Offender Mental Health Services Report

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1. Introduction

Those who offend have much greater mental health needs than the general population. Within the prison population, mental health is a prominent health issue at every level of severity.

Reviews carried out in England and Wales indicate that 89% of prisoners have at least one depressive symptom.
78% of male remand prisoners are assessed as having personality disorder, in comparison with 10-13% in the general population.
10% of male prisoners also display functional psychosis such as schizophrenia or manic depression. This is significantly higher than the general population figure of 0.5-0.6%.[1]
It is reported that Young offenders have approximately three times higher rates of mental health problems than the general population.[2]
The mental health needs of female offenders are an increasingly pressing concern given that the number of women receiving custodial sentences has risen by 75% in the last 10 years. 100% of a cohort of women offenders interviewed in the North Strathclyde Community Justice Authority (NSCJA) area cited mental health problems as being a key issue in their pathway into crime.
A high proportion of both offenders and general service users have substance misuse problems in addition to mental health difficulties.
This group of offenders will often have complex needs and are likely to be affected by a number of the following problems:

- substance use where this is a direct result of the person's mental health problem or gives rise to it.
- physical health problems.
- homelessness or accommodation difficulties where this is a direct result of the
- person's mental health problem or gives rise to it
- debts, financial exclusion and poverty
- lack of basic skills, low educational attainment
- and unemployment
- relationship needs

These difficulties are often compounded by a lack of co-ordination among services.
There is now increasing recognition that chronic exclusion can result for an individual with multiple needs which compound each other, even though individual services might not see one of these needs alone as a cause for urgent action. The criminal justice system needs a joined-up response that recognises the complexity of problems faced by those coming into contact with it and the risk of 'boundary exclusion' from statutory services for this group.[3]

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[1] Singleton N et al (1998) *Psychiatric Morbidity Among Prisoners in England and Wales* London; The Stationery Office
[2] Hagell A (2002) *The Mental Health of Young Offenders- Bright Futures ; Working with vulnerable young people* London: Mental Health Foundation
[3] *:* NACRO (2007) *Effective mental healthcare for offenders: the need for a fresh approach*

2. Background

The Scottish Executive Criminal Justice Directorate (SECJD), in their letter dated 28th August 2007, requested the assistance of CJAs in taking forward the work of the Offender Mental Health Working Group. Specifically it was suggested that the CJAs were well placed to bring key agencies together to scope out models of working with offenders with mental health problems, specifically at the lower end of the spectrum and to report back to the Group with examples of good practice and/or proposals for improving current practice. This report is the response of NSCJA to the Scottish Government Offender Mental Health Working Group request.
The deadline for the submission of this report is 25th April 2008.

3. Aims

The aim of the report is to highlight the findings of NSCJA in the following areas:

- Current good practice – what works well?
- Areas for Improvement including gaps in services; issues in sentencing and needs of specific offender groups.
- Proposals for improvements.

4. Consultation Process

The processes of consultation that was adopted by NSCJA are outlined below:

- A survey of organisations was carried out. (Appendix 1) The responses informed the current position across NSCJA of the level of need for mental health services among the statutory and voluntary sectors, both offender specific and generic services.

- On 10 March 2008 Glasgow CJA and North Strathclyde CJA jointly hosted a thematic event that brought together key individuals and agencies to discuss current provision and the priorities for moving forward. The event was hosted jointly, in recognition of the fact that both CJA areas share key mental health services from NHS Greater Glasgow & Clyde and the Voluntary Sector. 28 individuals attended from Health, Scottish Prison Service and HMI Inspectorate of Prisons, the Voluntary Sector, Social Work Services and the CJAs. Those attending formed three multi-agency groups to discuss the set questions (Appendix 2) and report findings.

5. Summary of Findings

5.1 People are positive about improvements in information sharing and joint working but are clear that more needs to be done. This includes improvements in the understanding of available services, how these services are accessed and the responsibilities of different services.
There may also be a need to look at the communication systems e.g. IT infrastructure.

5.2 Services have assessment processes in place and are aware of a wide range of services to which clients can be referred. The range of varying assessments and differing definitions employed within services could potentially hinder good communications. A clearer strategy in relation to mental health and offending may address these issues.

5.3 Joint working and multi-disciplinary working are strongly supported. Models that bring different disciplines and services together on one site are highlighted as models of good practice. .

5.4 There is an awareness of the ongoing need for training. Basic mental health awareness appears to be widely available but more specialist training, delivered jointly may be of benefit.

