as 'House Price fall feared by residents', or 'Psychiatric Unit fight will go on, say Residents', or 'Protestors in Threat to Sue'. When the unit actually opened, a headline in the local paper proclaimed 'Secure Unit opens today. We'll give it a chance, say residents who opposed new centre for mentally ill.'

The television coverage was not extensive, although the local TV channel did take up the story in their news programme. One report covered the main public meeting that was held. Although none of the interested groups in the debate were directly interviewed, the camera shots show an angry and emotional crowd of residents at the meeting. Coverage was also given to the press conference that the Trust managers held to announce their intention to build the unit, indicating some proactive engagement by Trust managers with the local media.

Perceptions of the Role of the Media

It is clear that the media played an influential role in the public consultation process and not always in a positive or constructive way. The nature of the coverage of each consultation process including analysis of newspaper articles and TV clips has been discussed above. It is also useful to investigate how the media coverage was perceived at the time by those involved in the proposal and indeed whether any of the groups were proactive in their engagement with the media.

It appears that the nature of the media coverage discussed previously fits in with managers' and residents' recollections of the media coverage of their case. In other words, where managers and residents recalled the coverage as being neutral, this seemed to correspond with the analysis of newspaper and TV items. Equally, where the coverage seemed to be mainly supportive of the residents' perspective, these were also the cases where the residents had actively engaged with the local media as part of their opposition campaign.

The number of articles and TV clips that focus on these four cases indicates that at a local level, coverage was extensive. Media representatives were present at the main public meetings in all four cases and some managers commented that the disastrous nature of those public meetings was thus well-publicised.

> *'The public meeting was a disaster. The hospital room only held about 50 and about 200 came. [The local] TV came and were clearly about to make mischief. There was a cameraman and a reporter there. And the thing was an absolutely bloody disaster!...The next day was Saturday and they had it in the TV news on Saturday, so we had a dreadful start.' (Trust manager)*

Opinions on the media coverage varied among the managers. Only a handful of managers felt that the media coverage of the proposal was quite positive.

> *'The media coverage was as constructive as any local media could be. I had done a lot of work behind the scenes, giving information to the local press. They were very balanced about it and in fact one of them commended us...the newspaper used us as an exemplar of how [consultation] ought to be done.' (Trust manager)*

Some managers felt that although the media were not supportive of the proposal, they at least remained neutral in their coverage.

> *'It [media] wasn't in favour, I think initially it was just factual, it reported that this was a proposal and here was an empty hospital and the residents opposed it, so it was fairly neutral.' (Trust manager)*

This view of the neutral stance of the media in Trust D is supported by a service user group representative:

> *'I think the print media coverage was fairly balanced, both the regional morning and evening papers...certainly carried material from us and from the trust and the Health Authority as well as from the residents.' (Service user group representative)*

However, this contrasts with the views of managers in other Trusts who quite clearly felt that the media were biased against the proposal:

> *I think that the local newspaper was sometimes insensitive and sometimes sensational with regards to the headlines that they were putting through.' (Trust manager)*

One resident agreed with the views of the managers.

> *'And they actually pushed the kind of Broadmoor/Rampton type of side to it, which annoyed the big people in the trust. They felt that they were sensationalising it and whipping up the anger and rather than helping present a broad picture of what was going on.' (Resident)*

Some residents' groups successfully used the local media to publicise their concerns.

> *'Apart from the meeting, they [residents] engaged the press before the meeting so that there was a lot of stuff in the press about people worrying about the nature of the patients and houses were going to be up for sale and house prices would drop.' (Trust manager)*

Some of the managers commented that they actively engaged the press as part of the consultation process. One Trust held a press conference to announce the start of consultation.

> *'We controlled the publicity, it went through [Chief Executive] or me. It was a combination of being reactive and proactive. We went on local radio and there were articles in [the local paper]. We found radio to be better because we could give an immediate response to a question or comment, whereas we had no control over the headlines in the paper.' (Trust manager)*

One Trust manager who went through a tendering process for the proposed unit stated that engaging with the local press was not feasible because of the nature of the tendering process

> *'No [the trust did not engage with the press] because there was no point...To have that much opposition and to spend that much time on it [engagement with media] seemed inappropriate at that time.' (Trust manager)*

Thus, the role of the local media in the public consultation process seems at the very least to have had some influence over these four cases, although the nature of that influence varied.

CHAPTER FOUR - INTERVIEW ANALYSIS

Thirty-three face-to-face interviews were carried out over a period of four months. Interviewees included trust managers, service user group representatives, local residents, a local MP and several local councillors. Several residents from the different trusts refused to have a face-to-face interview. Some stated they were still angry and upset and they did not want to rake up the past. Several residents claimed that they had been anonymously threatened at the time when they spoke out against the proposed unit and did not want that possibility to occur. One or two residents indicated that they were still suspicious of the trust and questioned the motives for the study.

One residents' group was still active several years later with residents being involved in another dispute over a new residential development. Several of those residents felt that an interview might somehow compromise their current campaign. That emotions were still visible after several years gives a clear indicator of the depth of feeling that these proposals aroused at the time.

The interviews were semi-structured, using a series of questions/themes generated from the research literature, in a grounded theory approach. The interviews were all transcribed and subjected to a thematic analysis, where the researcher identified a series of themes emerging from the semi-structured interview schedule and the resulting interview dialogue. These themes formed the basis of the analysis and the theme headings are used to structure this chapter. A sample of interview transcripts was independently analysed by one of the research supervisors and cross-referenced

with the researcher's analysis, for validation and consistency. Chapter One (Research methods) has already outlined the rationale for the use of semi-structured interviews. This chapter is divided into three main sections or themes. The first major theme covers ***Perceptions of the Consultation Process***, including the perspectives of the residents, trust managers and local politicians, as well as a discussion of the importance of timing. The second theme of ***Dealing with the Opposition*** discusses the response of each trust to the public opposition, including support for the proposal from other agencies and the nature of the public meetings. Thirdly the theme of ***The Aftermath*** assesses what has happened since the completion of the consultation process in each trust.

1. Perceptions of the Consultation Process

Central to these four cases is the public consultation process that took place in relation to the proposed medium secure unit. Trusts aimed to use the consultation process for getting their message across to the residents. Clearly communication is a big issue in these four cases. It is not necessarily the quality of communication between the residents and the Trusts about the proposed medium secure unit. In fact, most managers made efforts to conduct a public consultation process with local residents. It was the quality of that communication that was crucial. The Trust managers were all proactive in their communication with local councillors and community leaders.

Underestimation

It appears that all of the Trust managers were taken aback by the intensity of the public reaction to the proposal, despite the fact that many of them had prior professional experience of public consultation or public hostility. Indeed, there is some contradiction in many of the managers' views that although they had anticipated

a negative reaction from local residents, they still were unprepared for the level of negativity. They believed that such negative reactions were common from residents, based on their prior experience, yet they still appeared unprepared for precisely that negative reaction.

'I was encouraged by other people's experiences of how communities had settled down eventually. And [the senior nurse's] experience in another regional secure unit and later [the clinical director]. [The senior nurse] kept advising me that the experience anywhere would be opposition and the experience anywhere had been that people came to'. (Trust manager)

'I have never worked personally in secure units that hasn't drawn some criticism. I think that that NIMBYism is about some people's perception of mental illness, and I think that one or two people jump on the bandwagon. But in most instances I genuinely think that people were generally taken off guard, I was very, very surprised.' (Senior nurse)

It seemed that because Trust managers believed that the residents' fears were irrational, this led to an underestimation of the depth of local feeling. One manager, when asked about the main fear that the residents were voicing, replied:

'Oh it was a classic, mad axe murderers outside our front door.' (Trust manager)

This under-estimation was noted by many of the councillors, who were critical of the way in which all of the Trusts dealt with the residents' fears, regardless of whether the unit was eventually built or not.

'They should have explained first of all in the planning application, this is what a forensic unit is..... And they should have had information to pass around [the area]'. (Councillor)

It is also interesting to note that many managers believed that small groups of residents were responsible for the bulk of the protests. In other words, the actions of a few were influential in stirring up the feelings of other local residents. In all four cases, resident action groups were formed to lead the opposition campaign. One manager commented that if a particular group of ten protestors had not lived in that particular area, then the level of public opposition in that community would have been significantly reduced:

'...If, as we suspect, the opposition to the medium secure unit was really stirred up by ten people, then if you didn't have those ten people in the local community, you might have a very different result.'

Despite this perception by managers that a small group of residents was involved, it is nevertheless clear that the public meetings held in all four cases were very well-attended and residents there were very loud in their protests. In fact, in most cases, the meetings attracted many more residents than had been anticipated, leading to cramped and uncomfortable conditions and considerable dissatisfaction.

In conclusion, it seems that the managers were expecting some kind of concern from local residents but were taken aback by the intensity of that negative reaction. This under-estimation in turn had repercussions for the effectiveness of their public consultation process.

Residents' Fears: Differing Perspectives

There are some interesting discrepancies between how the trust managers defined the fears and concerns that the local residents had and how the residents themselves defined their fears and concerns, at least in terms of which fears were most prominent.

Common fears of residents that the managers identified were issues around property value, children's safety, the nature of the patients (ie. offender-patients), and the possibility of patient escapes. One manager summed up his view of the residents' fears:

> *'Concerns about the nature of the clientele, concerns about public safety, concerns abut what they would call a secretive process and all sorts of legal reasons when they thought that we were going to use [the old hospital].' (Trust manager)*

This perspective was corroborated by a service user group representative:

> *'I have to say certainly the [opposition] campaign was mainly based around fear. It was based around the effect on the people living in that community, the fact that part of it was a rural area, used by walkers and children at*

> *weekends, and the fact that they would be at risk if someone escaped.' (Service user group representative)*

The residents articulated their fears in a different way to the trust managers. Many residents stated that their main concerns were environmental and/or historical in nature, in that the unit would affect some aspect of the local natural environment, for example.

> *'The old hospital has been part of local affections for many years. Many of the local people had donated money to maintain the hospital as a children's hospital many years before. The locals felt that no account was being taken of their historic and affectionate links with the old hospital.' (Resident)*

It was not only the local residents who objected on environmental grounds, as the following quotation demonstrates:

> *'We were concerned as councillors that we had spent a lot of money on that area, on amenities.' (Councillor)*

Thus, it seems that the list of fears and concerns differs according to the perspectives of the managers and the residents. It may be that there is a degree of social acceptability in the answers given by residents to the interviewer. In other words, it may be perceived as far more acceptable to object publicly to the proposal on the grounds of environmental or historical issues than on the grounds of NIMBYism (not in my backyard).

