



Mental Health and Criminal Justice

“Prisoners’ mental health needs require attention and support if they are to be remedied.”

Who is this for?

People affected by mental health problems, all those providing services for people affected by mental health problems, including primary care and voluntary sector staff, police, the prison service, probation staff, substance misuse workers and those who work with people involved with the criminal justice system.

Key facts

- Around 70 per cent of sentenced prisoners have identifiable mental health problems (for more information see the Social Exclusion Unit’s report *Reducing Re-offending: National Action Plan*).



- Between 2003 and 2004, there were 93 suicides (known as self-inflicted deaths) in prison.
- People with mental health problems are more likely to be the victims rather than the perpetrators of violence: a study of people with psychosis in British inner-city areas reported that 16 per cent had been the victims of violence, compared with about 7 per cent of the inner-city population overall.
- People from ethnic minority backgrounds are more likely to enter mental health services after initial contact with the police or other forensic services (those that have links to the criminal justice and health systems), although they are no more likely to be aggressive before admission. People from ethnic minority communities make up 21 per cent of the male prison population (between two and three times the proportion in the general population).
- Police officers are often the first to be called to any incident of a person experiencing a mental health crisis. They currently receive very limited standard training in mental health awareness and recognition, yet they spend a significant amount of their time interacting with people with mental health problems.

Promoting social inclusion

TAILORED MENTAL HEALTH SERVICES, HM PRISON BIRMINGHAM

The new health centre has two dedicated 17-bed wards for inmates with mental health problems in a general health-care setting within the prison. The wards are staffed by health-care service personnel, many of whom have worked in community mental health facilities, with a team of prison officers. A primary care team is also based at the health centre. The centre also runs a 60-place 'day centre' facility for inmates with less acute mental health problems and for those who are not able to take part in mainstream education facilities. This provides specially designed activities, including basic skills work, life skills – such as budgeting – and creative activities.

Contact: Charanjit Mehat on - 0121 345 2500 or Fax: 0121 345 2361

What can Prison Officers do?

- Liaise regularly with health and social care staff located within the prison if they are having concerns about the mental health of a prisoner.
- Promote a supportive environment by being alert to signs that prisoners may be at risk and by being aware of the support options available.
- Encourage those in prison to engage in purposeful activity, as inactivity is related to the worsening of mental health problems.
- Prison Resettlement Officers should ensure that both the probation service and health and social care services are involved in resettlement plans.
- Ensure that links have been made with a GP as people are issued with only two days' medication upon release – running out may have a negative effect upon the person's mental health.

What can the Police do?

- Agree protocols with local mental health facilities to address action to be taken when a person is in crisis.
- Make regular contact with in-patient facilities and Community Mental Health Teams (CMHTs) to foster partnership working and understanding of each other's roles – eg a Mental Health Liaison Officer linking through to community services.
- Liaise with the Approved Social Worker prior to arrival at A&E or a mental health in-patient setting to ensure that the person can be seen as quickly as possible and correct supports can be identified.

MENTAL HEALTH AWARENESS TRAINING, NORTHUMBRIA POLICE

The Northumbria Police Force is piloting a training course on mental health awareness for operational officers within specialist units. The course includes mental health services, communication techniques, recognition of symptoms and behaviour, medication, and methods of defusing conflict. It was developed after a survey and an earlier pilot course aimed at patrol officers suggested that officers would welcome additional training on mental health issues, with the great majority believing that mental health should be a higher priority within the police service.

The training was developed and delivered in partnership between people with mental health problems, police officers and mental health service providers. Independent evaluation by the University of Newcastle suggested it resulted in quicker incident responses, shorter incidents, more appropriate resolutions, reduced potential for violent confrontations and improved attitudes towards mental health issues among officers. The evaluation also highlighted the very positive view of such an initiative among the mental health community.

Contact: Northumberland Police Community Safety Department on 01661 868499, Northumbria Police HQ, North Road, Ponteland, Newcastle Upon Tyne, NE20 OBL

What can Probation Staff do?

- Liaise with the Prison Resettlement Officer to ensure that support for people with mental health problems is consistent and planned prior to release.
- Consider vocational and social aspirations – ie employment, housing and family issues (see **Employment, Housing, and Families and Carers** fact sheets).
- Ensure that links are made with the local Community Mental Health Team who will be able to provide support with regards to mental health problems.
- Create links with local substance misuse services to provide support if appropriate.

What can health and social care staff do?

- Link with probation services to support the person with resettlement, and consider issues such as employment, housing and family issues (see **Employment, Housing, and Families and Carers** fact sheets).
- Liaise regularly with probation staff to ensure that the conditions of the community rehabilitation order are being met. Three-way meetings (including the probation service and the person involved) are helpful for support and resettlement planning. Ensure that correct supports are in place towards the end of the order, which may involve the consideration of through care (a voluntary extension of supervision by probation staff).
- Provide support to local prison, probation and police staff in relation to mental health issues – such as providing mental health awareness training or providing information and advice on specialist services.
- Provide links for local prison, probation and police staff to community substance misuse services.

Further Information

Health

- **A&E** – a duty psychiatrist will assess the person and will decide whether they need referral to in-patient or community services. Assessments can also occur in the identified 'place of safety' if a psychiatrist (or authorised health and social care professional) is able to attend.
- **Care co-ordinator** – a person assigned by health and social care services who co-ordinates the different parts of a person's care, including links to the criminal justice system.

