



Commissioning mental health care in the criminal justice system

10 top tips for PCT Boards

Since 2006, all Primary Care Trusts (PCTs) have had the lead role for commissioning health services in the criminal justice system. Here we highlight what PCT board members – both executive and non-executive directors – need to know and present our top tips for every PCT.

The current prison population is 82,000, and there are more than 150,000 people serving community sentences. The average PCT is thus responsible for the health care of about 500 prisoners and more than 1,000 community sentenced offenders. In addition, nearly 10,000 people per PCT area are arrested by the police each year. All of the people in these groups have a very high risk of mental ill health.

Around 70% of prisoners have two or more mental health problems and 20% of male and 15% of female prisoners have previously experienced a psychiatric acute admission to hospital.

Rates of self harm and attempted suicide in prison are high. The greatest risk of suicide or self harm is among newly arrived prisoners in their first seven days in prison and among newly released prisoners.

Some groups, such as women and young people, suffer disproportionately from mental health problems in prison.

1 Has the PCT commissioned a police and court diversion and liaison service?

The Government's Bradley Report has called for Criminal Justice Mental Health teams to be set up across England. Good quality diversion - that works with the police as well as courts, that influences decisions by criminal justice agencies and that ensures people stay in touch with services - can be very cost-effective.

Most PCTs already commission a court diversion scheme but few have sufficient scope to divert more than a small proportion of those they should be helping. Very few diversion schemes are based at police stations and many do not offer a gateway to mental health services.

ACTION: Every PCT should commission a Criminal Justice Mental Health team, covering courts and police stations, working to the specification set out in Lord Bradley's report.

Re-commissioning health services:

Dorset PCT is working in partnership with Dorset Police to re-commission health care services, including mental health services, in police custody. The county's three main stations will have 24 hour staffed nursing and medical input while smaller stations will have a tele-link system. New governance, steering and review structures have been established involving the primary care trust, the police and the provider of services.

2 Does the PCT commission 'places of safety'?

Where a person is suspected of having a mental health problem and is in need of immediate care or control, the police can use Section 136 of the Mental Health Act 1983 to take the person from a 'public place' to a 'place of safety' for up to 72 hours.

Police stations are often crowded and chaotic places. The Mental Health Act Code of Practice says that they should only be used as a last resort. Yet an estimated 11,000 people are detained in police stations as places of safety each year and many police forces say they have no alternative.

ACTION: Appropriately staffed Place of Safety suites should be commissioned by PCTs, preferably in hospitals, for individuals detained under section 136. The use of the third sector as service providers can be particularly useful.

3 Has the PCT commissioned services to enable courts to arrange Mental Health Treatment Requirements (MHTRs)?

The MHTR is an option available to sentencers that ensures mental health treatment alongside other community sentence options. It can be particularly effective for people who have disengaged from services. But it has been used very little. Local mental health teams are not always equipped or willing to take on clients with an offending history.

ACTION: PCTs should ensure that the services they commission are available and responsive to the needs of people needing services in the courts, and that the protocols for delivering MHTRs are in place.

4 Has the PCT commissioned 'equivalent' mental health services for its prisons?

About 90% of adult prisoners have at least one mental health problem, while one in 10 has a severe mental illness: ten times the rate outside prison. Mental health 'inreach' teams are still overstretched and under-resourced, and prison mental health care falls well short of what is equivalently available in the community.

Last year, £20.8 million was spent on mental health care in prisons. This is just £300 per prisoner and is only about a third of what is needed. Spending on prison mental health care also varies widely across the country. Some NHS regions spend more than twice as much per prisoner than others. This variation is not explained by different levels of need or costs.

ACTION: PCTs should ensure they commission an equivalent level of mental health care for prisoners compared to that available in the community.

5 Are local offender mental health services appropriate for women?

Female offenders experience very high levels of mental distress, often related to separation from their children. One third of women in prison have had a previous psychiatric admission. Half of all self-harm incidents in prison are by women despite only making up 6% of the prison population.

ACTION: PCTs should commission gender-sensitive and specific services for women, as recommended by the Corston Report in 2007.