At the same time, it was not necessarily unreasonable for the local residents to object to a development on historical or environmental grounds. It certainly was the case in all four areas that the proposed units were earmarked for location on the sites of older hospitals that had been located in the local community for many years. In two of the cases, the sites were in the midst of green-belt areas that were popular for recreational activities. Thus, although these fears may not have been the only fears indicated by residents, this did not mean that they were not genuine.

The local affection for the older hospitals did not appear to figure much in the managers' views. However, the issue of property values was taken more seriously. One Trust manager actually encouraged residents to question estate agents in another district with a medium secure unit about the value of property there:

> *'And [the residents] came out of the estate agents' and the estate agent said, well to be honest I didn't know there was a secure unit there...And the house prices were the best in [the district]. You know, they hold their value. So we persuaded quite a few people.' (Trust manager)*

If Trust managers made such assumptions about residents' fears, they may then have tailored their response to the residents based on their assumptions of what the main fears were and thus their consultation may have been misguided.

It is not just the managers that may have made assumptions about the public reaction to the proposal. A service user group representative commented on the assumptions that they had made in their dealings with the local residents:

> *'We had been rather naïve in assuming that if you gave people facts and figures about the dangerousness, about the type of people coming in, the reassurances about how other services are operated and other medium secure units are operated, then you helped the local communities.' (Service user group representative)*

NIMBYism: 'Not in my Backyard'

The proximity of the proposed unit to local houses was regarded by managers as an important issue for residents: it seemed to the managers that there was a lack of public understanding of why the unit was to be located in a local community. One manager observed that:

> *'Lots of people said why can't it be stuck out at the end part of [the district], on some poison land, reclaimed land, some landfill or poison, you are stuck out there. And we were making the point that they needed to be part of a community to be able to be rehabilitated, close to shops, bus services.' (Trust manager)*

The term NIMBY (not in my backyard) was sometimes used by the trust managers, who felt that many of the objections were based on the fact that residents simply did not want a medium secure unit to be built so near to their homes.

'Yes [the trust did expect a reaction] inevitably because with any mental health proposal of any description the NIMBY factor is always there and with secure mental health even more so. Everybody wants dangerous loonies locked up somewhere but nobody wants them locked up next to me, so yes, ample recognition that this would be an obstacle.' (Psychiatrist)

One manager commented that NIMBYism existed even for a proposed unit that was not going to be located very near to a residential area:

'It was a not in our backyard triumph really, because this service was going to be located in an area with very few people living in it. That was the irony about it. There was nobody in close proximity to the unit itself.' (Trust manager)

Some councillors also believed that proximity of the unit to houses was a fear of residents.

'People were upset at having it near them. We understand now what it is all about but at that point, they saw that dangerous people would be on their doorstep and liable to come out and they were afraid for their children.' (Councillor)

The majority of residents did not mention the location of the unit specifically as a problem, in contrast to the managers' perception. One resident did mention the issue of location of the unit in the following way:

'We all know that they are trying to get the patients to go into the community and live normal lives again, but I think it's too near residential areas.' (Resident)

This may again indicate a mismatch between the different perspectives on what issues were of importance. Alternatively, social acceptability may be a reason why location of the proposed unit was not a common response from residents in their interviews.

'Mythology and Myths': A Lack of Understanding?

One resident made the point that the managers as health professionals are used to dealing with problems in mental health as part of their job. For many of the residents, however, this was their first contact with mental illness and mental health facilities:

'And because of the professionalism and the knowledge they had got of mental health, one or two individuals [trust managers] just could not understand public concerns and probably related it to being a pilot. You know a pilot flies every day and can't understand why people are scared of flying but he's got to be sympathetic to that.' (Resident)

This lack of knowledge and understanding about mental health facilities is indicated by the way in which the residents referred to the potential inhabitants of the medium secure unit as 'inmates' and 'criminals':

'The problems of the local people were that, we understood that it was government policy to close down the large mental units and distribute the inmates to smaller regional units. And we were unclear as to the category,

whether we were going to get top security personnel there or not. So it was largely an unknown quantity.' (Resident)

There also appeared to be a lack of understanding in relation to the process of obtaining planning permission. Because the four Trusts applied to build the units on existing hospital sites, planning permission was likely if not inevitable. Several councillors pointed out that they had difficulty in persuading the residents that there was little that could be done in terms of blocking planning permission. This was perceived by the residents as an indication that the councillors supported the proposal.

'And of course it was a hospital and it didn't require planning permission for a change of use. All it needed was planning permission for the appearance and siting of the building. That's all. And if we had turned that down, it would have been turned over in appeal. That was very difficult to get over to people.' (Councillor)

The use of a tendering process in one particular instance was seen by a service user group representative as being instrumental in enhancing confusion:

'They were confused, the public wasn't aware of why there was a bidding process, and therefore the impression I think was, you know, why should [one trust] be bidding if [another trust is] going to get it?' (Service user group representative)

This lack of understanding played an influential role in the attitudes of local residents.

Openness and Secrecy

Despite their shock at the public reaction, the managers seemed to feel that either they were being open and honest or that they had said all that they needed to say about the unit to the local residents. One senior manager commented that:

'...we hid nothing from them. We explained the situation, the need.' (Trust manager)

However, other managers felt that the process by which the unit was proposed, such as a tendering process, also hindered the managers' ability to be completely up-front with the residents at the earliest opportunity:

'And if you are preparing a bid against the tendering process, you're not really in a position to go out publicly and talk about something that may not happen.' (Trust manager)

Most of the residents that were interviewed felt that the Trust was being 'secretive' and not very open with them about the nature and purpose of the unit. Some felt they were not being listened to. One resident summed up the general feelings:

'We were more or less presented with a fait accompli, before we were officially informed. We had to find out by the back door, it was never officially explained to us that they were going to apply for this secure unit to be here.' (Resident)

One resident felt that this sense of 'secrecy' exacerbated the public fears and led to more hostility:

'If the full nature of the unit had been explained and what they were trying to do, the full security measures had been detailed, chapter and verse of what they were going to do with security, then I don't think they would have had half the problems.' (Resident)

A service user group representative commented that it was not necessarily secrecy but a lack of preparedness on the part of Trust managers:

'I think [the trust] hadn't anticipated the level of public reaction that they got and didn't have answers available when they came under fire from the local group.' (Service user group representative)

Many of the residents indicated a suspicion with their Trust, whether it was a perception that the Trust was only out to make a profit, or that they were being secretive, or simply that the Trust managers were not listening to their concerns. A common fear was that a 'mini-Rampton' was being built and that inevitably more and more 'dangerous' patients would be housed there.

'[People] thought they were getting a mini-Rampton. And Rampton, set as it is in farmland, with Gestapo-style barbed wire fences round it, people were expecting something like that.' (Resident)

Although two of the Trusts formed a hospital-residents liaison group, several of the residents involved in these groups felt they were being used as an indicator that the public was fully supportive of the proposal.

' Along with other people I felt like I was being used. We were used when people wanted to say the residents had been consulted. Our views were never ever taken into account. Suggestions we made tended to be ignored.' (Resident)

This resident gave an example of this feeling of being ignored when the Trust managers put together a newsletter for local residents to keep them informed of the proposal. According to this resident:

'We gave advice on newsletters but we were not consulted before they went out. Things that to people that lived in the area were so obviously wrong and were being misconstrued went into the newsletter because we were not given a chance to see them first.' (Resident)

Overall, this perceived veil of secrecy may well have accentuated public fears and hostility against the Trusts. This factor was not recognised by managers who felt they had been as open as they could be.

The Political Process

In all four cases, the Trust managers made efforts to communicate with local politicians. Indeed, local councillors were often the first port of call for the managers, who clearly saw them as a priority in gauging public reactions. In some cases, the

managers had already established good relations with local politicians and this proved to be very valuable.

'What I did in fact, because I knew that this would be very contentious, I set out to see the local MP right at the outset, before we had even written a word on a piece of paper.' (Trust manager)

Another manager commented that his main role in the public consultation process involved liaison with the local politicians:

'I put in a lot of work with the local politicians, letters, phone calls: they called me a lot to clarify things.' (Trust manager)

Local councillors and MPs were therefore heavily involved in the public consultation process in all four cases. In all four cases, the role of the local politicians was crucial to the success or otherwise of the consultation process. With one or two notable exceptions, the councillors were officially 'neutral', asking questions on behalf of their constituents, whilst still maintaining a good working relationship with trust officers. Most Trust managers appreciated that the councillors were in the difficult position of having to represent their constituents' views and indeed the views of their party, despite their own personal beliefs.

'They were supportive in principle but they asked us to understand that they were compromised by the fears of the local residents and we understood that. And that's the nature of the way of the world. We never put them in a

position of having to say they whole-heartedly supported it and they never put themselves in a position where they whole-heartedly opposed it. It was just an understanding'. (Trust manager)

This position of 'neutrality' was obviously respected by the managers:

'I think that the local councillors were very understanding and clearly what they wanted to ensure, what their electorate was, was that there was an opportunity to inform local people what was happening. They did not say they were either for or against the planning application. I think that was very professional on their part. So they were very much a breaker between the electorate, the Health Authority and the trust.' (Trust manager)

Clearly the councillors and MPs were in an influential position with regard to their constituents, as demonstrated by the large number of letters and calls they received from local residents and their level of involvement in the public meetings. When asked about what advice they would give to future Trusts setting up medium units, most managers felt that liaison with local politicians was of key importance in a successful proposal, perhaps even more so than liaison with local residents.

'If the local authority and the local MP don't support you, then you are on a hiding to nothing. You have got to build that support in first.' (Trust manager)

In other words, if the politicians were on board, the managers felt that this would help to push the proposal through. In one case (C) where the unit was not built, the politicians were very publicly and strongly opposed to the development. In the second 'unsuccessful' case (B), the local politicians were not totally opposed to the development, but publicly expressed some reservations about the plans.

In the two cases where Trusts did build their units, the politicians were 'neutral' in their approach, asking questions on behalf of the residents whilst not condemning the plans outright. So it would seem that the level of support from local politicians may indeed have been an influential factor, as the managers seemed to think.

Overall, the councillors were quite critical of the way in which the Trusts had dealt with public fears, regardless of whether they (the councillors) had supported the establishment of the unit or not. Such criticisms included the point that the residents should have been the very first group to be informed of the proposal:

'The ideal public consultation would have been that the public would have been the first to know and they shouldn't have read about it in the press. (Councillor)

Another common observation was that the Trust managers did not engage with the residents early enough or in terms of listening to their fears.