5.5 Accommodation issues for clients were identified as a key inhibitor to the co-ordination of other services around an offender. There is a need for better transition between custody and the community, in both directions, to assist clients in engaging with services in their communities.

5.6 Supporting sentencers appears as another theme. The benefits of the specialist courts are highlighted as are specialist facilities for assessment and links to health services within courts. This may lead to a better assessment of need and more appropriate service response.

5.7 Specific resource gaps were identified for Personality Disorder and those with drug/alcohol misuse issues. Dual diagnosis issues were identified as an area of concern amongst practitioners. This is particularly evident where clients are self medicating via drugs or alcohol and have a clear diagnosis, treatment is refused due to here drug/alcohol use.

6. Good Practice – What Works Well?

The general theme from the findings of the groups and questionnaire responses was that there is a significant level of good practice, particularly in the areas of joint working and information sharing amongst practitioners. CPNs based in courts were one group singled out as aiding communication between services; however more needs to be done.

6.1 A commitment to multi disciplinary working was identified as were the benefits of co-location where models of this exist.

6.2 The definition of mentally disordered offender and questions of definitions and thresholds were a common theme throughout the thematic event.

6.3 Participants did not tend to name 'successful' services but rather focused on characteristics common to those identified as working well.

6.4 Some good practice in courts was identified. As already discussed above, the presence of CPNs within some courts is seen as a way to improve communication between services. The Forensic in-reach service at Glasgow Sheriff Court was also identified as a good model. An area of good practice in the NSCJA area is outlined in section 7 below.

6.5 Assessment was identified as a particular strength, however with the caveat '…when time allows…' The ability and willingness of services to share information was seen as having a positive impact on improving the quality of reports for sentencers.

6.6 The groups identified the paradox whereby individuals often appear to get a better service whilst serving a custodial sentence. Prisons were described as a 'one stop shop' often with access to a range of services beyond those available to service users in the community.

6.7 Generally services for high risk individuals or individuals with a diagnosis were thought to be the most effective. There appears to be more gaps in the services provided for those at the lower end of the spectrum, the target group for this report.

6.8 The Care Programme Approach (CPA) was highlighted as an area of best practice that brought agencies together for effective care co-ordination. This is however limited to those with the most severe and enduring problems.

6.9 Participants at the event indicated that a perceived reduction in the stigma associated with mental health issues was possibly having a positive effect on identification and engagement but also recognised the possibility of this leading to labelling of those with a range of complex social and environmental difficulties. e.g. 'depression',

7. NSCJA Example of Good Practice

Following the publication of Health, Social Work and Related Services for Mentally Disordered Offenders (MDOs) in Scotland, NHS MEL(1999)5, which gives guidance on the services that should be available to MDO's, NHS Argyll & Clyde developed a Forensic Community Mental Health Team and a Court Liaison Scheme for Paisley, Greenock and Dumbarton Sheriff Courts. This service is nurse led and on an on-call provision, Forensic Community Psychiatric Nurses (FCPN) attend in the first instance and complete a mental health assessment, which may be done in partnership with Court Social Work Services. Forensic Psychiatrists will provide on call cover to attend Court to complete further assessment where deemed necessary. The proposal was developed in liaison with the Procurator Fiscal, NHS Argyll & Clyde, Strathclyde Police and Renfrewshire, Inverclyde and West Dunbartonshire Criminal Justice Social Work Services (Court Social Work Unit). A protocol was drawn up between the partner agencies.[4]

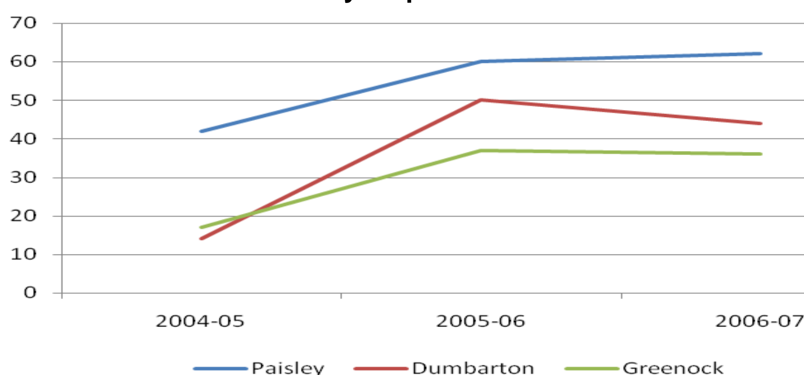
It was agreed that the service would operate on week days and would provide a service to the major courts in the area – Paisley, Greenock and Dumbarton Sheriff Courts. Referrals would be received from the Procurator Fiscal offices and individuals assessed initially by nurses from the Forensic Community Mental Health Team with referral on to a Consultant Psychiatrist if required. In order to ensure that individuals were assessed prior to custody court sittings, it was agreed that referrals should be received before 12 mid-day.