Criminal Justice

- **Sections 135 and 136 (Mental Health Act 1987)** are police powers to intervene if a person is exhibiting distressed behaviour in public or to enter premises (with an approved social worker) for the purposes of taking a person to a place of safety.

- **A place of safety** is a hospital, a specialist residential or nursing home for people with mental health needs, residential accommodation provided by a local social services authority or 'any other suitable place, the occupier of which is willing temporarily to receive' the person. The last resort would be a police station if no other setting is available.
- **Appropriate adult** – if the police identify a person in custody as having a mental health problem there is a duty to request the attendance of an appropriate adult. They can be a family member, friend or often a volunteer or social/health care professional.
- **Forensic Medical Examiner** – provides medical care to people detained in police custody. Their assessments include whether the person should be detained under the Mental Health Act and whether they are fit for questioning. However, it should be noted that not all forensic medical examiners have approval for assessment (Section 12 Mental Health Act 1987).
- **Community Rehabilitation Order** – if a person receives a community rehabilitation order they will be assigned a community rehabilitation officer to assist them with their resettlement. (For further information on community rehabilitation orders contact the probation service – see Useful Contacts and Resources below.)
- **Temporary licence** – in certain circumstances a prisoner will be allowed to leave prison on a temporary licence. These can fall into different categories – compassionate licence, a facility licence and a resettlement licence. The latter is designed to help prisoners reintegrate back into the community and maintain family ties, making suitable arrangements for accommodation, work and training on release.

Joint Working

- The responsibility for prison healthcare has been transferred from the Prison Service to Primary Care Trusts. **Mental Health In-reach Teams** have been introduced into many prisons, with plans to extend this service in the near future. This is to ensure that prisoners entitled to care from a Community Mental Health Team will have a care plan in place in prison and on release.
- The new **National Offender Management Service** brings together prison and probation services. The service should help improve offenders' access to mainstream mental health services.

- The **Home Office**, working closely with other government departments, has published a national action plan to reduce re-offending, drawing together action on tackling such barriers as unemployment and homelessness (see Useful Contacts and Resources below for further information).
- **Court Diversion Schemes** aim to identify whether a person has mental health problems prior to arrival at prison and to divert people to more appropriate provision. These have proved very successful in preventing people from going to prison and instead receiving the right placement for treatment and support (see Useful Contacts and Resources below for further information).

THE SOCIAL EXCLUSION UNIT REPORT ACTION POINTS

The National Institute for Mental Health in England (NIMHE) and the Home Office (HO) will work together to develop a model to address coercive and complex pathways into and out of care for some ethnic minority groups, and to ensure that these groups are dealt with appropriately and responsively by both services. This will also consider gender issues. (NIMHE/HO to develop model by 2006.)

Building on the forthcoming action plan on reducing re-offending, the HO and Department of Health (DH) will work to develop a pathways approach that can be used at the local level to ensure that offenders with mental health problems are able to access suitable treatment at the earliest possible stage. (NIMHE by the end of 2005.)

NIMHE and the Probation Service will work towards making work-based mental health awareness training available for all probation officers. The training will cover diversity issues, including ethnicity and gender. (NIMHE/Probation Service from 2004-2005.)

The Association of Chief Police Officers (ACPO) will review the available post-foundation training on mental health awareness, and will ensure that ethnicity issues are fully addressed within it. (ACPO by 2006.)

The Central Police Training and Development Authority will make available Home Office funded mental health awareness training, in collaboration with NIMHE, at a number of regional centres. (Central Police Training and Development Authority by 2007.)

Useful Contacts and Resources

The Home Office is the central government department dealing with criminal justice, prisons and the police, see www.homeoffice.gov.uk

The Prison Service provides information on the work going on in prisons throughout England and Wales see www.hmprisonservice.gov.uk

To access information about the probation service see www.probation.homeoffice.gov.uk

To access information on the police visit www.police.uk

Home Office, *Reducing Re-offending: National Action Plan* (Home Office Communication Directorate, 2004).

A checklist for Accident and Emergency staff to help them deal with patients with mental health problems was published in 2004. This is available at www.dh.gov.uk/assetRoot/04/08/11/93/04081193.

Revolving Doors is a charity concerned with mental health and the criminal justice system. It works with the police, prisons and courts, as well as supporting people who have 'fallen through the net' of mainstream services. (www.revolving-doors.co.uk).

Nacro is a national organisation working to reduce crime by resettling prisoners, helping people with housing and employment, and working with communities and young people (www.nacro.org.uk). For more information on court diversion schemes see *Findings of the 2003 Survey of Court Diversion/Criminal Justice Mental Health Liaison Schemes for Mentally Disordered Offenders*.

National Institute for Mental Health in England (NIMHE) – for information and local case studies/projects on mental health issues and criminal justice (www.nimhe.org.uk). NIMHE has a Knowledge Community where people can exchange information and experiences relating to mental health. This can be found at kc.nimhe.org.uk.

Scottish Executive – for information on mental health policy and services in Scotland, contact the National Programme for Improving Mental Health and Well-Being (part of the Scottish Executive). Visit www.show.scot.nhs.uk

www.socialexclusion.gov.uk

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