'We made some various suggestions about public consultation, guidance, from our experience of being elected members. Unfortunately, and I have

said it to their face, they didn't really take it on board. They did their own thing and it caused a lot of problems. It made the situation worse.' (Councillor)

Some of the residents felt that the politicians were already on the side of the Trust because it seemed that the councillors were not condemning the proposal outright (in most cases):

'Some councillors appeared to be on our side and agreeing with us but in the next breath would be agreeing with the hospital...While we were discussing things, they said they were doing everything possible to defer this planning agreement. We felt that they weren't doing anything at all.' (Resident)

On the other hand, many of the councillors could see that planning permission was likely for each unit because the units were being built on hospital sites and thus they did not see themselves as necessarily having a choice about the unit.

'And of course it was a hospital and it didn't require planning permission for a change of use. All it needed was planning permission for the appearance and siting of the building. That's all. And if we had turned that down it would have been turned over at appeal. That was very difficult to get over to people.' (Councillor)

It is interesting to note the views of the local politicians about their constituents, regardless of the stance they took themselves. One councillor commented that the

main fears of the public were that *'axe-murderers, rapists and child molesters'* were going to be housed in their locality. Another councillor stated that:

> *'The residents' arguments weren't rational or sensible or making a case. They were just really, really upset.' (Councillor)*

This same councillor had objected very strongly and publicly to the proposed unit, on the grounds that the local district did not need it, thus objecting on a more 'logical' basis, as he saw it:

> *'I wasn't concerned that they were going to change [the old hospital], but I couldn't see the point of them changing it. It just seemed like a grandiose thing and they could do it within the facilities they had...It's proved, that they haven't come back on it. It seems to be working, We don't have these particular patients in a hut somewhere, do we? So, after all the hoo-ha, it looks as though if they had thought it through, they could have come to this conclusion that we came to, beforehand.' (Councillor)*

Indeed, several of the local politicians objected on the basis of the location of the proposed unit and not on the need for the unit *per se*.

> *'I was sympathetic to the health authority's desire to site a secure unit somewhere in [the district], but obviously I wasn't terribly happy about [this area] being the right location. [Why?] Because it isn't easy to find anyway for friends and relatives. It's a long way out of [the city], it's not on a proper bus route.' (MP)*

Although these arguments about location of the site are reasonable, this may well indicate the face of social acceptability again in a face-to-face interview. It is far less acceptable for a public figure such as a local politician to use reasons that are not 'politically correct', such as NIMBYism.

'Timing it Right'

As previously mentioned, the councillors and the residents felt that each Trust had not consulted with them at the earliest opportunity.

> *'I have to say that I think the trust handled things very badly. And they are aware of that because I have discussed it with them. Whilst they approached prominent people about it initially, the first that the locals heard about it was in the press and that was bad.' (Councillor)*

A few residents claimed that if not for their letters of complaint (to the Trust, Regional Office or media), the Trust would not have consulted the public at all, a claim which is difficult to verify.

> *'We contacted the press and television, and we did eventually have a public meeting at the actual hospital, which was extremely well attended and the TV cameras were there as well. That was the first public meeting that we had and that was months and months after we had started. It was only our own doing, I believe, that brought the whole thing out into the open'. (Resident)*

In other words, it may already have been too late to embark upon public meetings, visits to other units, etceteras when public fears had already been heightened by rumours and speculation. The point has been made previously that some managers felt constrained by a tendering process for the proposed unit, which they felt hindered their ability to inform the l local residents from the outset. This view is supported by a service user group representative, who observed in relation to a tendering process that:

> *'The proposals were not published formally and openly and the open consultation process did not take place until later on. It enabled the kernels of suspicion in the minds of people...to feel that they had not been consulted. They weren't telling us, they are only telling us this now because we are making a noise etc.' (Service user group representative)*

Thus, the nature of the negotiation process by which a medium secure unit is proposed and built may influence how the public actually comes to hear about such a proposal. This also has repercussions for the way in which the public consultation process is conducted.

It seemed that politically, timing was also important. Several of the proposals took place around times of local or general elections and this may have impacted on the way in which the local politicians responded to their constituents' concerns.

> *'And unsurprisingly the Conservative person was mildly neutral because it was then government policy that these things should be done. The Labour person, this was pre-election, remember, the Labour person was vote-catching and was clearly supportive of the local residents and was writing and demanding public meetings.' (Trust manager)*

Indeed, some local politicians were accused (by other local politicians!) of using the issue as a potential ticket to victory.

> *'I think there was a feeling that [the proposal] was being picked up and used by [another political party]. I think a lot of us in the leadership of the council who were trying to do the negotiations with the health authority, [a fellow MP] and myself felt that the other political party were part of this whipping up of antagonism.' (MP)*

Many changes were occurring at this time in the NHS. The lead organisations proposing the unit were all relatively new trusts, whether just merged or recently formed. Much of the structures were still being established, teething problems were being ironed out, new personnel were being appointed. This appeared to have hindered a smooth consultation process, where those who had originally drawn up the proposal then took a step back.

> *'They [health authority] had been involved because the trust was only in shadow form when the proposal was originally drawn up and actually did the proposal themselves. But they then distanced themselves from it.' (Service user group representative)*

In turn, the public had only just started hearing about trusts and their role, and thus may not have had much understanding of these new organisations.

Differing definitions of 'consultation'.

Although most of the interviewees made some comment on the consultation process, they provide very little information on what they regard as good or bad consultation. One definition of consultation in health research comes from the Consumers in NHS Research Support Unit[49]: consultation is where *'consumers are consulted, but with no sharing of power in decision-making'*. This definition seems to fit in with the consultation processes described in these four cases. It may also fit in with some of the residents' perceptions that the Trust did not really discuss the issues with them and indeed, did not listen to their concerns.

> *'That to me was the idea around the liaison committee. The views that I gave at the meetings were not always my own but I was met with a degree of hostility I felt from the very professional officers that definitely gave me the impression that they had very little time for the opinion of the man on the street.' (Resident)*

> *'There was no public consultation as a whole, discussed and passed. It was closed shop. Even the so-called consultation document wasn't mentioned by the trust until a year into the campaign to find out what was going on.' (Resident)*

Yet the above Trust organised public meetings, arranged several visits for residents to other medium secure units and distributed information leaflets to local homes.

One manager summarised some of the debates about the definition of consultation thus:

> *There is a real difference between consultation, information-giving and involvement. There is public consultation, there is user involvement and there is multi-agency information-giving. I'm not ever sure of the value of saying, this group of people will be sat in this building at this time, if you want to come and find out about what the [medium secure unit] is. You can tick the box and say that you have done it, but you have to recognise that the people who are there who respond to things are people who have a particular axe to grind.' (Trust manager)*

Several residents and local politicians felt that the consultation process should have started earlier. There is no explanation given of what 'earlier' means.

> *'The ideal public consultation would have been that the public would have been the first to know and they shouldn't have read about it in the press. (Councillor)*

> *'They [trust] should have had a consultation process right at the very start'. (Resident)*

According to one councillor's view, consultation seems to equate with an information-giving exercise only.

'[The trust should have ensured] that a genuine consultation process was undertaken and that the community would get fully informed about the proposal'. (Councillor)

A similar perspective comes from a Trust manager who stated that [initially],

'Some consultation took place informally because questions were being asked and we responded.' (Trust manager)

Again, it suggests an information-giving exercise, one that appears to be a reactive or one-way process. The residents were informed about the proposal without being given any say in whether the unit should actually be built or not. One resident who was a member of a Trust-resident liaison group reacted strongly to what he perceived was a token consultation exercise by the trust. He commented that:

'We [the group] were used when people wanted to say the residents had been consulted. Our views were never ever taken into account. Suggestions we made tended to be ignored.' (Resident)

The problem in differing definitions of consultation may relate not so much to the fact that the trusts did not attempt to consult with the public, because it seems as if all four Trusts did make some effort to communicate with the local residents. It may be about the access that the residents had to the communication channels that the Trusts use (such as a press conference or press statement). Some Trust managers recognised that and took steps to distribute information to every household in the immediate area.

Some managers made the point that they felt they could not have done anything else in a consultation process that might have changed public attitudes, because they felt that the residents would always be opposed to such a development.

It would appear then, that a consensus is needed on what constitutes an 'effective' consultation process.

Class and Home Ownership

The past research literature has investigated the influence of class and socio-economic status on attitudes towards mental illness (See Chapter Two). A summary of the socio-demographic data of these four communities is presented in Appendix 1. This section examines the extent to which the interviewees felt that class or house-ownership were important factors in the residents' opposition.

Managers from three of the Trusts did explicitly mention the issue of class (and house-ownership as a crude measure of socio-economic status or SES), suggesting that they certainly regarded it as an important part of the debate about the proposed unit. Managers seemed to believe that the level of opposition was related to the class of the area and the type of residents living there.

'The main reason why it did not go ahead was the degree of opposition. I'm sorry but I absolutely believe that because this was a nice leafy middle-class area used by middle-class people for recreational purposes. And we were the victims of the worst kind of small-minded suburban politics that can take place.' (Trust manager)

In other words, some managers believed that the opposition campaigns were successful because the residents were professionals such as doctors and lawyers who had the intellectual and organisational skills to organise a coherent and articulate campaign.

'We have got all the professors, the teachers, the accountants, the solicitors, you know, all the people that live here...It's not only that they have got money resources, but it's resources in terms of people with a power base.' (Trust manager)

In this context then, the location of the proposed unit became important. According to the managers, there is apparently more chance of locating a unit in a working class area because the opposition will not be as organised or articulate.

'Choose your area well.....You have to look at your sites, not just with a view to the appropriateness of the service but also the likely opposition that you might get'. (Trust manager)

'Property values there would have been harder hit than they would have been [in a working-class area].' (Trust manager)

The fear of falling house prices provided some explanation to managers for the intensity of their opposition.

'[The residents asked] could we guarantee that nobody would escape, could we guarantee that their house prices wouldn't drop, would we refund any difference in money if houses did?' (Trust manager)

However, the issue of class and house ownership was not always as clear-cut as some managers felt. For instance, in Trust C the proposed site was on the edge of a very deprived working-class council estate. If the managers were correct in their assumption that the middle-class area would have a more organised and articulate campaign, then this working class area would not have been organised enough to withstand the Trust's proposal. In fact, this area organised a formidable residents' campaign against the proposal and succeeded in blocking the unit.

Local politicians, (again in the same three Trusts as the managers,) also felt that class and home-ownership was an influential part of the opposition campaign.

'There is no doubt in my mind that a majority of those people were more interested in the value of their properties than anything else. That is the truth, it was never said openly, but that was the truth as well, they were worried that their property values would drop.' (Councillor)

In contrast, it is interesting that only one resident specifically mentioned class as an issue. This resident commented that the local residents believed that the proposed unit was being dumped on them precisely because it was a working-class area.