6 Are local offender mental health services sensitive to the needs of BME groups?

People from many Black and minority ethnic (BME) backgrounds are greatly over-represented in acute psychiatric wards, secure hospitals and custody. But they are less likely to be referred for psychological therapies or early interventions. This prompted the Government's Delivering Race Equality (DRE) action plan in 2005.

ACTION: PCTs need to commission culturally sensitive and specific services for BME groups. Some voluntary sector provision might be better equipped to meet these needs.

7 Has the PCT commissioned an appropriate number of secure hospital beds?

A vast amount is currently spent on forensic mental health services, which play an important part in the diversion process. Forensic services provide secure detention in NHS-funded beds when prison is inappropriate.

There are nearly 4,000 people in forensic services (an average of just over 25 per PCT). In addition, the number of people newly transferred from prison or courts into forensic services is increasing every year.

ACTION: At a cost of more than £150,000 per bed per year, forensic services put a great deal of pressure on PCT budgets. It is therefore essential that 'step-down' and low security services are also commissioned for patients to move on to, when suitable, at a lower cost.

8 Has the PCT commissioned mental health services appropriate for children and young people who offend?

Children in the youth justice system are three times more likely than others to show the early signs of mental ill health. Many have complex needs, which on their own do not meet the criteria for community support services but which together undermine their ability to achieve their potential. PCTs have the opportunity to intervene early to reduce the chances of costly poor mental health as these young people mature.

ACTION: PCTs should commission systematic processes to identify young people with mental health difficulties at the first point of entry into the Youth Justice System. Youth Justice Diversion and Liaison workers should be funded to screen young people before charge and to liaise with the police, courts and the Youth Offending Teams to refer them to appropriate support services.

Local work should be supported through regionally commissioned specialist teams for young people and families with the most complex needs. These teams would advise on and work with those small number of cases with the highest level of vulnerability and posing the greatest level of complexity and risk in the region.

Integrated service teams:

In January 2007, Telford and Wrekin introduced 'integrated service teams' to improve access to early interventions, coordinate partnership working and make expertise more readily available to frontline practitioners. The teams have been able to reduce inappropriate referrals to more specialist and often more costly services such as CAMHS due to their knowledge of local care pathways and their increased confidence in supporting cases at this less specialist level.

9 Has the PCT commissioned services to enable the resettlement of people with mental health problems on leaving prison?

Continuity of care is essential for people both entering and leaving custody. Professionals in and out of prison emphasise the importance of working with prisoners prior to and following release, but this can be difficult in practice. Prisoners with complex needs may need support from many different agencies.

ACTION: Key care co-ordinators can help released prisoners to navigate through the large number of agencies they need to access, such as mental health, substance misuse, housing, and employment services.

For prisoners with severe and enduring mental health problems, this role would be carried out by a Care Programme Approach (CPA) care coordinator. For prisoners with common mental health problems, such as depression and anxiety, the role could be fulfilled by an agency that can liaise between prison and the community. For children and young people, this role could also be fulfilled through the formal identification of a Lead Professional.

Commissioning aftercare:

Resettlement and Aftercare Provision (RAP) schemes in the youth justice system provide a worker who meets people early on in their sentence, plans a support package for their release, picks them up on the day of release and later helps them to keep appointments and sort out a range of practical problems. Although voluntary, RAP has a high take-up from young people who are overwhelmingly positive about the nature and style of help offered. Similar support could be extended to adults through joint commissioning arrangements.

10 Has the PCT commissioned mental health services for ex-prisoners?

Not every PCT has a prison, but all PCTs will have people in their community who have been, or who will at some time go, to prison.

Public Service Agreements, a 'must do' for all public services, include several important targets for supporting ex-offenders. PSA 16, on social exclusion, includes employment and settled accommodation for ex-offenders, while PSA 23, for safer communities, includes tackling the causes of offending and improving health care to offenders.

ACTION: PCTs could play their part in supporting ex-offenders through a Local Enhanced Service (LES) to offer additional support to excluded groups such as ex-prisoners and the homeless. Primary care teams could work closely with social services, drug and alcohol services and mental health teams to provide a tailored service and develop innovative models of care, not based on the traditional GP surgery.

Sainsbury Centre for Mental Health

Sainsbury Centre is an independent charity working to improve the quality of life of people with mental health problems. We have carried out extensive research into the mental health of people in the criminal justice system.

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