



Diversion

A better way for criminal justice and mental health

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

Mental health diversion schemes operate at the interface between criminal justice and mental health. They seek 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.

Our diversion report assesses the case for diversion for offenders with mental health problems from a value for money perspective. Reliable quantitative information on the performance of diversion schemes is in short supply. To assess the costs and benefits of diversion we undertook:

- A review of published evidence, including studies from other countries;
- Site visits to 16 diversion schemes in England;
- An analysis of value for money based on the evidence gathered.

The benefits of diversion

The evidence we have collected indicates that well-designed arrangements for diversion have the potential to yield multiple benefits, including:

- Cost and efficiency savings within the criminal justice system;

- Reductions in re-offending;
- Improvements in mental health.

Taken together, these benefits constitute a powerful case for diversion on value for money grounds.

There is a particularly strong case for diverting offenders away from short sentences in prison towards effective treatment in the community. Diverting people towards effective community-based services will improve their mental health. It can also reduce the prevalence of other risk factors such as substance misuse and improve the effectiveness of interventions aimed at other influences on offending.

Even on conservative assumptions, it is estimated that this will lead to savings in crime-related costs of over £20,000 per case, including savings to the criminal justice system of up to £8,000 and benefits from reduced re-offending valued at around £16,000.

Existing diversion schemes

But existing arrangements seriously under-perform in delivering these benefits. In the absence of a clear national policy framework, diversion services have developed in a piecemeal and haphazard way. Many schemes are insecurely funded and there is an unacceptably wide degree of variation in their ways of working.

The coverage of schemes is patchy: some areas have no arrangements at all. Others have only minimal coverage. We estimate that just one-fifth of the potential national caseload is seen and even

cases of severe mental illness are often missed because many schemes rely on police or court staff to identify individuals who may need their support.

Many schemes take a modest view of their role. They focus on assessing people with mental health problems and signposting them towards appropriate services. They do not seek to influence decisions taken within the criminal justice system on charging, remand or sentencing. This is a missed opportunity.

Little is done to ensure that offenders who are signposted towards appropriate services effectively engage with them on a continuing basis. In the absence of assertive interventions, drop-out rates are likely to be high. This substantially reduces the benefits of diversion.

Recommendations

Significant change is needed in national policy and local delivery to improve value for money and to capture more of the undoubted benefits of diversion. We recommend:

1. A Diversion and Liaison Team for people with mental health problems who come into contact with the criminal justice system should be established in every primary care trust (PCT) area in England. These teams should be supported by a national statement of policy and associated implementation guidance.
2. Commissioners of diversion and liaison services should wherever possible consider the scope for using voluntary sector agencies.
3. The services to be provided by diversion and liaison teams to criminal justice agencies should always be specified in contracts or service-level agreements.
4. Every diversion and liaison team should be overseen by a cross-agency management group.
5. Diversion and liaison services should always be commissioned on the basis of joint funding from mental health and criminal justice budgets.
6. Diversion and liaison teams should be organised to support offenders with mental health problems at all stages of the criminal justice pathway.
7. The Government should consider setting up a small number of pilot projects to explore different models of pre-arrest diversion.
8. Diversion and liaison teams should extend the use of pro-active methods of identifying potential clients, including 100% screening of selected groups of offenders.
9. Diversion and liaison teams should work more closely with drug interventions programme teams in identifying potential clients.
10. The Government should consider the scope for improving the identification of mental illness by police officers, court officials and other criminal justice staff.
11. All diversion and liaison teams should develop and agree plans for the provision of training in mental health issues for criminal justice staff.
12. All diversion and liaison teams should provide recommendations as well as information to criminal justice agencies, in relation to decisions on charging, remand, sentencing and disposal.

All-stages diversion

People can be diverted at any stage of their route through the criminal justice system. In order to capture this perspective, Sainsbury Centre has developed an all-stages model or framework for diversion, which provides an overview of the many different points at which people can be diverted during their 'pathway' through the criminal justice system.

The model is summarised on the right. A more detailed version of the model is available on the Sainsbury Centre website (www.scmh.org.uk).