'In one sense, the Trust was just a useful vent for anger that people felt about the world in general. I mean there were some very hurt, angry people in [this area] and saying to them in effect we are going to place a lot of dangerous, unstable people in your community too. People felt, 'well you would dump them on us, wouldn't you?' You know, 'you're not going to build it in a middle-class area, so you're going to dump it on us because you think we can't put up a fight and that's all we are worth.' (Resident)

Furthermore, only one resident specifically mentioned house prices as a concern, when he commented that he was worried about his house price being affected because he had coincidentally been trying to sell his house at the time of the proposal.

'And probably the initial concerns were financial in terms at that moment in time I was probably thinking of moving house and really took the view that no-one would probably want to buy a house on there while there was the speculation and uncertainty.' (Resident)

It is curious to see that although house prices and class were clearly issues that the trust managers and councillors identified as being of importance for residents, the residents themselves rarely mentioned these topics. Other concerns were voiced in their stead, such as suspicion of the Trust motives, fears of safety and the nature of the patients. Perhaps it is more acceptable to voice fears about the safety of children and the elderly rather than the more 'selfish' notion of reduction in property value.

It is also striking to note that, for Trust A, the issue of house prices was rarely mentioned by any of the interviewees, whether residents, manager or politician, despite plenty of references to these issues in the other three cases. In this fourth Trust, the proposed medium secure unit was to be built on the site of an existing secure psychiatric facility. The other three proposed sites also had older hospitals, but they were not specifically psychiatric facilities. It is possible, therefore, that house prices were not an issue for local residents in this instance because their houses were already located near a secure psychiatric facility which had not affected prices previously.

2. Dealing with the Opposition

Public Meetings

A main feature of each consultation process was the use of at least one large public meeting to inform the public about the proposed medium secure unit. It is interesting that despite the admission by many managers that they felt that large public meetings would not be effective as a means of information-giving, all still went ahead with such a meeting.

'In the end, we felt that a meeting was unavoidable, the pressure to speak to the public. I felt that it was making them feel more and more that things were being covered up and you can't avoid going out and talking to them. So I was keen in the end to have it, even though it was a fairly intimidating experience.' (Trust manager)

Without exception, these public meetings were well-attended, with more residents attending than had been anticipated. They were consequently over-crowded, which

inevitably heightened hostility. In one case the meeting was abandoned when the over-crowding proved too unwieldy to control.

These public meetings are united by their apparent failure to appease or inform the residents about the proposal. It seemed that virtually all managers agreed that these meetings were disastrous. Indeed, the graphic descriptions of the meetings by the managers give a clear indication of the intensity of feeling, as the following vivid quote illustrates:

> *'I think that the public meeting was the focus of what happened because I have never in my professional career witnessed something as powerful as that. You had GPs, mass hysteria, shouting abuse. It was like something out of a film, it was unbelievable, the degree of hysteria.' (Trust manager)*

One manager described how they held a series of public meetings over several nights, only to find that the same small group of hostile residents turned up every night:

> *'The aim of [having several meetings] was that we would have a different audience every night, so it was widely publicised in that sense. It was interesting that there was a small group of ring leaders who came to every single night, asked the same questions and tried to influence other people, who maybe didn't have a view and were quite open-minded about it.' (Trust manager)*

The residents' description of these large public meetings contrasts with the managers' perceptions. Some of the residents gave an indication of the depth of feeling expressed at these meetings, as described by the managers but they seemed to describe the meetings in much milder terms.

> *'We held public meetings at the local public house, they were quite well-publicised and very well-attended. And we also invited people from the trust itself...the determination, the decision at that meeting was to fight it tooth and nail.' (Resident)*

The above quote refers to the same meeting, incidentally, where one of the senior nurses commented that *'I almost got lynched.'*

Residents also talked about the opposition that they observed in other residents at their meeting and that did not necessarily correspond to their own opposition.

> *'I think that there were some very vociferous people [at the meeting] who were just not going to have it, that was their attitude, this is not coming, we don't want to hear about it, we don't want to be persuaded about it, we're not having it... There were people who wanted to know more before they made their mind up.' (Resident)*

One resident felt that the attitudes of the Trust managers were partly to blame for the public hostility:

'Even at the meetings that they held in the conference centre, they were bordering on arrogance. I said to people that were there, that you just felt as if they were accommodating you, that's it. They didn't care. It didn't matter to them. I think a lot of people really got upset about that. (Resident)

These large public meetings were not the only meetings that each Trust held with local residents. Many other smaller meetings were held, in residents' homes or with local community groups such as church groups or schools. It appeared that these smaller meetings were less hostile and more successful in terms of information giving.

'If you sit down with people in small groups, even the most bigoted, tattooed people, when you can talk face to face with them, you can actually explain what is happening, people are usually quite reasonable. When you get a thousand of them in one room, you have lost it.' (Trust manager)

Some Trust managers arranged visits for small groups of residents to other medium secure units. According to one manager, it helped to calm residents' fears:

'It worked because coming back, chatting to them, you could tell that they were relaxed a bit and one or two of them actually said that they would put a good word out. And one actually wrote to the newspaper and said that having looked around a secure unit, he was satisfied that he didn't think there would be a problem in [this area], that people needed treatment.' (Trust manager)

Thus, it seemed that large public meetings did not work for the Trust managers in terms of calming residents' fears, but alternative, smaller meetings with the local residents appeared to be more effective in getting their information across in a constructive manner.

The Effect of the Consultation Process

Given the intensity of public feeling indicated above, it is perhaps unsurprising that this took its toll on the managers who were directly involved in the consultation process. It is clear from the language with which they describe the public reaction that they were shocked by the depth of emotion expressed by local residents.

'I have to say that in my view nobody anticipated the scale of the vitriol to this particular plan. I personally still don't understand why that happened, it was almost like a mob mentality really. It was quite bizarre to see, to observe.' (Trust manager)

This view is corroborated by the recollections of a service user group representative:

'And certainly in the case of [the trust], that took a nasty turn in terms of the way the campaign group ran it, because they were very vociferous, both at the meeting, but also in their pre-meeting publicity. So they had posted the area with posters of things like Silence of the Lambs, No Killers Here etc.' (Service user group representative)

In many cases, it is interesting to see that the managers' feelings of shock are most often expressed in relation to the public meetings that took place. Perhaps this is

because the public meetings represented the most visible way in which residents expressed their feelings and they were also some of the few occasions where managers were faced personally with residents and their fears:

'We went ahead with the second meeting which was attended by hundreds. It was probably one of the most frightening experiences that I have ever gone through in my life.' (Trust manager)

'And that [second meeting] turned out the same way - f... and blinding, shouting. The police had to be called in, it was terrible. And that was a public meeting that we had called. It wasn't in a pub or with drunks. We were all shaken.' (Trust manager)

Several managers described how some of the residents' hostility became directed towards them as individuals:

'I remember going home one night having made an error by personally challenging an opinion and I was gutted. They [the residents] told me that I was a bad person and I was scum for wanting to work in such a place.' (Senior nurse)

'I remember there was one woman who hounded me unmercifully...It got terribly nasty. She began to write to the Chairman, asking what qualifications has your chief executive got. It got personalised.' (Senior manager)

It is worth reiterating that several residents refused to take part in an interview, because they felt threatened by possible retaliation. They claimed to have been threatened anonymously during the consultation process, when they spoke out against the proposal. One resident hinted that a member of the Trust staff may have been responsible for the threatening telephone call. Some residents continued to feel very angry and upset about the way the consultation process had been conducted and did not want to be reminded of those events. One resident stated:

'I went on TV [to talk about the opposition campaign]. Next day, I got a telephone threat. I don't really want to do this interview because I don't want it getting into the public domain.' (Resident)

It appears then as if the intense nature of the public consultation process had an effect on all parties concerned. The impact was mainly negative in that the emotions and experiences described reveal a sense of shock and feelings of hostility and anger. The longer-term effects of this process on residents in particular are discussed later.

Support for the Proposal

It seems that not everyone was completely opposed to these proposals. At least one manager from each Trust commented that there were local residents who had indicated their support for the proposal. These tended to be ex service-users or relatives of service users.

It was also clear however that these residents were intimidated by the strength of the opposition and were often afraid to speak up at the public meetings. There were several examples where residents did speak up in support of the proposal.

'And one or two people in the audience, literally one or two, stood up and said supportive things like I know people who have had mental health problems. It was like, people sitting in front of them would turn around and stare at them, incredibly intimidating. Very brave of that person to have stood up in that audience.' (Trust manager)

Several managers made the point that small groups of residents formed the main opposition and succeeded in carrying along other residents who might otherwise not have actively opposed the proposal at all.

'It was interesting that there was a small group of ring leaders who came to every single night, asked the same questions and tried to influence other people, who maybe didn't have a view and were quite open-minded about it.' (Trust manager)

It is difficult to say whether this is indeed the case. The only evidence that is available is that there were indeed small resident opposition groups formed to oppose the proposal and these did form the core of the opposition. However, it is also true to say that the public meetings were very well-attended.

Support from other Agencies

In addition to the involvement of local residents and local politicians, a variety of

other organisations took part in the consultation process. They will be examined in turn below.

Service User Groups

Local service user groups such as MIND, the mental health charity were visible in three of the four cases, offering their support in general on the need for such a unit.

'Local mental health organisations like MIND were very supportive. The regional director of MIND at the time was very supportive. He spoke at the meeting and had often walked and lived in the area himself.' (Trust manager)

Trust C did not seem to have any active input from local service user groups. It is not clear why this was the case, although each local MIND association decides whether or not to support a particular venture. The Health Authority consultation document for this Trust does record several service user groups who wrote to the Health Authority to express their support for the proposed medium secure unit. One manager from this same Trust did speak about support from MIND, but this seemed to be the only reference to their support:

'There was very strong support from MIND, and the user organisations and also from the carers, the relatives of people who required this sort of care.' (Trust manager)

The other Trusts seemed to have good links with local service user groups prior to the proposal. Two of the Trusts arranged for service user group representatives to speak at

their public meetings and in the case of the other Trust, the local MIND group co-ordinator wrote a letter of support to the local newspaper.

