Mental Health and the Criminal Justice System in Wales

April 2005
a report produced by

ar gyfer pobl gydag afiechyd meddwl difrifol

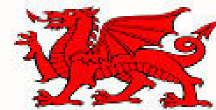
hafal

for people with severe mental illness

For

NOMS National Offender Management Service

Working together to reduce re-offending



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Commissioning and Methodology

Commissioning

Wales Pathfinder (a National Offender Management Service-commissioned project assessing current levels of service provision for offenders) invited Hafal to produce a report on the criminal justice landscape with particular reference to mental health issues and the services provided by the National Probation Service and the Prison Service in Wales.

Wales Pathfinder specified that the report should focus upon the following areas:

- An audit of the range of services currently provided by the National Probation Service and the Prison Service to patients with mental health problems which should cover the assessment process at court stage, services provided under Court Orders and services provided in the prison establishments in Wales.
- A gap analysis identifying the missing ingredients in a comprehensive range of services to offenders as they progress through the criminal justice system.
- Indicators/recommendations as to what the National Probation Service and the Prison Service should be focusing on within the next 12 months in order to remedy the situation.

Methodology and Procedures

The following methods were adopted when gathering information for the report:

- telephone interviews
- e-mail enquiries
- meetings
- a visit to a Prison Service establishment (Swansea Prison)
- a visit to Swansea Probation Service and Swansea Prison NHS In-Reach Service
- an interview with the Court Liaison Officer, Swansea/Neath Port Talbot
- an interview with a Local Health Board Mental Health Commissioner with a prison in the locality.

In total over 200 contacts were made using these methods, including all prisons in Wales, all probation areas and a cross section of Community Mental Health Teams in Wales (around 25 per cent of the total).

Useful data was also gathered from the following sources:

- the world wide web
- recent reports and other publications
- attendance at conferences.

Although not specified by Wales Pathfinder at the commissioning stage the research also consulted with police establishments in Wales about their contact with people with a mental illness. This was in order to provide a more complete picture, and to provide context to issues arising later in criminal proceedings. For completeness we have also made some reference to services provided outside Wales for people normally resident in Wales.

Context

This Report has been produced at a time when key developments are underway in relation to health services in the Welsh prison estate.[1] In particular, within the change and modernisation programme for prison health services in general, work is in progress to develop a Welsh interpretation of the Prison Mental Health Care Pathway developed in England. We have aimed to avoid duplicating this work which is being conducted by a Prison Mental Health In-Reach Collaborative (the key contact is Rowena Williams in the Community, Primary Care and Health Service Policy Department in the Welsh Assembly Government; Hafal is also represented on the Collaborative).

Caveats

The report was produced in a very limited time: commissioned at the end of March 2005 and delivered at the end of April 2005. Thus we cannot guarantee that it is wholly accurate or complete: rather, it should be seen as a working document.

The Report is based on the methodology described above and no attempt has been made to consult clients and families widely about their experience, needs or aspirations for services for mentally disordered offenders (MDOs)*. Hafal has extensive experience of supporting MDOs and they and their families are represented in our membership and governance: this has informed the report but clearly final conclusions about the future of services should be preceded by full consultation.

Acknowledgements

A number of people were pressed to provide us with information very quickly, and we are grateful to them for their timely assistance and advice.

1. *In April 2003 commissioning responsibility and funding for the health services in Welsh public sector prison transferred to the Welsh Assembly Government. In April 2006 the commissioning responsibility will be devolved to relevant Local Health Boards. In the interim an Assembly led Prison Healthcare Project is overseeing the process of integrating previously isolated prison health services with the NHS with the aim of providing prisoners with access to the same range and quality of health services as are available to the wider community.*

**For the purposes of the report we have adopted the term 'mentally disordered offender' (MDO from herein), as this is commonly used within the criminal justice system.*

Contact Grid

The following Grid includes miscellaneous contacts including some of those made in preparing this report, some relevant main (e.g. Head Quarters) addresses, as well as some specialist leads. It is not intended to be comprehensive but provides a starting point for understanding linkages required between the relevant agencies.

