



## Centre for Mental Health Lecture 15 February 2011

### **Sir Keith Pearson JP, Chairman of NHS Confederation**

My key message tonight is that we continue to allow too many people with mental health problems and learning difficulties from ending up in the criminal justice system. Often, such people do not have their needs diagnosed early enough, meaning they do not get the help they need to improve their lives. This has to change.

Those in contact with the criminal justice system tend to be socially excluded and have a history of poor contact with health services.

- Reaching these people is no easy task and the NHS and prisons should be praised in having come together in partnership to improve health outcomes for prisoners.
- We have seen huge improvements. Yet we still need to get help to those who need it much earlier – ideally before they begin offending.
- Responding to these unmet needs is in everybody's interests and must be everybody's business.

We will only create safer communities if we work together to use custody more effectively and divert those who are appropriate for diversion.

- Every day across the country, vulnerable people are being picked up by the police, appearing before the courts and going to prison.
- On leaving prison, many fall into familiar patterns of behaviour and are destined to go through the system again.

Offering the right help in the right place for those who need it will require effective partnership between a whole range of organisations.

- The NHS can and must play a major part, working with criminal justice organisations and local authorities with their newly extended roles in wellbeing and public health.
- Schools, workplaces and communities have an equally important role in preventing crime and rehabilitating offenders.

We need joined-up government to bring all of this together.

- This is why I was pleased to see the recent publication of the Coalition Government's Mental Health Strategy.
- This made clear a commitment to improve the mental health and well-being of the whole nation.
- Central to this was an additional investment of up to £400 million to complete the roll-out of psychological therapies to all those who need help – including offenders.

Other actions outlined included cross-government initiatives to tackle homelessness, and to get more people with mental health problems back into work.

- These mirror similar commitments in the Ministry of Justice's green paper for rehabilitation reform and the Home Office's Drug Strategy.
- Together, we must act upon this chance to break the cycle.

**The level of need and the challenge for our society is considerable:**

The prison population is now over 85,000 and an Office for National Statistics survey estimates that as many as nine in ten of these prisoners will suffer from mental health disorders.

This, of course, covers a broad spectrum – ranging from depression and anxiety through to personality disorder and psychoses - and includes alcohol or drug misuse.

The Prison Reform Trust report that one prisoner in five has a learning difficulty that affects their ability to cope with the justice system<sup>1</sup>. In the context of a Big Society, mental health in the criminal justice system should matter to everyone.

As I've already mentioned, prisoners and other offenders tend towards social exclusion, and high levels of unemployment and homelessness.

Alcohol use and drug taking at hazardous levels are commonly linked to the crimes they may go on to commit. Almost three quarters of young people in custody have been involved with, or looked after by, social services.

What we need is co-ordinated action in communities, addressing housing, employment, education, health and drug issues together to give offenders and those at risk of offending the best possible chance.

And people are making a start. Work is under way to improve health and social care provision for children and young people in contact with the youth justice system for example, with work in progress to assess the feasibility of transferring responsibility for commissioning health services in Secure Children's Homes and Secure Training Centres to the NHS.

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<sup>1</sup> Prison Reform Trust 2010, Bromley Briefings Prison Factfile, Dec 2010

Of particular importance, is work to also support the transition from childhood to adulthood, and prevention and intervention agendas.

**I will argue that diversion can be effective.**

The Government recognises this in the *Breaking the Cycle* Green Paper and in its new Mental Health Strategy which are both taking forward the key recommendations of Lord Bradley's review.

The Government committed in its Spending Review to assess options for effective diversion in police custody suites and courts. This is a welcome move and I keenly await the findings of this work.

Diversion could be an immensely valuable tool - since most if not all of the direct costs of dedicated services are likely to be covered by short-term cost savings in the criminal justice system.

Let me talk you through two examples of diversion. In both cases, this has made a very real difference to the people concerned:

**Youth Justice Liaison and Diversion**

15 year old Lucy was arrested for assaulting another girl. It was her first contact with the police.

A triage worker based at the police station highlighted a need for further assessment. The initial assessment by a mental health specialist worker, identified anger management and bereavement problems. Lucy also disclosed, for the first time, a previous rape by a peer.

She agreed to receive a specialist support package and the mental health worker continued supporting her during the waiting time to access this service.

Lucy was supported to apologise to her victim. Because a support package addressed her underlying issues, no further action was taken by the police against Lucy.

The result: a better outcome for Lucy; an apology for the victim; and much reduced costs to the justice system.

**Elmore antisocial behaviour intensive support service in Oxford**

Ben, aged 35, was living in temporary hostel accommodation when he was referred to Elmore's ASB Service. He had an ASBO for begging which he had breached twice before, a long-term diagnosis of schizophrenia and a history of street drinking and regularly using crack and heroin.

The team worked with Ben to maintain his hostel place whilst applications were made to supported housing projects.

Links were made with mental health services to ensure that he had regular medication, which in turn led to a period of more stable mental health.

Ben was assessed as motivated to begin addressing his addiction issues.

Six months on from his referral to the team, Ben was in supported housing, he had reduced his methadone script and achieved a significant reduction in crack use.

He was considering volunteering options and had just undertaken a computer course.

### **No one public service or agency can cut the costs or causes of crime alone.**

Offenders often have complex needs and these are best served by a collective response from services and professionals, not by working in silos.