Community Health Councils (CHCs)
The CHCs were an important source of information for both Trusts and residents, as representatives of the patients' interests. In three of the four cases, the CHCs appeared to remain neutral. Only in one case (C) did the CHC publicly oppose the proposed unit and this provoked a very strong reaction from one manager in that Trust:

> *'The role of the CHC was disgraceful. I would like to know if they represent the community of the mentally ill, as they certainly didn't do that very well...I think they followed the line of least resistance and the voice of the mob.' (Trust manager)*

Many of the managers in the other three Trusts felt that the CHC was, at least, neutral:

> *'The line they [CHC] took was that they were in favour of a new unit to meet the need but they didn't care where it was. They had no particular view on it being in [this area] or anywhere else.' (Trust manager)*

Although one manager commented that the CHC were *'very supportive'*, it would seem that generally the CHCs did not take a very active involvement in the consultation process. An exception was one case of CHC opposition. The managers' comments would suggest that they were not particularly concerned about this stance of neutrality. The CHCs were being asked to take sides with one group of service users or patients against their local community, who they were also supposed to represent. Perhaps the CHC followed the stance taken by councillors in that they

made enquiries on behalf of concerned residents, but did not condemn the plans outright themselves.

Support from Regional Office
Trust managers differed in their opinions on the role of the respective Regional Offices, or Regional Health Authorities as they were then. Although the involvement of the regional office in the proposal was not necessarily a deciding factor in the success or failure of a proposal, clearly their stance was influential. Several managers from different Trusts felt that their regional office 'sat on the fence' with regard to the proposal, a factor which many felt was 'unhelpful' and sent out the wrong messages to local politicians and residents.

> *'The development process was left, left, left to the trust and they [regional office] sat on the fence, I think, to be blunt.' (Trust manager)*

In fact, some managers commented that the regional office should have been more proactive in explaining the nature of such units and promoting the need for them on behalf of the Trust.

> *'My disappointment was that regional office didn't get a grip, didn't say here is a need for an open up front debate on this, let's take some steer.' (Trust manager)*

A service user group representative agreed with this perspective:

> *'What was needed in the very early stages was to explain what is being proposed and why and the need for that to be firmly established and the role*

of the unit. Because that was not done at an early stage by the Regional Health Authority with whom I think the responsibility lay and the fact that the proposals were not publicised formally and openly and the open consultation did not take place until later on.' (Service user group representative)

One local politician felt that commercial considerations were paramount:

'At the time, I remember I felt that it was the regional office trying to capitalise on the sale of a lot of very valuable land.' (MP)

Clearly, then, the role of the respective regional offices was seen as neutral, at best.

Support from local Health Authorities

The local Health Authorities also were criticised by managers from three of the trusts. Only in one case (A) it seemed, did the Health Authority work closely and proactively with the trust in question. One Health Authority manager admitted that:

'The Health Authority view at the time, it wasn't a very active support. It wasn't opposition, but it wasn't very active support.' (Health Authority Manager)

This same Health Authority manager summed up the confused relationship between authority and trust:

'We weren't sure whether to sit in the audience or at the front [at the public meeting] and the fact that we weren't sure indicates that the trust and the health authority did not work well together. It's not that they opposed each other but they did not work well together.' (Health Authority Manager)

One Trust manager felt that the intensity of public opposition was so strong that:

'The Health Authority lost its bottle...At the end of the consultation process, because of the public furore, they turned the proposal down.' (Trust manager)

It was clear that some managers felt angry that they had not been supported in their proposal:

'I think we were scapegoats in a situation that we should never have been caught up in.' (Trust manager)

Other interviewees felt that the local Health Authority did not always act in the interests of local health needs.

'But they [Health Authority] distanced themselves from it and I think frankly left the Chief Executive, who had just come into post, and others, very much out on a limb.' (Service user group representative)

Support from Central Government
Several Trust managers felt that there was a lack of direction from central government about the public consultation process.

'The Regional Health Authority or somebody should have said publicly, the government wants this, to set up a further regional secure facility...People would at least have known what the game plan was.' (Trust manager)

If the government wanted to move more towards small community-based mental health units, then managers felt that they should give more guidance to Trusts about dealing with the public, or indeed give more guidance to the public about what to expect.

'If the government is serious about improving provision...then there has to be some sort of fast-track approach to the planning and implementation decisions. Take it out of local politics.' (Trust manager)

It seems, then, that managers resented being left to guide the Trust through a public consultation process without formal government support, when the proposal for a medium secure unit was being put forward in line with government policy at the time.

3. The Aftermath

The Relationship between the Trust and Residents

Damage
Many Trust managers felt that the relationship of the trust and the public had been damaged in some way after the public consultation process. However, most believed the damage was short-term.

'Initially it damaged the view of the public against the trust, particularly after the general meeting where we didn't make sufficient space for everybody...Now that it is up and running, most of the people are happy about it.' (Trust manager)

In several cases, managers felt that the consultation process exacerbated an existing problem in public relations:

'I think the damage had already been done with [the previous unit].' (Trust manager)

'I'm pretty sure that it would have done [damage]. The image wasn't particularly good to start with.' (Trust manager)

Where several managers felt that some good had come out of the process, they commented on the strength of the relationship between the local politicians and did not actually mention the residents, which fits in with their views on the importance of the ties with local politicians.

'I think that in some instances, people felt that they had lost the battle and felt they weren't listened to. On the other hand, I think that we have generated a positive relationship with local councillors.' (Trust manager)

'I think overall, probably a net gain, in terms of jobs, relationships with councillors who were involved, the use of some of the facilities by some of the local people.' (Trust manager)

Only in the case of Trust C did local politicians believe that lasting damage had been done to this relationship and their comments correspond with the views of the managers from that same Trust.

'I think it has put down a marker so I don't think they would get any kind of building there now, or [build anything] with co-operation.' (Councillor)

'Yes...in the long-term, because we always felt that ultimately the trust was looking for schemes which would maximise its income.' (Councillor)

Several residents did think that the relationship between the Trust and the public had been damaged in some way, although generally this was seen to be a short-term setback.

'Not permanently [damaged]. At the time, yes. I think that the people would now, although not actively encouraging the unit, more or less accept it.' (Resident)

Such responses contrast with the depth of negative feeling that the residents showed in all four cases. It is also important to remember that several residents refused to be interviewed apparently because of their continued anger about the proposal. These refusals come from residents who 'successfully' opposed the proposed unit, as well as residents who now live near the new medium secure unit. This suggests that those who did agree to an interview may be precisely the residents who have come to terms with the unit and do not have strong feelings about the unit. Thus, these interviewees are not necessarily representative of the local community

In the areas where the units were eventually built, residents now seemed more accepting of the unit, but held some reservations.

'I think that the people would now, although not actively encouraging the unit, more or less accept it.' (Resident)

Some of the councillors also seem satisfied with the unit since it has opened:

'We are quite happy with it and most of the people in that area are. If you did a straw poll of people in that area, they would rather it not be there. But nobody is jumping up and down and nobody is writing or ringing me saying there are any problems.' (Councillor)

'Learning the Lessons': Alternatives to the Public Consultation Process

When asked whether they felt they could or should have done anything differently throughout the consultation process, a few managers did feel that nothing the Trust could have done would have persuaded the residents:

'It's difficult to say whether we could have done things differently. I think the opposition will always be there in [this area].' (Trust manager)

'I honestly can't think of anything that we could have done differently and for me that was probably because it was part of a much bigger piece of work and we learned over time.' (Trust manager)

Some managers believed that the Trust should have been more proactive in its liaison with residents:

'Hindsight is a wonderful thing. I think genuinely there should have been a more educative process...We found out afterwards that rather than bring the people to us, we should have gone to them.' (Senior nurse)

'I think perhaps that we might have involved the public earlier and did it more subtly...not sort of throw them in at the deep end, saying you will have a mental hospital.' (Trust manager)

Other managers commented that factors external to the Trust were important, such as political support:

'I think there's a lot central government can do differently...every time a negative story came out about mental health services, there was no push to

counter that from the public point of view. There was still huge mythology and myths.' (Trust manager)

Another manager commented that the process of actually establishing a unit needed to be modified:

'With hindsight, the best thing we could have done was to have influenced the regional office to have conducted the whole process differently. I don't think the tendering process was the right way to go about it, it was such a highly sensitive public issue.' (Trust manager)

The local politicians also suggested how the Trusts should have done things differently:

'I think anyone proposing to build that sort of unit must appreciate that more than 20 or 30 people are going to turn up at a meeting and that set the whole tone. And it took some considerable time for them to rearrange another one...it gave everyone the opportunity and time and space to get themselves organised and that's the mistake they made ' (Councillor)

Some residents were very clear in their views of an improved consultation process:

'If people are planning to open a medium secure unit, the public needs to be spoken to and it needs to be discussed with them. You cannot do it behind closed doors, otherwise no-one is gong to agree with it.' (Resident)

One manager queried the necessity for a consultation that only served to draw negative attention to an already stigmatised group:

'Where you are developing people's homes instead of just individuals, I don't see why you should ask their permission, because there is a difference between developing intense health services for individuals which the [unit] is, as opposed to developing services for individuals who are vulnerable when they are suffering mental health problems. They need somewhere to live with very good support, so the argument we put is there is a time to develop, but if it is somebody's house no we wouldn't, because why should we?' (Trust manager)

Another manager indicated that he would not go for a similar public consultation process.

'We are going to try and extend our [low secure] unit at the back. If we don't increase the beds, we don't go to consultation. I wouldn't go to consultation. If the government wants the expansion of secure psychiatric facilities as it does and it is funding it, then I think you need to be a bit more lenient with the rules of public consultation'. (Trust manager)

All interviewee groups were asked for suggestions about future consultation exercises and their comments are included here. Many suggestions centred around the theme of

involvement and openness, whether it was the involvement of residents or politicians or indeed all health staff in the consultation process:

'Firstly, to be as open as early as possible about the proposals. And to make out the case why those services are required and what the benefits to the community are.' (Service user group representative)

Other advice focused on the involvement of other groups in the process:

'I think the first thing to do is to engage with the staff who are employed by the trust to ensure that they are on board with the development...And to involve the staff with regards to the design and development of the building.' (Trust manager)

'I would say that they need to make sure that they have the much more formally recorded initial support of the health authority, because although we had discussions, we never exchanged significant pieces of correspondence.' (Trust manager)

One nurse suggested that Trusts should employ professionals with prior experience to manage the consultation process.

'Employ me please, employ somebody who has done it before, employ somebody who has knowledge of previous buildings.' (Senior Nurse)

It seems ironic that this should be suggested. Many of the Trust managers who took part in these four consultation exercises already had some prior experience of public consultation, yet they were not always successful in calming residents' fears or dealing with the opposition. Perhaps the point that is being made that a planning team should employ a professional with direct prior experience of a consultation process for a medium secure unit, as opposed to prior experience of a more generic nature.

