

MENTALLY DISORDERED OFFENDERS

A forgotten minority

The probation service, with the prison service, has traditionally accepted the principal role in working with offenders. Closure of psychiatric hospitals and residential provision, and increased levels of homelessness among the mentally ill, have led to probation officers working with greater numbers of mentally disordered offenders, those with substance mis-use problems and others who exhibit 'challenging behaviour'. The major problem has been gaining access to health and social care resources in the cases of those suffering from a mental disorder. Failure to do so, compounded by the frequent addition of other problem areas such as accommodation and unemployment, have led to their continued inclusion in the criminal justice system or at worst, imprisonment. Health and social services have the major responsibility for providing mental health services particularly in the light of the Community Care Act 1990 and Health of the Nation White Paper 1992. However, many agencies have recognised that the way forward in responding to mentally disordered offenders is through partnership between those agencies and criminal justice agencies.

The importance of partnership

Effective community responses to mental health issues are not easily defined, as mental illness affects a wide spectrum of individuals and is evident in a variety of different groups. However, what is clear is that a co-ordinated response from health, social services, voluntary agencies and, in the case of mentally disordered offenders, the probation service, is imperative.

A frequently quoted study by Gunn (1) of the sentenced male prison population revealed that 37% had an identifiable psychiatric disorder. Approximately 3% of these were suffering from a disorder which would require treatment or care in a psychiatric hospital. Prison health care centres have neither the time or resources to deal adequately with this group of offenders, many of whom may be needlessly caught up in the criminal justice system. Judge Tumim, reporting recently on his inspection of Wakefield top security prison, criticised the location of mentally disordered prisoners; they were being held in the main part of the prison, rather than in the prison health centre. Moreover, the Reed Report confirmed the belief that wherever possible mentally disordered offenders should remain in the community and receive care or treatment from health and social services rather than the criminal justice agencies.

The key to future success lies in preventing those people and others from

becoming involved in the justice system. Legislation exists in the form of the Mental Health Act 1983, to prevent entry into the criminal justice system but a more proactive stance is required. What is needed, is for mentally disordered offenders to be cared for in the community rather than in institutions, and with no more security than necessary. Care should be of good quality and take account of each patient's individual needs, while helping to enhance the chances of rehabilitation and to enable the individual to maintain an independent life.

Many mentally disordered offenders remain in the criminal justice system because they are unable to sustain independent living and offence-free lifestyles. The inadequate structure of support which criminal justice agencies can provide to meet their needs means that they are unable to live in the community without posing a risk to themselves or others. The main thrust of the partnership approach to mentally disordered offenders has been the formulation of court diver-



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sion schemes. These schemes aim to divert mentally disordered offenders away from the criminal justice system and to appropriate care and treatment or produce a more effective sentencing option if the case goes to court.

Shortage of resources i.e. beds in secure hospitals and psychiatric wards, trained nursing and other staff, is often blamed for the failure to maintain standards of care for the mentally disordered. However, although more resources are needed, many psychiatric beds (possibly up to 30%) may be inappropriately filled by patients who await either higher or lower security provision, or are waiting for a way to return to the community. Inevitably, this causes blockages for those awaiting beds. There are currently patients who are awaiting discharge into the community who cannot be discharged

because of a lack of adequate accommodation. Others have been discharged but have quickly either returned to hospital or custody because of lack of support or treatment in the community.

Care in the community

Despite increased recent publicity and interest in the problem of mentally disordered offenders, they are still not attracting resources. The voluntary sector have an important part to play in any partnership

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approach. They are able to help in providing accommodation and other support services, such as day care, which play such a primary role in the rehabilitation of the mentally disordered, and in minimising the risk which they pose to the community.

Supervision Registers (introduced from April 1994) and the planned increase in medium secure beds in 1995-6 are to be welcomed but as psychiatric hospitals are closed, more community psychiatric nurses and greater levels of support and supervision of the mentally ill in the community are urgently needed. Current health service budgets are already unable to cope with increased psychiatric services. The Health Secretary earlier this year announced a £45 million programme to enhance community care. Other estimates, from agencies such as MIND, suggest between £300 and £500 million is more realistic.

To cope adequately with the increasing minority of mentally disordered offenders, we must beware of short term injections of cash and look to longer term solutions. There must be a co-ordinated response to mentally disordered offenders at the highest level. More effective and efficient use of existing and proposed resources can only be achieved by co-ordination and the crossing of some established department boundaries. The danger is that mentally disordered offenders in the criminal justice system will become less of a minority and a greater threat both to themselves and to the community.

References

1. The Mentally Disordered Offender. (1991) J. Gunn et al. MacMillan.

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