The aim of the service is to identify individuals with a mental disorder appearing in court from overnight custody and to assess whether diversion to hospital may be appropriate. Where this is not required, liaison with other services is established as appropriate.

Multi-agency training was provided prior to the service becoming operational, again in 2006 and is due to be repeated this year.

There has been a marked increase in referral activity over the 3 year period since the introduction of the service indicating a need and demand for the service. This is displayed graphically below. A report on the service referral activity is attached at Appendix 3.[5]

Figure 1 Number of Referrals over 3 year period



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[4] NHS Forensic Community Mental Health Team Court Liaison Service Protocol
[5] NHS Forensic Community Mental Health Team Court Liaison Service Report S. Hendry Manager

8. Areas for Improvement

The thematic event highlighted a number of areas for concern in the current level of service provision. In summary there was a call for individuals to be treated within the most appropriate services (e.g. health) rather than always first and foremost as offenders.

8.1 Gaps in Service

8.1.1 A range of gaps in service were identified but also gaps in knowledge of services, their availability and access routes. Key areas where services were seen to be lacking were in relation to accommodation and substance misuse, in particular alcohol issues; inconsistency of approach according to geography; client group or resource limitations such as time for assessments, service waiting lists or shortages of particular professionals.

8.1.2 Although information sharing was identified as an area of good practice, there were areas that needed improvement; these included accessing current information on treatment, diagnosis/prescribing from GPs; accessing historical information; the apparent resistance of some NHS staff to share information and reports, especially where clients have given written permission and there was a specific requirement via Social Enquiry Reports (SERs) etc.

8.1.3 Communication between practitioners was improving; however IT systems were not yet able to communicate with each other effectively.

8.1.4 It was noted that services often do not collect the data required to evidence success or where evidence is available from e.g. pilot schemes; these are not necessarily rolled out.

8.1.5 The increasing use of prison was seen as symptomatic of gaps in community services. In the absence of alternatives at assessment or sentence stage, prison was seen as often being used as a place of safety or for those with behaviour seen as particularly difficult to manage.

8.1.6 There was also a perception that clients were passed between services with nobody accepting responsibility for the individual. Accommodation was seen as a priority to enable other services to be put in place. A lack of a permanent and appropriate address was seen to hinder access to other services and making simple activities like registering for a GP problematic. Lack of housing, sub standard housing in deprived areas and peer pressure within these areas were all identified as barriers to rehabilitation and good mental health.

8.1.7 Substance misuse was identified as an almost universal issue in relation to this group of offenders. This was seen to complicate access to mental heath services as it was often difficult to establish the nature of the mental health issue at the outset. Often service provision is firstly about stabilisation of an individual's substance use before looking to mental health issues. There is an issue with the direction of causality and also which service has ownership for the individual. This can risk service users falling between services. There are

issues within NSCJA constituent local authorities around dual diagnosis. In situations where it is fairly apparent that people are self medicating via drugs or alcohol, and have what appears to be a fairly clear diagnosis they are refused treatment due to their drug or alcohol use.

8.1.8 Alcohol was identified as a significant issue and one that has not had as much attention or service development as drug misuse. However the existence of alcohol nurses within CATs was noted as a useful development.

8.1.9 Access to existing services was identified as an issue with one example being the geographic barriers, where it was expressed that local rurally based services would help service integration.

8.1.10 Other frustrations for staff were the often limited time to assess clients, limited specialist staff (CPNs and MHOs) and lack of specialist services for those with personality disorder and young people transitioning from children's services. There are 'unrealistic' expectations of courts and at times service users of what level of service could be provided. However it was recognised that a number of personal, social and environmental factors are at play and that often the chaotic nature of individual lives makes any stability difficult and means expectations need to be realistic. The often chaotic nature of the lives of offenders with mental health issues may mean exclusion from services, either voluntarily (as a result of not attending appointments) or on the basis of their behaviour. Criminal Justice Social work practitioners expressed concern that mental health issues were used as a means of excusing offending behaviour, which hindered the robustness of supervision. Poverty generally was identified as a factor for this group of individuals.