It seems that managers regarded the involvement of the media as being of importance in future public consultation exercises. Certainly the point has been made previously that the role of the local media was influential in the public consultation process:

'I think they have got to get more into the local press, or more press releases of some kind out to the general public and make sure all the general public get it. Because we had complaints, although we put it in libraries and shops and various places that some people didn't know anything about it.' (Trust manager)

'Get the press to actually be part of campaigning on your side if you can.' (Trust manager)

One piece of advice was given on a regular basis: do not use large public meetings. As previously discussed, many managers felt that large public meetings were not effective in getting their message across to the residents.

'I don't think we should ever have large public consultation meetings. I think we should have met with small groups of people, you arrange to be available to meet with people and you control the process.' (Trust manager)

Other advice relates to the need to educate the public. One resident noted the gap of knowledge between mental health professionals and local residents.

'I wish that more people had done what I did and taken the opportunity to visit the [other medium secure unit], talked to the residents who lived in [the area] and people nearby to find out how it has affected their lives. Perhaps if people had read some of the articles that were made available to us and became a bit more knowledgeable.' (Resident)

'Go to the public as soon as possible. Educate them on what type of hospital it's going to be.' (Trust manager)

Research and preparation were also seen as important for future consultation exercises:

'Plan the intervention, plan the building, plan the services, but also plan the public relations part. I think that's what we did badly.' (Senior nurse)

'First, ensure that you really do know your local population and I think that was certainly the case here. Know their fears, know their wishes, know which

way they might jump. I can't say we knew that exactly here, but we certainly anticipated.' (Trust manager)

In Conclusion

The interview analysis has identified several major themes that are central to our understanding of the perceptions of all parties involved in a public consultation process. The next chapter will bring together these themes with the past research findings and the socio-demographic data and draw some overall conclusions.

CHAPTER FIVE - DISCUSSION AND CONCLUSIONS

This report has thus far outlined the past research findings on attitudes towards mental illness and mental health facilities, as well as giving an overview of socio-economic factors in relation to the four areas under investigation. In addition, interview analysis has revealed several major themes that shed light on the nature of the public consultation process. This chapter seeks to bring these findings together in an effort to identify the most important issues to emerge from these four cases studies. This is done to inform future consultation exercises and thus strengthen the relationship between Trusts and the communities that they serve.

It is important to re-emphasise that the research methods employed in this study have their strengths and weaknesses. In a study that is investigating attitudes to mental health facilities, the biggest danger is social acceptability. In particular, the use of semi-structured interviews may be an effective method of gaining a deeper insight into beliefs and attitudes, but it is difficult to assess whether the interview has elicited genuine feelings about an issue. Similarly, the use of socio-demographic data at ward level does not reflect individual variations at the level of an estate or even a street, which may confound the results. Even with these cautions, the data nevertheless yielded some interesting findings as discussed below.

The discussion is divided into several sections. Firstly, the importance of socio-demographic factors is considered. The political process is then discussed, followed by an evaluation of the role of the media in the public consultation process. Finally an overview of the public consultation process is presented, and some conclusions drawn.

The Importance of Socio-demographic Factors

The literature review and the collation of local data (See Appendix 1) suggest that socio-demographic factors are an indicator of the nature of the attitudes towards mental health facilities.

A common finding is that older age is associated with more rejecting attitudes towards mental illness[21,39]. This appears to correspond with the current study. One ward had a larger than average proportion of older residents over 60 years. Indeed, the majority of interviewees from each of the four Trusts were from a similar older age group, although the sample may be biased in terms of the apparent visibility of older residents in the opposition campaign. Past research findings have also indicated that communities with a large proportion of families and young children tend to be more rejecting of mental health facilities[37], perhaps because of the perceived threat to the safety of children and other 'vulnerable' members of the community. This may be particularly important in the case of Trust C, where a large proportion of the ward residents was aged 15 years or under. Certainly the issue of children's safety was identified as a concern for residents.

The issue of class and socio-economic status has been assessed within the past research. A higher socio-economic status appears to be associated with more tolerant attitudes towards mental illness in some studies[24,51]. This may not always translate into tolerance towards mental health facilities. In addition, Smith[44] observes that there seems to be a concentration of ex-patients in urban and lower-class areas, and suggests that this may be as a result of a move towards housing ex-patients in areas that are politically powerless.

Many Trust managers believed that class was an influential factor in the level of organisation and coherence of the residents' opposition campaign. Middle-class campaigners, according to the managers, were more organised and articulate. However, this does not square with the socio-demographic data for each area. Although two of the four communities were middle-class in terms of their socio-economic profile, one of these wards (B) was unsuccessful in terms of blocking the building of the unit. Similarly, in the other two communities that are profiled as working-class, one of those communities (C) organised a very successful campaign that prevented the unit being built.

Thus, the issue of class and socio-economic status is far from clear-cut. Perhaps it is not so much the factor of class that is important so much as home-ownership. Falling house prices were regarded by managers and local politicians as a major fear for residents. However, this contrasts with the views of the residents, many of whom did not even mention the issue of falling house prices. This may be an indicator of the degree of social acceptability in the answers given by the interviewees in a face-to-face interview. It is interesting that one Trust actually commissioned an estate agent who was located near a medium secure unit in another part of the country to examine house prices in that area. This estate agent found no difference in local house prices before or after that unit was built.

When the findings from the four cases are compared with those of Taylor and colleagues[37], there is some agreement and yet significant areas of disagreement. All four cases involve communities that opposed the proposed mental health facility; thus

it is a biased sample in that respect. However, the four wards seemed to have a relatively stable population, and at least one ward had a low population density in the immediate area around the proposed site. The 'lower income' communities were just as rejecting as the communities with higher income levels. In other words, no clear-cut picture emerges from the socio-demographic data of a particular 'type' of community that is more rejecting of the facility. As previously mentioned, this contrasts with the perceptions of the Trust managers and local politicians, who clearly felt that class and house prices were influential factors in the opposition campaigns.

The proximity of the proposed facility to residential areas has been investigated in past research. Hall[43] observed that residents were less sympathetic to a new facility the nearer it was located to their own homes. This contrasts with the findings of Smith[44] and Wahl[45].

Some managers used the term of NIMBYism (Not in my Backyard) to describe how they perceived the fears of the residents. Residents' attitudes may have been due to a lack of understanding on their part about why the unit was being located in the midst of a community. The unit was located in the community to reflect the policy of locating the care of mentally ill people within a community context, as part of the rehabilitation and re-integration process. This was not something that the residents seemed to accept, as some residents felt that this would put local residents in danger should patients escape from the nearby unit. It would seem that there was a gap in understanding between the residents and the managers about the nature of medium secure units, a gap that was not bridged by the managers.

Residents' Perceptions

Some research studies have focussed on the beliefs of residents about mental illness and how their beliefs influence their attitudes. They have suggested that many residents equate mental illness with dangerousness and criminality[28,29]. In particular, a recent Department of Health Survey[13] (2000) noted that 19% of their sample of the public considered it frightening to think of people with mental health problems living in residential areas. (However, this same survey noted that 50% of respondents were not averse to living next door to a person who had had mental health problems.) Several of the interviewees in this study referred to the potential inhabitants of the medium secure unit as 'inmates' or 'criminals' and many felt that locating a unit near to schools would have implications for children's safety. The assumption seemed to be that the unit would house dangerous and violent offenders only and this undoubtedly had an effect on the level of opposition amongst residents.

The managers felt that they had been up-front and open with the residents about their plans. On the other hand, many of the residents seemed to feel that not enough information was being given to them about the proposed unit and that the Trusts were being secretive. This perception of secrecy may have increased public fear and hostility towards the Trust.

The Political Process

It is clear from the interview analysis that the role of local politicians in the public consultation process was immensely influential. This is supported in the past research literature. Several studies have identified the importance of the role of local politicians (whether positive or negative) in the development of mental health facilities[41,42]. This

finding is echoed in the view of virtually all of the Trust managers that politicians should be brought on board right from the start in a public consultation process.

Political timing also seems to be of importance, according to the Trust managers. These four cases took place around the time of local or general elections and that would have influenced the way in which the politicians dealt with their constituents' concerns. Similarly, the official stance of each political party on issues of mental health would have affected the way in which each politician dealt with the proposal. This was a reality that most of the Trust managers were quite comfortable with, according to their comments. It was not, however, an easy task for politicians to get this across to their constituents, some of whom spoke of their dissatisfaction with their local political representatives.

Internal politics seems to have also played its part in the public consultation process. Many managers spoke of their anger at the perceived lack of support from other agencies such as their regional office or their local health authority. In three of the four cases, the Health Authority seemed to keep their distance from the consultation process, although that may indicate a lack of clarity about its role rather than any political wrangling.

Regional Offices were also criticised by some Trust managers for apparently sitting on the fence and not supporting the trust in the consultation process. Indeed some local politicians and residents accuse the Regional Offices of putting profit before healthcare in the case of these proposed units.

The tendering process also presented its own problems in relation to the consultation process. It seemed that there was a lack of understanding on the part of local residents about the reason for such a 'competition' and this may have heightened their suspicion. Certainly some Trust managers felt that the tendering process hindered their ability to be completely open and honest with the local community from the outset. Thus the process by which a mental health facility is proposed and built needs to be considered carefully.

The Role of the Media

It seems that the media has an influential role in shaping public perceptions of mental illness. The past research literature certainly highlights the nature of this influence, given that the news media represents the public's 'most important source of health information'[31]. Many studies reveal that mental illness and violence are commonly linked in media reports[27,32,34] and this has implications for the beliefs of the public about mental illness.

This view corresponds with the views of some of the Trust managers in relation to the media coverage of the public consultation exercises. Although several managers believed that the media coverage was relatively balanced, others did believe that the coverage was obviously biased against the Trust. This view is supported by several of the local politicians who also felt that the media coverage was negative. Few of them go so far as to say that the media coverage had a huge influence on the residents, but it may well have heightened fears and concerns among the general population. Trust C received very negative press coverage and this was one of the Trusts that did not build the proposed unit.

The perspective of those managers and politicians is corroborated by analysis of the actual media coverage of each case. Newspaper clippings and TV news items that were analysed do reveal some biases against particular trusts. Article headlines were graphic and sensationalist language was used in some cases. The TV news items also reveal some bias in what they portrayed: for example, interviews with residents and footage of residents' demonstrations, but little coverage of, or comments from, Trust managers.

Thus, the findings of the past research and media coverage analysis of these four cases do correspond with the perceptions of managers and local politicians, namely that media coverage had some influence on public perceptions but did not necessarily determine the outcome of a public consultation exercise.

