

# MENTAL HEALTH & OFFENDING

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# What is the problem?

- Courts deal with ~1.3 million persons a year
- ~ 90,000 persons receive prison sentences each year
- ~160,000 persons receive community sentences

## Health needs emerging from OASys Assessments

(Data cover the period 1st April 2004 to 31st March 2005)

Score	0		1		2		Sample size
Self harm, attempted suicide, suicidal thoughts or feelings	96731	<b>79.5%</b>			24999	<b>20.5%</b>	121,729
<u>Current</u> Psychiatric problems	104030	<b>85.5%</b>	10463	<b>8.6%</b>	7236	<b>5.9%</b>	121,729
General health	80525	<b>66.2%</b>	41204	<b>33.8%</b>			121,729
Binge drinking or excessive use of alcohol in last 6 months	75057.5	<b>61.7%</b>	19767	<b>16.2%</b>	25514	<b>21.0%</b>	121,729
Drug use and obtaining drugs a major activity/ occupation	42157	<b>62.2%</b>	12532	<b>18.5%</b>	12932	<b>19.1%</b>	67,822

EG:Current Psychiatric Problems

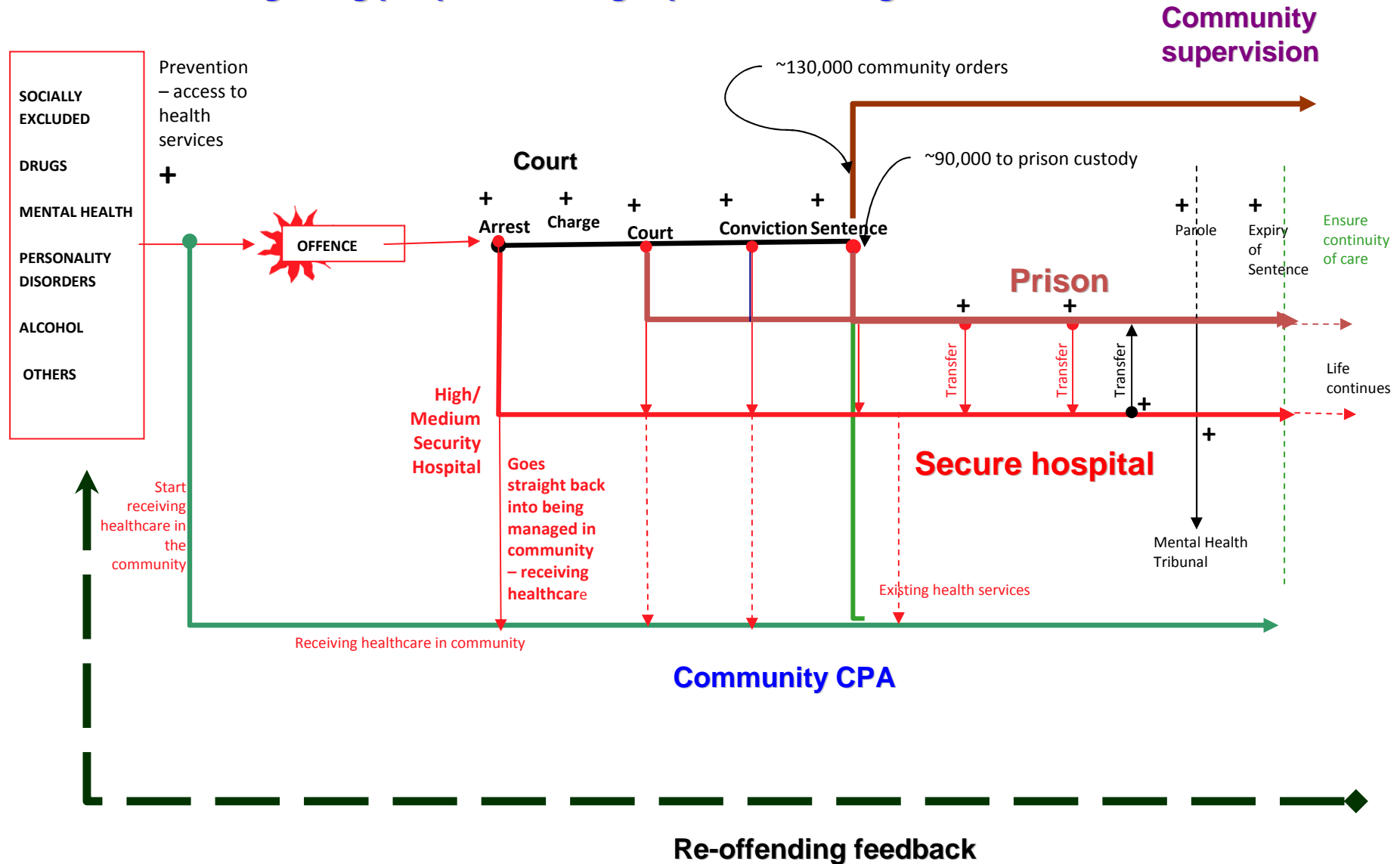
2: has psychiatric problems at the present time that are severe and well-documented over prolonged periods of time, and are probably related to offending; the offender will be receiving medication or other treatment