It is ineffective and expensive to deal only with mental ill health and not the co-existing drug or alcohol dependency (or vice versa) for example.

Children and young adults' needs require a particular kind of joined up response because their difficulties are emerging and changing rapidly. It may be necessary to manage family conflict or difficulties at school if these are leading to criminal behaviour in communities.

### **What can the NHS do?**

Firstly, the NHS has a clear and major role to play in diversion in helping to provide effective alternatives to custody. The Spending Review gave the Department of Health responsibility to build police and court diversion services, which will be fully funded by 2015. The NHS should welcome this move and step up to the challenge and deliver.

With NHS commissioning in transition, we should recognise the risk that this focus on improving health outcomes for offenders is lost in the journey towards the new commissioning system. I know from my work as Chair of the National Advisory Group for Health and Criminal Justice that there continues to strong commitment to ensure a robust commissioning system for this group. We must all work to ensure this focus is not lost.

PCTs, providers and emerging GP commissioning consortia will need encouragement and support from DH and the new NHS Commissioning Board when it is set up. Indeed, as the Board comes into being next year, I suggest that a first task should be to consider the evidence that underpins the most cost and care effective ways of working with vulnerable offenders:

- They need outcomes to measure what they achieve for this group.
- The message must continue to be made, as Sir David Nicholson has already stated, that NHS efficiency savings should not come at the expense of some of the most disadvantaged and least popular groups of people in our communities, especially in a period of financial constraint.

Three key things all PCTs and their successors should be doing – and be able to assure themselves they are doing:

1. They should have coverage of diversion services for every police station and court that can identify and refer people with mental ill health, learning disability and substance misuse (including alcohol).
2. They should deliver age-appropriate diversion for children, young people and young adults.
3. They should prioritise the commissioning of community services that will support people who have been diverted or who have recently left custody, for example by supporting the mental health treatment requirement that will form part of a community sentence as an alternative to prison.

### **What can local authorities do?**

Local authorities have two major roles to play. Not only do they provide many of the services offenders need to achieve diversion and rehabilitation, they can also act as advocates for the most excluded and the convenors of local partnerships to pull together services that too often fail to cooperate.

- **Social care:** adult and children's services can both promote independent living, e.g. through floating support, protecting vulnerable children and keeping families together.
- **Housing:** many prisoners have no home to go to on release. Finding safe and suitable housing is crucial to help released prisoners to re-enter society, maintain family roles, get a job and receive health care.

In an environment of austerity for public services, local authorities must be advocates and coordinators of local responses to the needs of those with multiple disadvantage and severe exclusion.

With its new role in public health and health scrutiny, local government can play a pivotal part in holding local systems to accounts, preventing problems and responding to complex needs more effectively.

## **What can the justice system do?**

The police, prisons and probation are too often left to work with people other services have failed to support. But they too can play their part in making diversion a reality.

- Firstly, by providing basic mental health and alcohol awareness training for police officers, magistrates and solicitors – helping them identify those who need support and encourage referrals;
- Second, by accepting that diversion is “part and parcel” of the modern justice system – a partner that makes their job easier and produces better outcomes for current and potential future victims and offenders with mental health and learning disabilities;
- The justice system can combine budgets with health and other local services to support diversion arrangements.

## **What can society do?**

Health, local government and justice systems have the most immediate responsibilities for offenders with mental illness. But this is also an issue for all public services and communities themselves.

Social and economic risk factors for offending and mental ill health are often the same. Offenders characteristically have been excluded and troubled for many years, rejected by their communities and poorly managed by a succession of services.

Diversion is thus a key test for the ‘Big Society’ and its ability to include even the least popular and most disadvantaged in our communities.

### *Early years*

We all need to take more responsibility for children’s very early years, when attachments are forming and future prospects are significantly influenced. Positive parenting and a good start in life are vital. I was therefore pleased to hear that the Government will be making more support available to children and young people via a range of psychological therapies to help when things do go wrong.

### *Schools*

Schools can do so much to create a good mental health environment for all their children and respond appropriately when children show signs of conduct problems or get into trouble. Exclusion from school has a lifelong impact on children and the communities around them.

## *Employers*

The surest way of achieving a revolution in rehabilitation is to get offenders into paid work. Visionary employers (such as Timpson's, Bovis Lend Lease and the Forestry Commission) have formed relationships with prisons and probation services to recruit and train people directly from the justice system.

These organisations have given people a chance to turn their lives around, and into the bargain have gained loyal new workers.

There are many more ordinary businesses and employers out there, big and small, who could do this and feel the benefits for themselves.

## **Concluding remarks**

The Government is committed to reducing the prison population and improving the support offered to offenders with mental health problems.

It is also planning a major reform in the justice system alongside big changes in the NHS and social care. Achieving these simultaneously will be a big challenge for all involved and community services - probation, adult mental health, CAMHS and drug and alcohol services - will need to provide better support to people they have not always supported well.

But the cost of doing nothing is even greater. Every day, vulnerable people, many with undiagnosed mental health and learning difficulties, are picked up by the police, to appear before the courts and many will ultimately go to prison. Without effective diversion and robust community services, the prison population will simply carry on drifting upwards.

For many more people of all ages, diversion would improve health markedly, make communities safer and represent a wise use of taxpayers' money. With a joined-up approach – throughout government and effective local partnerships – we can make this a reality. I believe diversion works and is both cost and care effective.