The Consultation Process

As stated previously, the consultation exercises in each of the four cases have some similarities. In all four cases, public opposition seemed to centre on the activities of an organised residents' opposition group. Local politicians and service user groups were directly involved in the consultation process, although that involvement could be positive or negative. Three of the four Trusts arranged, promoted and held at least one large public meeting and these meetings were perceived as a negative experience by managers in all Trusts. In the case of Trust B, managers attended a large public meeting organised by a local politician. The Trusts also distributed information (whether as leaflets or letters) to local residents about the unit. Some media coverage was given to each proposal and the nature of that coverage varied, whether neutral,

supportive or biased. Residents in each case were united in their distrust of the Trusts' perceived secrecy and trust managers across the four Trusts were united in their underestimation of the depth of public feelings against the proposal.

Yet despite these apparent similarities, two of the proposed units (B&C) were turned down and were never actually built. This does not necessarily mean that those two Trusts were less effective in managing the consultation process. In fact, managers in all four Trusts commented that they had made mistakes in the way that they had dealt with public fears. Similarly, the Trust planning teams had a mixture of managers and health professionals, with a wide range of professional experience. Rather, a combination of factors including public opposition led to two proposals being blocked, largely irrespective of the response of the Trusts to the residents.

Although several Trust managers believed that public opposition was the main reason for the blocking of the proposed units, a number of other factors also played their part. For example, the support (or lack of it) from other agencies such as the council, local MPs, Community Health Councils, Regional Offices and the local Health Authorities were all influential in each proposal. Local media coverage was detrimental to the proposal in some instances and some groups used the media to promote their side of the story.

The lessons learned by those who took part in each consultation process were varied. Many suggestions were given about what each Trust could have been done differently to improve the consultation process. One of the more common suggestions centred around the timing of the consultation process. Residents and politicians believed that

the Trust needed to be more up-front in informing the residents at the earliest opportunity about the proposal. This is corroborated in the comments of some managers who felt that the Trust needed to be more proactive in their engagement with local residents and politicians.

Another key issue involved the level of openness that the Trusts showed according to the residents, politicians and service user representatives. They perceived the Trust as being less than honest with the residents and this fostered feelings of hostility and fear among residents that the Trust actually did have 'something to hide'.

Perceptions of openness may be related to timing. In other words, if the residents heard about the proposal from other than an official Trust source (for example, in the newspapers), then this may have reinforced the view that the Trust was being secretive. It may actually have been that a rumour was circulated about the proposal before an official trust announcement was made. On the other hand, many of the managers had some prior negative experience of public consultation exercises and this may have increased their reluctance to engage with local residents.

According to most of the interviewees, it was essential to engage all concerned parties in the consultation process right from the very beginning. It was not only important to gain the support of local residents: the local politicians, community leaders, service user groups, regional and local health authorities and local media were also crucial to the success of the consultation process. For all four Trusts, it seemed that at least one or two of these groups were either neutral or opposed to the proposal. Despite this,

clearly two Trusts still succeeded in building the units, which suggests that certain groups may be more important to get on board than others.

With that in mind, it is to be noted that Trust managers believed that the local politicians in particular were crucial to the success of a public consultation exercise. This belief was closely followed by the advice that the Trusts needed the active support of their regional and local health authorities, as well as the support of the media. Residents are less often mentioned as being key to success, although it may be that the managers equate the support of the local politicians with the support of the residents.

Key Messages

Several key points emerge in relation to the public consultation process. There was a mismatch of perceptions between the Trust managers and the residents. There was an apparent lack of understanding among residents' about mental health facilities, which was not successfully dealt with by managers. There was a discrepancy between the fears of the residents, as perceived by the managers and the fears actually voiced by the residents. The residents believed that the Trust managers were being secretive and the managers in turn felt that they had been open and up-front with the residents. It seemed that the lesson to be learned in this case was 'know your community', as one manager put it. In other words, the managers needed to get to know the local community better, in terms of its profile and its needs, thus anticipating possible concerns and who would be voicing those concerns.

Following on from that, it would appear that these consultation exercises were stand-alone exercises, unaccompanied by any existing liaison work with the local community, although these were newly formed trusts. In particular, the use of a tendering process did not do anything to improve the relationship between public and Trust. Perhaps the lesson to be learned here was that public consultation is an ongoing and long-term process that requires fostering. One-off public consultation exercises, such as in these four cases, did not seem to take place within a context of ongoing communication between Trust and residents, although admittedly this issue was not specifically investigated within the study. However, since the consultation exercise, some trusts have maintained a liaison group with local residents. Consultation is and should be an ongoing and continuous exercise between the Trust and local residents, particularly in relation to a sensitive and emotive issue such as mental health. Rightly or wrongly, many members of the public are fearful of the implications of mental illness and such fears may take years to break down.

Managers were unanimous in feeling that large public meetings were not an effective way of getting their message across to the residents. The large public meetings that were held were noisy, emotional and overcrowded. Far from calming public fears, the meetings appeared to have enhanced fears and hostility. The managers, however, did hold smaller meetings with residents, local community groups, school boards etc and they felt that these meetings were more successful in informing locals about the proposal and dealing with concerns. Many managers would advise other Trusts not to hold larger public meetings, but to organise a series of smaller meetings with specific groups of local residents and community groups.

Many managers appreciated the importance of political awareness. They saw it as crucial that local politicians were involved in the process. Every effort was made to get the politicians on board from the start, perhaps more than involving local residents. Most managers seemed aware of the political sensitivity of the topic of mental health, although some commented that it was a mistake to time such a consultation process near the date of an election. If feasible, consultation exercises are better conducted when elections are not imminent. Again, continuous liaison with local politicians will strengthen relationships in the long-term Political awareness of the stance of each political party in relation to mental health services will give managers an insight into the potential responses of each politician.

The support, or lack of support, from some health authorities and regional offices was a bone of contention in all four cases. In fact, in the current climate of inter-agency partnerships, the role of statutory and other community agencies in the consultation process was perceived by managers as vital. This perception is accurate in that these other agencies did have an important influence over the outcome of each consultation process. The role of each statutory agency, then, needs to be clarified in relation to the public consultation process, particularly if a tendering process is to be used. It can also be invaluable to involve other agencies. Service user groups in particular have built up extensive support networks in the community and can help at the grassroots level.

The involvement of the local media in the four public consultation exercises has been discussed in detail. Media coverage was biased in some cases against the proposals: in addition, some residents' opposition groups used the media successfully to publicise

their opposition. It would seem that it is important to involve the media in major consultation exercises, liaising with them about the nature and direction of their coverage of the story.

Conclusions and Recommendations

Public consultation for the development of a mental health facility is fraught with difficulty. On the one hand, the needs and rights of the patients need to be considered in terms of whether it is helpful to draw public attention to the building of a facility for those with mental illness.

On the other hand, the fears of the local residents, whether irrational or well-founded, need to be acknowledged and dealt with respectfully. There is an assumption that the fears of residents are always selfish and parochial in nature and this is not always the case[38]. If the residents do have fears, they may be based on a lack of understanding and knowledge of mental illness and thus the onus is on the health professionals (and the media) to educate and increase public understanding of mental illness.

The notion of 'community' needs to be examined in relation to the consultation process. It is dangerous to assume that a community is homogeneous, or indeed that the 'community' will form part of the therapeutic process for a patient[36]. Resigned acceptance of a newly built mental health facility in a community will not automatically translate into local residents' positive acceptance of, and interaction with, the residents of that mental health facility.

Conclusion

Care in the community is firmly established in government mental health policy, and the National Service Framework[10] in particular. This study represents an important indicator of the public's concerns about mental health facilities in the community. However, the perspective of the service user is also important. According to Byrne[19], a psychiatric diagnosis has 'personal, social, vocational and financial consequences' for the individual (p.1). Thus, public support is needed, not only in relation to building mental health facilities, but also because the attitudes of local residents towards the facility users can have a direct bearing on the rehabilitation of those service users and their level of social integration in the local community.

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APPENDIX 1 - THE FOUR TRUSTS: A SOCIO-DEMOGRAPHIC PROFILE

One of the measures used in the socio-demographic profile is the Jarman Underprivileged Area Score. This measure was developed initially as an indicator of GP workload rather than a direct measure of deprivation. It does, however, use several socio-economic indicators in calculating the score: unemployment, elderly people who live alone, children aged under 5 years, single parent families, overcrowded housing, those who have moved house within one year, ethnic minority population and people in unskilled occupations[51].

Trust A

Table One provides a picture of the neighbourhood surrounding the medium secure unit. Data used here are taken from the 1991 Census data for the area, courtesy of the local Health Authority.

A high percentage of the ward's population is over 15 years of age. The largest age category in this ward, where the proposed unit was eventually sited, is 60 to 74 years (21.7%). There is a significant percentage of the population over 60 years (35%). This corresponds with the older age range of the residents that were interviewed and it also fits in with past research findings that suggest that older age is associated with less tolerance of mental illness. A very small proportion of the ward's population is from ethnic minority groups.

The ward is relatively free of major unemployment. The Jarman scores for this ward indicate that it is fairly deprived, with a score of 4. This contrasts strongly with a regional Jarman score of 15.8, which is very deprived. The contrast is not so great for

the local Health Authority area, which has a Jarman score of 8.22, closer to the ward score. In terms of housing, the ward has 69% owner-occupation and 25% of households are rented from the local authority.

Trust B

Again Table One provides a picture of the ward where the medium secure unit was proposed and the immediate locality in particular. Unfortunately, as the Enumeration District (ED) is so small, it is difficult to extract any meaningful themes from this data. The data are taken from the local Health Authority Ward Information Pack 1998 and Census 1991 data for this area.

A significant minority of the population at ward and ED level is over 65 years old (16%). The proportion of ethnic minority groups in the ward is 2.2%, which is significantly less than the average percentage in the surrounding district (5%). 9.1% of the working population in the ward is unemployed and the figure has not changed since 1991. This contrasts with the enumeration district, which has an unemployment rate of only 2.8%.

The Jarman score for the ward (3.2) indicates that it is a fairly deprived area, but it contrasts strongly with the local Health Authority area score of 15.02, a very deprived score. This in turn contrasts with the regional score of –5.69, which indicates a less deprived area.

About two-thirds of the householders in the ward are home-owners, with the next largest group being council rentals (one fifth of the total). The proportion of non-

home owners is 33.4%, (1998 data) which is less than the average percentage across the surrounding district (42.1%).

Trust C

Table One provides a picture of the area within Trust C, where the medium secure unit was proposed several years ago. This area forms one third of this ward's total population. This ward has a significant number of residents over 65 years (15%) and the highest number of children in the four wards (27%). The unemployment figure in the immediate locality is slightly better than the ward figure. There are more owner-occupiers in the immediate area than the ward. The ward is predominantly white (97%).

The ward is an area of relatively high unemployment (18%), compared to the other wards in this borough in general and compared to the other three Trust areas under study. Of the working population, 56% are manual workers (compared to 45% of the surrounding wards) and 10% are managerial or professional workers.