POLICE AND PROBATION AREA	LOCAL AUTHORITY / LOCAL HEALTH BOARD/COMMUNITY SAFETY PARTNERSHIP AREAS	CRIMINAL COURTS (for information)	POLICE		PROBATION	PRISON	HEALTH TRUSTS (for information)	RELEVANT HEALTH AND SOCIAL CARE	
								HOSPITAL	COMMUNITY
SOUTH WALES	SWANSEA	* Swansea Crown Court * Swansea Magistrtes Court	DC Penny Roberts MH Liaison Officer Contact for Appropriate Adult Scheme Port Talbot Police Station, Talbot Road, Port Talbot, SA13 1JB 01639 889149	Sgt. Heard Community Safety Department 01639 889149	Sout Wales Probation Area Head Office Bridgend Probation HQ Tremains Business Park Tremains Road Bridgend CF31 1TZ 01656 674747 West Glamorgan House 2nd Floor, Orchard Street Swansea SA1 5AD 01792 645505 Probation Department HM Prison Oystermouth Road Swansea SA1 3SR 01792 651973	HM SWANSEA PRISON Cat B 200 Oystermouth Road Swansea 01792 485301 Prison staff awareness of mental health by Inreach Team Mental Health Inreach Team Peer Counselling service	Swansea NHS Trust Central Clinic 21, Orchard Street Swansea SA1 5AT 01792 651501	Cefn Coed Hospital Waunarlwydd Road, Cockett, Swansea SA2 0GH 01792 561155 48 admission beds 40 continuing care 16 specialist rehab	Steve Jones Court Liaison Officer Assessment & Diversion Scheme Orchard Centre Day Clinic, Orchard Street Swansea SA1 5SW 01792 485300 4 Community Mental Health Teams Brennig Davies Orchard Centre Day Clinic, Orchard Street Swansea SA1 5SW 01792 517030 Swansea CMHT Gelligron House, Gelligron Road Pontardawe 01792865696 (Area 1) Tredillion House, 26 Uplands Crescent, Swansea 01792 469600 (Area 2) Central Clinic, Trininty Buildings, 21 Orchard St. Swanse 01792 517853 Gorseinon CMHT Ty Einon Day Hosptial, Princess Street, Gorseinon Swansea 01792 899909 Ann Protheroe Quay House Bail Hostel The Strand Swansea 01792 641259
	NEATH AND PORT TALBOT	* Neath Magistrates Court * Port Talbot Magistrates Court		Appropriate Adult Scheme Sgt. Griffiths Community Beat Sgt. (Port Talbot) Talbot Road, Port Talbot 01639 635321	Probation Office Swansea Crown Court St. Helen's Road Swansea SA1 4PT 01792 510200 Quay House Bail Hostel The Strand Swansea SA1 2AW 01792 641259		Bro Morgannwg NHS Trust HQ 71, Quarella Road Bridgend CF31 1YE 01656 752752	Neath and Port Talbot Hopsital Baglan Way Port Talbot 01639 862000 28 Adult Acute beds Glanrhyd Hospital Pen y Fai, Bridgend 01656 753771 Coity Clinic – 40 Acute beds Princess of Wales Hosptial, Coity Road Bridgend . CF31 1RQ 01656 752752	Steve Jones Magistrates Court Assessement & Diversion Scheme Orchard Centre Day Clinic, Orchard Street Swansea SA1 5SW 01792 485300 Neath CMHT Tonna Hospital, Neath 01639 635404 The Forge Centre, Neath 01639 888000
	BRIDGEND	* Bridgend Magistrates Court		Appropriate Adult Scheme Duty Sgt Sgt. Picton Community Safety 01656 655555	Probation Office HM Parc Prison Heol Hopcyn John Bridgend CF35 6AR 02920 232999	HM PARC PRISON Cat B Heol Hopcyn John Coity Bridgend CF35 6AR 01656 300200 (privately run) Inreach Team x 3 (Darren Shepherd – team leader)		Caswell Clinic – Medium Secure Unit Glanrhyd Hospital, Pen y Fai, Bridgend CF31 4LN 01656 662179	Darren Shepherd, Clinical Nurse Specialist Bro Morgannwg NHS Trust Brackla House,Brackla Street Bridgend 01656 645678 West Vale CMHT The Clinic, 7 Boverton Road, Llantwit Major 01446 791130 Bridgend CMHT 3rd Floor, Brackla House, Brackla Street, Bridgend 01656 645678
