

# Diversion: the business case for action

Centre for Mental Health, Rethink and  
the Royal College of Psychiatrists

*“[We] face a choice between unsustainable ‘business-as-usual’ in the criminal justice system and making some radical decisions. With pressure on all areas of public spending, the costs of the current ‘predict-and-provide’ approach to prison places simply cannot continue to be met.”*

(House of Commons Justice Committee)

## The scale of the challenge

The size of the prison population has doubled in the last 20 years, reaching a level described by the Secretary of State for Justice as “extraordinarily high”.

Many people in the criminal justice system have complex mental health needs which are poorly recognised and inadequately managed. Large numbers end up in prison: a high-cost intervention which is inappropriate as a setting for mental health care and ineffective in reducing subsequent offending.

One prisoner in ten has a severe mental illness such as schizophrenia. Nearly half have depression or anxiety. A similar proportion are dependent upon

alcohol or illegal drugs, while two-thirds meet the criteria for a diagnosis of personality disorder.

Overall, 90% of prisoners have some kind of diagnosable mental health problem and 70% have two or more such problems.

## Diversion

Diversion seeks to ensure that people with mental health problems who come into contact with the police and courts are identified and directed towards appropriate mental health care, particularly as an alternative to imprisonment.

Diversion can be within or outside the justice system and need not replace sanctions for any offence a person has committed. It can, and should, happen at any stage of a person’s journey through the system, from first contact with a police neighbourhood team to release from prison.

It is particularly cost effective to divert an offender who may otherwise be remanded and then given a prison sentence to alternative non-custodial sanctions, usually a community order, together with a package of community-based support services.

The case for diverting offenders with mental health problems away from prison is particularly strong for those currently receiving short custodial sentences, i.e. less than one year:

- People in this category are often persistent but not violent offenders.
- Only 1 in 15 of all short-stay prisoners receives any help at all with a mental health problem despite much higher levels of ill health.
- Prisoners on short sentences are unlikely to be in custody long enough to benefit from prison-based programmes to reduce re-offending and do not get statutory probation supervision after release.
- 60% of people given short prison sentences are re-convicted within a year of release and 75% within two years. Among those aged under 21, the two-year re-conviction rate is over 90%
- Female offenders with dependent children face an additional risk of their children being taken into care. All prisoners risk losing their home and their job.

## Costs and benefits

Effective diversion requires some up-front investment in dedicated liaison and diversion teams working in police stations and courts. Current spending on these services amounts to about £10 million a year, but provision is extremely patchy and indeed non-existent in some parts of the country. We estimate that the coverage of existing schemes is at best only about 20% of the potential national caseload, implying that a comprehensive service might cost of the order of £50 million a year.

Most if not all of the direct costs of dedicated diversion services are likely to be covered by short-term cost savings in the criminal justice system. A typical six week stay in prison costs about £5,000 per case. In comparison, a typical one-year community order involving probation supervision and drug treatment costs £1,400. Even a highly intensive two-year community order, involving

twice-weekly contact with a probation officer, 80 hours of unpaid work and mandatory completion of accredited anti-offending programmes, costs less than six weeks in prison, at £4,200. There is increasing evidence from international experience and from local schemes in this country that well-designed interventions can reduce re-offending by 30% or more.

The economic and social cost of crime committed by recently released prisoners serving short sentences amounts to £7-10 billion a year. Much of this cost falls directly on the victims of crime, but 20-30% is borne by the public sector, mainly the criminal justice system and NHS. And the total lifetime cost of crime committed by an average offender following release from prison is of the order of £250,000.

## Children and young people

Diversion is especially important in the youth justice system. Levels of mental distress are especially high and many children's mental health needs are emergent and changing.

The Department of Health is funding six pilot schemes to test out Youth Justice Liaison and Diversion, a model developed by Centre for Mental Health. In each scheme, a worker is available to visit children and young people in police custody suites. Where mental health and other needs are identified, they liaise with relevant services to build a package of support. They also make recommendations to the police, the Crown Prosecution Service and the courts.

Diverting young people away at this earlier stage to restorative justice and sometimes to mental health support improves the life chances of the young people and generates savings to the criminal justice system. In one area, throughput in the courts has dropped to such an extent that they have decided to close the court one day a week. Custodial rates have dropped by around a quarter to a third for children and young people and in another area an analysis of Youth Offending Team caseloads shows an overall drop of around 50%.

## Secure mental health services

As well as diverting offenders to community services, the main existing form of diversion within the justice system is secure hospitals. Current spending on secure hospitals for the small group of mentally disordered offenders who have committed serious offences comes to £1.2 billion a year.

Most of this spending is on ‘medium secure’ units where patients are detained under the Mental Health Act, often following a transfer from prison. There is very little provision of low-secure, step down facilities or of community services for this group of offenders. Consequently many people spend long periods of time in high-cost, medium secure services, blocking beds required by prisoners with urgent care needs.

The Coalition Agreement pledges to develop ‘alternative forms of secure, treatment-based accommodation for mentally ill and drugs offenders’. Reform of secure services is needed urgently, both to enable prisoners to be transferred to hospital more quickly when they are acutely unwell and to support the rehabilitation of patients back to their communities with fewer delays.

The recent government-sponsored Bradley Review recommended a 14 day minimum target for prison transfer after highlighting unacceptable delays in transferring acutely mentally unwell prisoners to hospital. The diversion of prisoners needing urgent treatment should be seen as giving the same access to a hospital place and standard of care as people in the community. Prompted by the Department of Health, the Royal College of Psychiatrists are currently looking at this and reviewing how it could work in practice.

## Recommendations

1. A diversion service should be available to all police stations and courts, offering effective diversion for all offenders with mental health problems, including young people.
2. Local health, justice and other commissioners need to be incentivised to pool budgets to develop effective diversion arrangements. Place-based budgets could be tested for this purpose.
3. The NHS Outcomes Framework should acknowledge health service’s role in reducing offending and re-offending.
4. The Government should review provision of secure mental health services and seek to enhance step-down and community services.

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