8.1.11 Work with those on statutory orders was seen as more effective than those without this status. In the participants view this could be a result of lack of motivation to engage.

8.1.12 The political dimension of services for offenders was raised as an issue as was the question of the need for a willingness to make changes to current systems.

8.2 Sentencing Issues

8.2.1 The main discussion in relation to sentencing focused on the apparent inconsistency between courts and variations between Sheriffs. Additionally, criticism of short term sentences appeared throughout the discussions. This is due to the lack of time for any type of intervention within prison and the lack of a statutory basis for intervention on release into the community.

8.2.2 Most criticism centred on the apparent inconsistency across courts and variations in approach by individual sheriffs. The lack of conversation between Sheriffs and Offenders was highlighted, in contrast to the specialist courts where there is more direct contact and review of cases by Sheriffs.

8.2.3 Other areas highlighted included the need for more resources for assessment, for the assessors to appear in court and for alternatives to prison for offenders throughout the assessment process.

8.3 Specific Needs Groups

8.3.1 Women and young people were identified as specific groups requiring additional service responses. For young people the gap between child and adult services was identified as problematic which may lead to a 'lack of ownership'. For women it was those in the middle range without severe problems or a diagnosis of mental illness, but with significant personal, social and environmental issues, that require additional services.

8.3.2 It was identified that cultural issues were sometimes being confused with mental health issues. It was also suggested that increasing language barriers were being faced by services and service users.

9. Proposals for Improvement

All mental health service users have a range of needs which no one treatment, service or agency can meet. Having a system which allows a service user access to the most relevant response is essential. The principle is getting people to the right place for the right intervention at the right time.

It was suggested a model of service in the community that brings all services to the user rather than vice versa would be a step forward.

Not all groups came up with a clear set of priorities and those that were identified were not common to all groups. They can be grouped generally as infrastructure, service specific and cultural recommendations. They require a mix of service level, local and national actions.

9.1 Infrastructure

- Better relationships and information sharing across services to include joint training, better compatibility of IT systems and more accessible information on what services are available and how to access them.

9.2 Service Specific

- Increase in specialist staff including MHOs and CPN in all courts where they do not currently operate.
- Increase in services for personality disorder offenders in the community and SPS.
- More services related to alcohol issues.
- More attention paid to point of release from prison for those with no statutory throughcare provision.
- Explore the possibility of giving more autonomy for CJSWS in breach procedures

9.3 Cultural

- Need for earlier intervention and a focus on the health care needs rather than criminal justice aspects of individuals. This would require earlier assessment processes and a political push to promote the use of health resources rather than prison.

- Focus on keeping people out of prison, particularly those receiving short term sentences, but this will have an impact on community services.

nscja
north strathclyde
community justice authority

MENTAL HEALTH SERVICES FOR OFFENDERS INFORMATION GATHERING EXCERSISE

Please complete as fully as possible. Sections 1 -3 focus specifically on the work of YOUR **SERVICE.** Section 4 is concerned with your views on **CJA WIDE SERVICES** and **COORDINATION.**

1 Your Service			
Contact Person **Telephone**			
Please describe your service and its work in relation to offenders with mental health needs. **Please indicate if you deal exclusively with offenders or have a wider client group.** **If available please send your most recent annual report**	Mentally Disordered Offenders (MDO) Those with lower level needs (LLN) Do you work exclusively with offenders? Please ✓ Yes ☐ No ☐		
Please giver the total number of service users and estimate the number who have mental health needs. If your service does not only deal with offenders please then estimate the number of OFFENDERS with mental health needs seen by your service annually	**Total clients of the service 2006/7**	**Estimated number with Mental Health Needs** MDO LLN	**Estimated number of OFFENDERS with Mental Health Needs** MDO LLN
2 How does your service address these needs? (Please tick all that apply and provide brief details)			
1. **Assessment** (please identify any specialist tools used)	☐		
2. Referral (please identify services referred to)	☐		
3. Direct work (please identify all types of intervention **available** e.g. one to one counselling, groupwork etc)	☐		
4. Awareness raising or direct advocacy work with service users or wider public(please identify relevant activities)	☐		

5. Any other activity	☐	
Are there areas of good practice in YOUR service you would like to highlight?		
What do you feel are the gaps in the service YOUR organisation currently provides?		