The area also has roughly comparable numbers of owner-occupiers and council tenants and very few private or Housing Association tenants, which is in contrast to the surrounding wards, which have a very high percentage of owner-occupiers and a low percentage of council and other tenants. This ward has the highest proportion of council houses in the district.

One in ten households in this ward is a single parent household, where ¼ of the children live in single parent families. Up to 70% of households do not have a car,

(one of the lowest levels of car-ownership in the district) and 42% of households with children do not have an employment income.

The stress levels for this area are very high on three out of four stress measures: Housing, economic, social and income measures, which indicates high levels of deprivation. The Jarman score for this ward is 15, which indicates a very high level of deprivation.

Trust D

Table One provides a picture of the ward surrounding the proposed medium secure unit, several years before the proposal to build the unit. The data are taken from 1991 Population Census and updated annually through the electoral registers.

The largest age category 45 to 64 years, at 23% and 15% of the ward residents are over 65 years. The sex ratio is fairly equal. A very small population of ethnic minorities lives in this area.

8.2% are unemployed, the vast majority of whom are men. A large percentage have been unemployed for over one year (25.5%) and a significant proportion are aged under 25 years (28.1%).

In terms of housing, over half of the households in the ward are owner-occupied and approximately one third are public-rented properties.

The Jarman Score of 4.75 indicates that this ward is a fairly deprived area, especially compared to the overall Jarman score of the Region, which is a very comfortable score of –5.69. It falls into the general pattern of the local Health Authority area, which has an overall Jarman score of 3.25.

The following table provides a summary of the socio-demographic data as derived from electoral ward information.

Table 1 - A COMPARISON OF SOCIO-DEMOGRAPHIC DATA FOR FOUR TRUSTS (USING 1991 CENSUS DATA)

	Trust A	Trust B	Trust C	Trust D
Total ward pop.	5,027	16,745	14,108	10,868
% of pop. Over 65 yrs.	35%*	16%	15%	15%
% of pop. Up to 14 yrs.	14%	14%	27%**	19%
Unemploy -ment %	7%	9%	18%	8%
Jarman scores	4	3	15	5
% house owners	69%	65%	44%	59%
% Council tenants	25%	20%	49%	33%

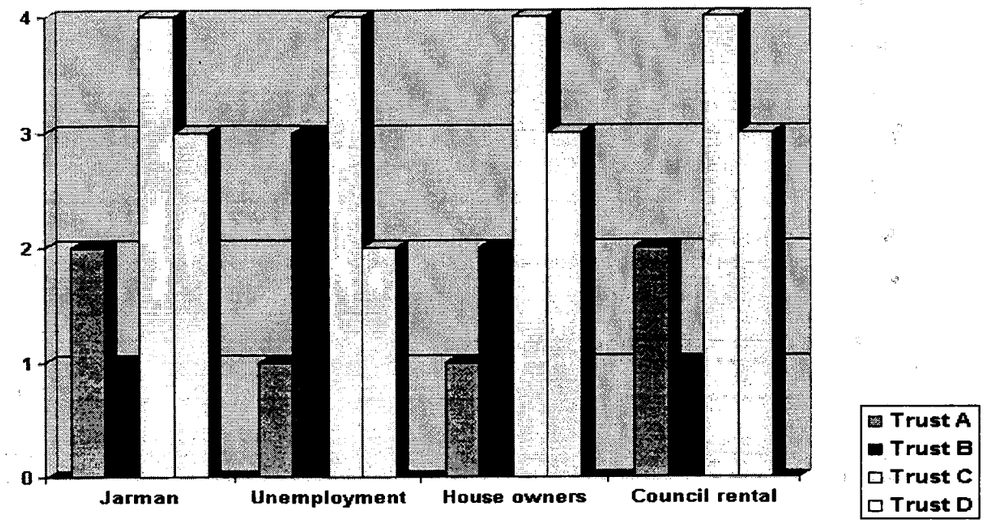
(*This figure refers to residents over 60 years.)
(**This figure also includes 15 year old residents.)

Overall, then, Ward B has the largest population, followed by Wards C, D and A. Ward A has the largest proportion of older people and Ward C has the highest proportion of children. Ward C has by far the largest unemployment rate. Wards A, B and D are all similar in terms of their level of deprivation, according to their Jarman scores and Ward C has the highest level of deprivation across the four wards. Wards

A and B have very high levels of owner-occupiers and Ward C has the highest level of council tenants.

Ward C ranks highly on three of the indices: it has the highest level of unemployment, the highest Jarman score of deprivation and the highest proportion of council-owned properties. It also has the lowest proportion of house-owners across the four wards. Ward A also ranks strongly on three indices: it has the lowest population but also the lowest level of unemployment, and the highest number of house-owners, all indications of a prosperous area. When the data are ranked in order, on a scale of one to four, the following picture emerges. (See Figure One)

FIGURE ONE:- RANK ORDER OF SOCIO-ECONOMIC DATA



APPENDIX TWO - INTERVIEW QUESTIONS

INTERVIEW QUESTIONS FOR TRUST MANAGERS

PREAMBLE

This is a research project that is investigating public perceptions of secure mental health facilities in the community. Specifically, the study is examining several recent instances where medium secure units have been proposed. I have been speaking to those professionals and members of the public that were directly involved in some way in these proposals for a secure unit and I am seeking to hear all sides of the story in relation to what happened. This study seeks to establish whether any common themes emerge from the experiences of several trusts and whether any lessons can be learned from these public consultation exercises. This is a retrospective study and does not relate in any way to any current or future developments in this Trust.

All responses will be treated in the strictest of confidence; with your permission, I would like to record the interview, purely for transcribing purposes. All tapes will be destroyed upon completion of the project.

1. What was your job/ role in the Trust/Health Authority at the time?

2. How were you involved in the medium secure unit proposal?

3. Did the Trust anticipate any public reaction to the proposal?

4. What initial action did the Trust take on consulting the public?

5. What do you think sparked off public interest in the proposal?

6. How much direct involvement did you have with the public during the consultation process?
   a. What form did the public opposition take?
   b. What media coverage was given to the story?
   c. What was the reaction of the local councillors/MPS?
   d. What was the reaction of other local organisations? (e.g. CHC, Regional office)

7. How did the Trust respond to the public concerns?

8. What do you think were the main issues that emerged from the public campaign?

9. What do you think were the most significant factors that resulted in the successful development of the hospital/failure of the proposal?

10. What, as an individual, (or as a Trust) would you have done differently?

11. If another Trust were to propose the building of a new secure unit tomorrow, what would be the main advice that you would give them?

INTERVIEW QUESTIONS FOR LOCAL POLITICIANS

PREAMBLE

This is a research project that is investigating public perceptions of secure mental health facilities in the community. Specifically, the study is examining several recent instances where secure facilities have been proposed. I have been speaking to members of the public and managers of [this] Trust who were directly involved in some way in these proposals for a secure facility. I am seeking to hear all sides of the story in relation to what happened. This study seeks to establish whether any common themes emerge from your experiences. This is a retrospective study and does not relate in any way to any current or future developments in this area.

All conversations will be treated with the strictest confidence and all respondents will be anonymous in the final report.

1a. How long have you lived in this area? How close did you live to the proposed facility?

1b. How long have you served as a councillor/MP for this area?

2. How did you hear about the proposal to build a secure mental health facility several years ago?

3. What was your initial reaction to the proposal?

4. Did your views about the proposal change as the public consultation went on?

5. What were the main issues that your constituents were concerned about?

6. How were you involved (if at all) in the public campaign?

7. Were you happy with the outcome of this public consultation process?

8. Do you have any concerns now that the medium secure unit is open?

9. What were your views on how the Trust dealt with the public's enquiries about the proposal?

10. Do you think they (the managers from the Trust) should have done anything differently?

11. Do you think you, as an individual or as an elected representative of your community, could have done anything differently?

INTERVIEW QUESTIONS FOR MEMBERS OF THE PUBLIC.

PREAMBLE

This is a research project that is investigating public perceptions of secure mental health facilities in the community. Specifically, the study is examining several recent instances where local secure units have been proposed. I have been speaking to members of the public and officers of the Trust in this area who were directly involved in some way in these proposals for a secure unit. I am seeking to hear all sides of the story in relation to what happened. This study seeks to establish whether any common themes emerge from your experiences. This is a retrospective study and does not relate in any way to any current or future developments in this area.

All conversations will be treated with the strictest confidence and all respondents will be anonymous in the final report. All respondents will receive an executive summary of the report, which is due to be completed in April 2000.

1. How long have you lived in this area? How close did you live to the proposed facility?

2. How did you hear about the proposal to build a medium secure unit in the area?

3. What were your initial thoughts/feelings when you first heard about this proposal?

4. Did your views change as the consultation went on?

5. What was your involvement in the public campaign?

6. Were you happy with the outcome of this public consultation process?

7. How do you feel about MSU now that it is opened?
OR
What do you think were the main reasons why the medium secure unit did not go ahead?

8. What were your views on how the Trust dealt with the public's enquiries about the proposal?

9. Do you think they (the Trust managers) should have done anything differently?

10. Do you think you or the campaigners could have done anything differently?

11. What do you know about mental illness in general?

12. Where does this knowledge come from?

INTERVIEW QUESTIONS FOR SERVICE USER GROUP REPRESENTATIVES

PREAMBLE

This is a research project that is investigating public perceptions of secure mental health facilities in the community. Specifically, the study is examining several recent instances where secure facilities have been proposed. I have been speaking to members of the public and managers [this] Trust who were directly involved in some way in these proposals for a secure facility. I am seeking to hear all sides of the story in relation to what happened. This study seeks to establish whether any common themes emerge from your experiences. This is a retrospective study and does not relate in any way to any current or future developments in this area.

All conversations will be treated with the strictest confidence and all respondents will be anonymous in the final report.

1a. How long have you lived in this area? How close did you live to the proposed facility (facilities)?

1b. How long have you worked for your organisation in this area?

2. How did you hear about the proposal to build these two secure mental health facilities several years ago?

3. What was your initial reaction to the proposal?

4. Did your views about the proposal change as the public consultation went on?

5. What were the main issues that you felt the local residents were concerned about?

6. How were you involved (if at all) in the public campaigns?

7. Were you happy with the outcome of either of these public consultation exercises?

8. Do you have any concerns now that the medium secure unit is open? OR Did you have any concerns when a medium secure unit was not built?

9. What were your views on how the Trust dealt with the public's enquiries about the proposal?

10. Do you think they (the managers from the Trust) should have done anything differently?

11. Do you think you, as an individual or as a representative of service users, could have done anything differently?

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