

# Mental Health and Criminal Justice: making links

**Crispin Truman** explains how the mental health problems of offenders are still inadequately addressed by the criminal justice system.

**P**olicymakers, commissioners, service providers and users in mental health and criminal justice all agree that offenders with mental health problems need effective access to health, housing and social care if we are to reduce reoffending. Yet, ten years since the Department of Health and the Home Office commissioned a comprehensive attempt to co-ordinate a policy for mentally disordered offenders across the service areas concerned, how much progress has been made? 'The Reed Report' (*Review of Health and Social Services for Mentally Disordered Offenders and Others Requiring Similar Services*, 1992) made 276 recommendations setting an agenda for change. The Review was rapidly followed by a Home Office Circular (66/90) requiring the diversion of people with mental health problems from the criminal justice system.

A subsequent circular in 1995 (12/95) shifted the balance towards ensuring access to health and social care while keeping people in the criminal justice system if the public interest required it, but

three years. Researchers found that:

- 30% had poor access to primary care.
- 64% of those with clearly identified mental health problems were not in contact with mental health services.
- More than one in ten referrals from prison were assessed as being at serious risk as a result of unmet mental health needs.
- 55% were without adequate housing; and
- 62% had substance misuse needs that were not being met.

The report describes how the complex and interlinked nature of the problems of vulnerable offenders requires services to work together. It also shows that they are not doing so, leading to disillusion and disengagement by clients.

Because of the multiple problems faced by this group, one successful intervention is likely to have limited impact on the life of the client simply because the other issues are not being resolved at the same

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the principle remained. And since 1997 a wide range of government initiatives have at least touched on the needs of mentally vulnerable offenders: 'Supporting People', the Social Exclusion Unit (SEU) and the Prison Health Policy Unit to name but a few. The SEU's recent report on the resettlement of offenders in particular gave a detailed description of how poverty and disadvantage combine with mental health, homelessness and substance misuse problems to undermine efforts to reduce offending.

And yet a report from Revolving Doors Agency due to be published this summer shows that significant numbers of highly vulnerable people are still going in and out of the criminal justice system for minor offences. It's clear from the report and from the experience of local voluntary and statutory sector agencies across the country, that their needs remain unmet.

In four sites in London and the South East, 1000 mentally vulnerable offenders were referred to an experimental Link Worker scheme over a period of

time. A client may be offered housing support and somewhere to live, but because they are not offered help with substance abuse, they continue to misuse drugs. The result is eviction. Similarly, if someone is self-medicating and is offered a drug detoxification programme without help to work on their mental health problem, the detoxification programme is unlikely to be successful.

Offering a service to this group is not easy. Clients have often refused help in the past and lead chaotic lives which make them difficult to engage. Many are homeless, making contact difficult. Huge variations also exist between the help given by the different services and in different parts of the criminal justice system. Housing services for example performed comparatively well in the community-based police station, but badly in the prison. High rates of engagement with drug and alcohol services observed in the prisons were largely due to the availability of substance detoxification programmes. The Prison Service has already exceeded its 2004 annual target of 27,000 detoxification programmes. However, this

level of service is not matched in the community. It is perverse that people seem to have to go to prison to receive adequate treatment for substance misuse problems.

And yet Revolving Doors' experience of running experimental Link Worker schemes in partnership with local agencies shows that investing a relatively small amount of resources in preventive interventions can have significant success in breaking this cycle.

On the schemes, which feature multi-disciplinary teams working across the criminal justice system and the community, 'Link Workers' liaise with local community and criminal justice services to:

- give support and practical help at the time of referral;
- act as advocates and 'go-betweens' to help people re-establish relationships with local services; and
- play a continuing support and advisory role for up to two years.

Link Workers make use of assertive outreach techniques and provide casework support as a whole team to those with the most complex needs. Joint working with mainstream agencies is key to the approach and includes being based with a local team. Staff backgrounds include social work, nursing, occupational therapy and supported housing, making a range of skills available to clients who need to navigate complex social, health and benefits systems.

Police stations, courts and prisons provide the schemes an opportunity to engage vulnerable people when they most need it. Prison staff refer people returning to the local community after short sentence or remand, with the aim of establishing a supportive relationship prior to release. Those identified at police stations are also supported throughout their time in prison and afterwards. The key is to bridge the gap between community and criminal justice services.

The schemes have succeeded in engaging and supporting many of those with the most complex needs which other agencies have found difficult to help. Research conducted with the support of the London School of Economics (Finn *et al* 2000) also showed that being on the Link Workers' long-term caseload for one year resulted in the following benefits:

- 100% of clients moved out of Bed & Breakfast and into stable tenancies;
- GP registrations doubled;
- wasted visits to A&E decreased; and
- criminal convictions reduced (Street 2002).

Monitoring of people's use of services over time showed improved access to:

- drug and alcohol services for 30% of clients;

- mental health services for 23%; and
- primary care for 34%

Ten years on from Reed we have a huge variety of good practice in many areas and strong evidence of what works. Ask any practitioner working in the field and they will have a pretty clear idea of how services can best work together to support people with mental health and multiple needs coming into contact with the criminal justice system. This is not an area where we are still seeking solutions. What is lacking now is sustainability and any sense of consistency between areas. Mentally disordered offenders face the biggest geographical lottery in service provision of anybody. Good schemes which have been shown to work are faltering because short-term innovation focused funding is coming to an end.

The voluntary sector and local agencies have done their job, what we need now is a national strategic commitment to develop a comprehensive and sustainable service for this group using what we've learnt over the past ten years. Only government can help us with that.

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#### References:

Bergin, S. *et al* (forthcoming), *Findings from the Revolving Doors Link Worker Schemes* (working title). London: Revolving Doors.

Department of Health/Home Office (1992), *Review of Health and Social Services for Mentally Disordered Offenders and Others Requiring Similar Services* (The Reed Report) Cm 2088. London: HMSO.

Finn, W., Hyslop, J., Truman, C., (2000) *Mental Health, Multiple Needs and the Police*. London: Revolving Doors.

Street, S. (unpublished, 2002), *Evaluation of the Revolving Doors Agency Link Worker Schemes*. London: Home Office.