All-stages diversion

Early Intervention

Prevention

- Early identification of risk factors for vulnerability, mental health problems and offending and of supporting protective factors

Pre-arrest

- Identification of vulnerable people before they experience a crisis
- Links to local mental health and other support services
- Prevention of vulnerable people coming into contact with the criminal justice system
- Support for families and carers

Point of Arrest

- 'Common sense policing'
- Options for police officers other than arrest
- Increased partnership working between the police, mental health and other support services
- Appropriate referral to local mental health and other support services

Criminal Justice Decision Making

Arrest / Pre-Court

- Identification and assessment of mental health problems at police stations
- Appropriate use of cautions
- Early liaison with bail support services
- Liaison with Police/Crown Prosecution on charging decisions
- Appropriate referral to local mental health and other support services

Bail, Remand and Sentences

- Identification and assessment of mental health problems at the courts
- Improved understanding and use of diversion options
- Avoidance of remand and imprisonment where appropriate
- Co-ordinated packages of care
- Assertive interventions to ensure engagement with services

Through-care and Recovery

Custody / Detention

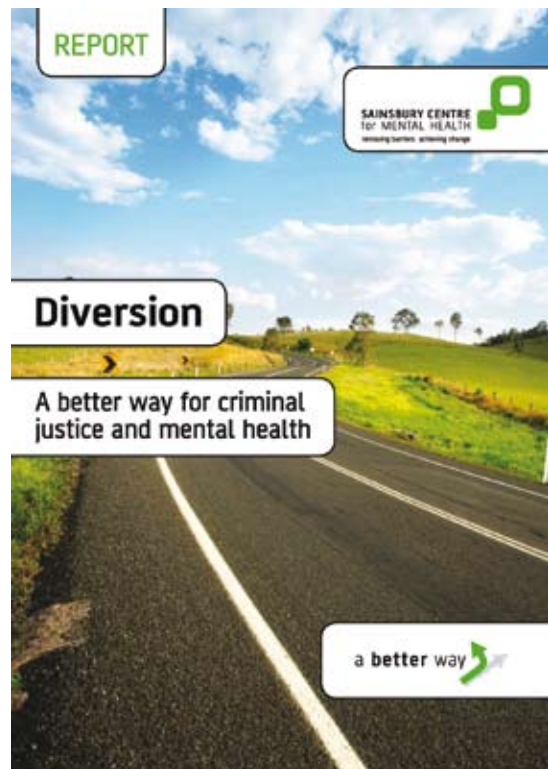
- Identification and assessment of mental health problems in prisons
- Appropriate referral to prison mental health inreach teams
- Appropriate transfer to hospital
- Plan for resettlement

Community

- Resettlement and continuity of care
- Assertive interventions to ensure continuing engagement with services
- Support to promote stabilisation, aspirations and lifestyle change
- Support for families and carers

Recommendations (continued)

13. All diversion and liaison teams should undertake outreach work as a core part of their business to ensure that their clients engage satisfactorily with local services.
14. Commissioners and managers of all community-based mental health services should ensure that a potential client's offending history does not act as a barrier to receipt of these services.
15. PCTs and other commissioners should actively explore the scope for using voluntary sector agencies to provide support for offenders with multiple 'sub-threshold' needs.
16. The Department of Health and PCTs should develop new methods of primary care support for offenders with complex needs and other similar groups.
17. In appropriate circumstances, criminal justice agencies should make greater use of conditionality in decisions relating to charging, remand and sentencing as a means of promoting engagement with mental health services by offenders.
18. More use should be made of the Mental Health Treatment Requirement as a sentencing option.
19. The Government should commission a programme of research studies on diversion and liaison, based on high-quality research methods, to improve our knowledge of effectiveness and cost-effectiveness.
20. The Government should collect and publish much more information on unit costs in the criminal justice system.
21. The Office for National Statistics should undertake one or more surveys of mental ill health among all offenders.



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a better way 

The **Diversion** report is part of A Better Way, our campaign to provoke political, media and public debate about the UK's approach to mental health in the criminal justice system. Visit our website at www.scmh.org.uk for details.