3 Your Staff

How many Mental Health specialists does your service have? (please specify numbers and type e.g. Mental Health Officer, Psychologist)	**Number**	**Type**
Have you identified any Mental Health training needs for your staff? (Please provide as much detail on type, level of demand and possible sources of training)		
Do staff receive Mental Health Training or awareness? (please detail level, type and duration of training and which staff receive training e.g. all or only certain groups)		

4 CJA wide Services and Co-ordination

How well do you think services work together?	
Do you feel there are gaps in the services currently available in NSCJA? (Please detail e.g. geographical, age groups, specific needs)	
Are there areas of good practice across the CJA you would like to highlight?	
Are there national examples of good practice NSCJA should consider?	
Any other comments?	

Please return to Willie Kennedy at William.kennedy@renfrewshire.gsx.gov.uk or by post to North Strathclyde Community Justice Authority, Unit 905 Mile End Mill 12 Seedhill Rd Paisley PA1 1JS by 11th April 2008. If you require any assistance or have any questions about this work please call 0141 887 613

Appendix 2 Thematic Event Set Questions

Offender Mental Health Event
10th March 2008
Glasgow City Chambers

Thematic Questions

Participants are asked to consider a number of issues including the following:

- What works well?
- Gaps or frustrations?
- Sentencing and mental health
- Specific needs
- Priorities for action.

Appendix 3: Report on Forensic Community Health Team Court Liaison Service.

REFERRAL ACTIVITY

1st year of service 2004 – 2005

73 referrals were received in the fist year of service 2004-2005 a breakdown of area for these referrals is shown in the chart below.

	Total	%
Paisley	42	58
Dumbarton	14	19
Greenock	17	23

Of those referred 77% had a history of previous contact with psychiatric services and 88% attracted a formal psychiatric diagnosis. It therefore appears that in the majority of cases individuals were referred appropriately. In 4 cases recommendations were made that individuals should be admitted to hospital in terms of Section 52 of Criminal Procedures (Scotland) Act 1995. This recommendation was accepted in each case. Contact was established or re-established with other services on 53 cases and 10 individuals declined an opportunity for follow up. In only 10 cases it was considered that no follow up was required. This further reinforces the impression that in the majority of cases individuals were referred appropriately.
The following table provides a breakdown of outcomes:

	Total
Formal Admission	4
Alcohol Service	10
Sector Team	26
GP	23
Social Work	7
Drug Services	12
Voluntary Services	7
FCMHT	4
Prison	14
Declined	10
None	10

Second year Service provision 2005- 2006

There was a marked increase in referral activity to the service, 147 referrals more than twice the number of the previous year. The reasons for this may be that Procurator Fiscal staff became more aware of service availability, potential outcomes of using the service or the delivery of specifically targeted training to Fiscals, Police and Court based social work staff. A breakdown of areas is included in the table below.

	Total	%
Paisley	60	41
Dumbarton	50	32
Greenock	37	27

The following table provides a breakdown of outcomes.

	Total
Formal Admission	4
Alcohol Service	16
Sector Team	19
GP	34
Social Work	9
Drug Services	12
Voluntary Services	2
FCMHT	3
Prison	6
Declined	12
None	12
Outpatient	9
Housing	1
Learning Disability Team	1
Refused Assessment	9

Third Year of Service 2006-2007

Referrals to the service in 2006-2007 numbered 142 referrals. This is similar to the previous years figures and correlates with other geographical areas with approximately the same service provision -- Forth Valley.
Paisley continues to generate the majority of referrals.

	Total	%
Paisley	62	44
Dumbarton	44	31
Greenock	36	25

A significant amount of work is undertaken by the staff to engage individuals with other services as detailed in the table below.

	Total
Formal Admission	5
Alcohol Service	13
Sector Team	15
GP	29
Social Work	13
Drug Services	10
Prison	3
Declined	28
None	13
Outpatient	17
Refused to be seen	2
Not in cells	3
Unknown	3

Conclusion

The annual review of service provision has taken place. Issues raised at this were unavailability of court service on occasions. This has happened as a result of staffing issues; the consultant cover for the overall service was halved in the last year following the departure of our full time consultant. Attempts have been made to recruit to the post with no success thus far some reorganisation of services has been undertaken and this has provided the service with full time consultant cover. The Fiscal Service recognises the great value of the scheme.

Further mental health awareness sessions will be organised, these will be open to Fiscals, Police, Social Work and Reliance Custodial Staff.