

editorial

mental health

Enver Solomon puts this issue in perspective.

From police stations to the courts, to prisons and probation programmes, offenders with mental health problems are posing enormous challenges for the criminal justice system. Surveys of custody records in two London police boroughs show that in one week, 14 per cent of detainees had a self-declared mental illness and around 13 per cent of calls made to the police each day were linked to disturbances from people with perceived mental disorders.¹ According to a definitive 1998 study of psychiatric conditions among prisoners, seven out of every ten inmates have at least two mental disorders, far higher than those in the community.² Paul Bebbington reviews the evidence from the study and argues that its findings have not had the influence they should have, as neither 'care in the community' nor the development of secure forensic psychiatry services have prevented the criminalization of psychiatric patients or reduced the number of mentally ill persons in prison.

The majority of people with mental health problems who come into contact with the criminal justice system are not severely ill and have not committed the most serious crimes. They have general mental health needs – are neurotic, have phobias or anxieties, suffer panic attacks or are simply depressed and withdrawn.³ Their disorders frequently pass unnoticed. Instead it is the homicides committed by people with more serious mental disorders

that attract great public attention. As Jonathan Lynch notes in his article, the public perception of mental illness and crime is therefore of a 'madman' or 'maniac' preying on strangers even though studies show the number of homicides committed by those who use mental health services has fallen since the introduction of community care.

The police are usually the first point of contact for offenders with mental health issues. And officers feel that their resources are being stretched in having to cope with them. In a study of professionals' attitudes towards mentally disordered offenders outlined by Anthony Colombo,

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a police officer perceptively notes there are "a large minority of disturbed people out there who no-one is prepared to take responsibility for looking after, and so they roam the streets, get arrested for minor offences, and are dealt with by the courts. Once they are back in society the cycle starts again". This cycle is a consequence of systemic failings that mean police, prison and probation officers as well as court staff are left having to deal with people who require health and social care interventions.

Projects are in place to improve support for the mentally ill who are being incarcerated in increasing numbers. One example is described by Fiona Macaulay of the Bristol crisis service for women, which has designed a resource for female prisoners at risk of self-injury. But prisons are designed to punish not treat people, and do not provide a therapeutic setting for the vulnerable and distressed. There are plenty of examples of what happens when the prison system fails to support people, not least in the 'commonalities of circumstances' that Barry Goldson says characterise the 28 child deaths in custody in the last 15 years.

The Government is currently reviewing pathways from the criminal justice system into mental health treatment. But under the new *Mental Health Bill* these will not necessarily be voluntary. The bill, expected to be published soon, sets out much broader criteria for compulsory

argues in setting out the multi-systemic therapy model, those who have experienced chaos and trauma in their lives and as a consequence go on to commit criminal acts require therapeutic interventions that have a clear and thorough treatment framework. The danger of overlooking this is summed up by Felicity de Zelueta writing on attachment theory and violent behaviour. She states: "As long as we collude with the populist agendas in labelling those whose behaviour repels us as 'evil', we only confirm what these individuals feel about themselves and fail to both understand, treat and prevent violence in our society". Unfortunately this message is not being heard in the corridors of power.

Enver Solomon was Head of Policy and Research at the Revolving Doors Agency, and has very recently joined CCJS as Deputy Director.

1 Prime Minister's Strategy Unit (unpublished) 'Mental health and offending: background scoping slides', London: Cabinet Office.

2 Singleton *et al* (1998) *Psychiatric Morbidity among Prisoners in England and Wales*, London: Office for National Statistics.

3 O'Shea *et al* (2003) *Snakes and Ladders: Findings from the Revolving Doors Agency Link Worker Schemes*, London: Revolving Doors Agency.