1: is known from file sources to have psychiatric problems/has mentioned psychiatric problems but duration unknown, not certain whether treatment current, no immediate link to offending behaviour/has been recommended for psychiatric assessment, oversight made but results not available

- The ONS (1997) showed 10% of those in custody have severe/enduring mental illness (functional psychosis) and 66 % suffer from personality disorders.
- Up to 15% of sexual and violent offenders have severe personality disorder (Coid et al.2007)
- No systematic information about access to services, but known to be problematic (NAO Report on Community Orders, Report on MH in-reach in prisons)

# Offender mental health pathways

Are we getting people in the right place at the right time ?



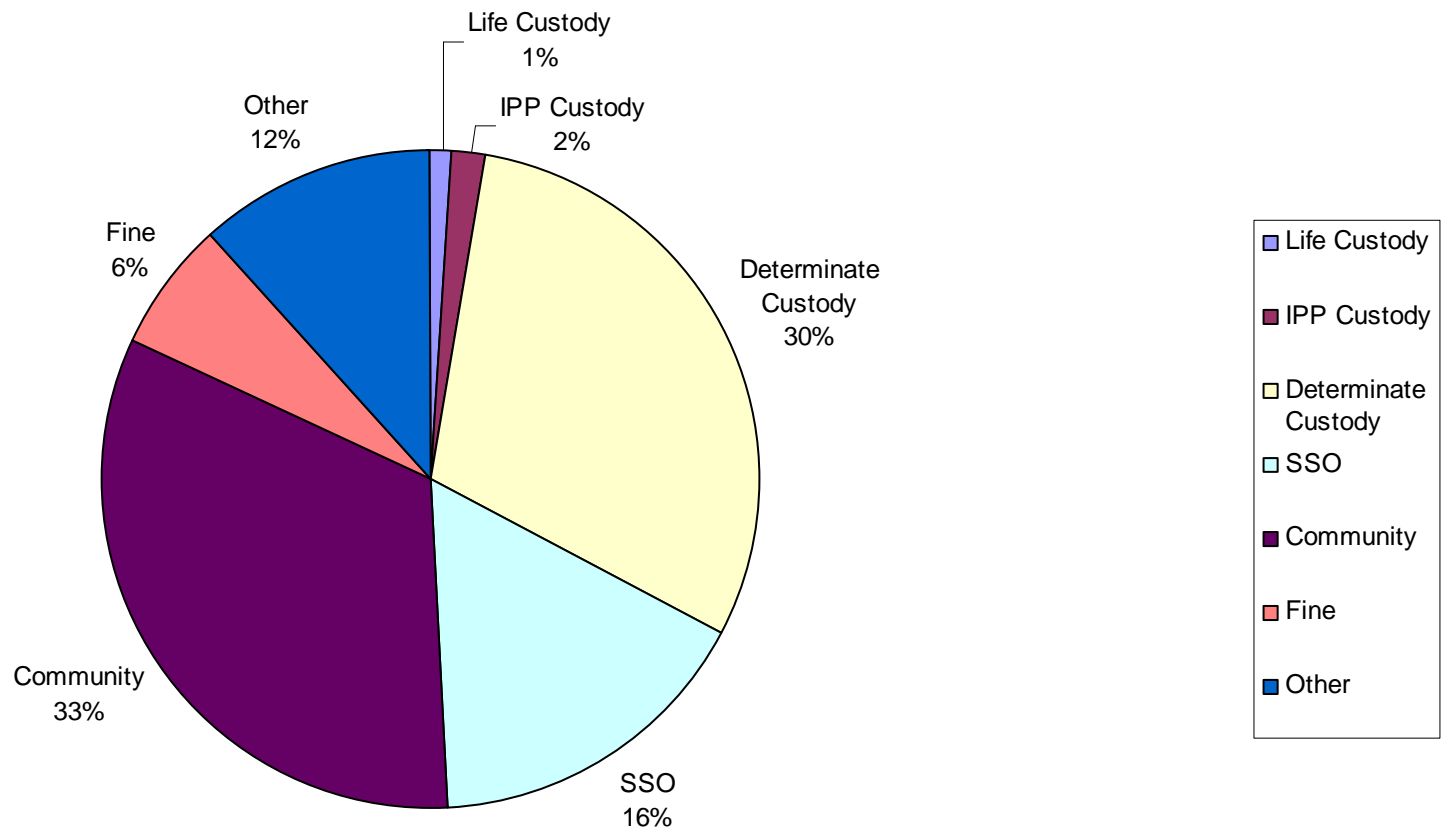
# Key questions

- Do our processes operate in way that offenders end up in the right part of the system?
- Are their mental health needs addressed?
- What are the policy/delivery levers and who can pull them?

# What does this mean ?

- Indicators overlap, but give a series of views of the need for access to services.
- Low risk + mental health needs ?= potential for diversion to community (health, social care and probation) services
- High risk + access to psychiatric or psychological services = mixture of services in prison + secure MH services

Violence against the person (2006)



# Factors that potentially influence access to service

- Risk of serious harm (to others) and need
- Timely screening and assessment
- Availability of service, high cost
- Information sharing
- Joint view and understanding of the 'system'

# What progress is being made?

- Prison health reform has led to extra initial investment, a raising of standards and better integration into NHS
- Mental health in-reach into prisons has made a start, but falls significantly short of what is needed
- New mental health legislation is putting patient access at the forefront
- DSPD Programme is testing out new models of care in the difficult area of high risk offenders with severe PD

# Bradley review: Barriers?

- Range of system issues: on the whole the pathways do not in significant ways operate as a system
- Underdeveloped commissioning
- Underdeveloped cross-agency working; poor case management
- Absence of a shared understanding of the shape and nature of the challenge and how this should fit into the broader MH agenda

# What might need to be done for an effective mental health service for offenders?

- be planned and delivered in partnership with criminal justice agencies
- have early assessment at the police/court stages to help inform decisions about sentencing, diversion away from custody where justified, and access to services
- have more psychological interventions than at present
- reach into prisons, linked to community teams to address needs and help manage throughcare back to the community, ensuring continuity of care (“opaque wall to escape – transparent wall to services”)
- Have well structured pathways to enable those that need access to hospital treatment (under MH legislation) to receive it in a timely way, and be held in settings of security commensurate to their risk; and have good access to step-down services as their health improves
- Have Joint NHS/probation supervision and aftercare in the community to meet their mental health needs and to maximise opportunities for resettlement, risk management and reduction of offending