	VALE OF GLAMORGAN	*·Barry Magistrates Court * Vale of Glamorgan Magistrates Court * Vale Royal Magistrates Court		Appropriate Adult Scheme Custody Sgt. Community Safety PC Brian Bedford Inspector Evans (Barry Police Station) E Division 01446 734451	Cardiff Probation Office 33 Westgate Street Cardiff CF10 1JE 02920 232999 Probation Office Cardiff Magistrates' Court Fitzalan Place, Cardiff Cardiff CF24 1RZ Probation Office Cardiff Crown Court Cathays Park, Cardiff CF10 3NL 02920 433100		Cardiff & Vale NHS Trust University Hospital of Wales Health Park CARDIFF CF14 4XW 02920 747747	Whitchurch Hosptial Whitchurch, Cardiff CF14 7XB 02920 693191 Cardiff & the Vale Forensic Team Whitchurch Hospital Whitchurch Cardiff Cf14 7XB 02920 693191 Development of Uned Llanfair under construction at Llandough Hospital Site. Due for completion September 2005.	Cardiff South West CMHT Riverside Health Centre, wellington Street, Canton 02920 371221 Vale of Glamorgan CMHT Amy Evans Centre, 190 Hotlon Road, Barry 01446 733331 Cardiff North East CMHT Pentwyn Health Centre Bryn Heulog 02920 731466 Cardiff South East CMHT CRI buildings, Longcross Street, Road, Cardiff 02920 335555 Cardiff West CMHT Pendine Centre, 124-126 Cowbridge Road, Ely 02920578778 Cardiff North West CMHT Gabalfa Clinic, 213 North Road, Gabalfa, Cardiff 02920 693941 Butetown CMHT Sealock Centre, Burt Street, Butetwon, Cardiff 02920 463488
	CARDIFF	* Cardiff Crown Court * Cardiff Magistrates Court		Appropriate Adult Scheme Custody Sgt. PC Abson Whitchurch Hospital Liaison Officer Area HQ C. Division 02920 222111	Probation Office HM Prison Knox Road, Cardiff CF23 1UG 01656 300200 Manderville House Bail Hostel 9 Lewis Street Cardiff CF10 8JX	HMP CARDIFF PRISON Cardiff Cat B & Training Prison Mental Health Inreach Team 1 Knox Road Cardiff 02920 923100			Ken Campbell 02920 474397 Court Diversion Scheme (based at Cardiff Magistrates Court) Forensic CPN Linda Hamblin 33 Westgate Street Cardiff CF10 1JE 02920 232999 Helen Warner Mandeville Bail Hostel 9 Lewis Street Cardiff CF10 9JY 02920 232999 26 beds
	RHONDDA CYNON TAFF	*Magistrates Court Llwynpia *Magistrates Court Pontypridd County Court		Appropriate Adult Scheme Custody Sgt. Police Inspector James Sgt. Newcombe (Pontypridd) Community Safety Department 01443 485351	Probation Office 4-9 The Broadway Pontypridd CF37 1QT 01443 494200		Pontypridd & Rhondda NHS Trust Dewi Sant Hospital Albert Road Pontypridd CF37 1LB 01443 486222	Royal Glamorgan Hospital Ynys Maerdy Llantrisant CF72 8XR 01443 443443	Taff Ely Ty Draw Centre The Avenue, Pontypridd 01443 486856 Canegi Clinic CMHT Brithweunydd Road, Trelaw 01443 687098 Cynon Valley St David's Centre High Street, Aberdare 01685 881246 01443 443443 29 Acute beds 9 Intensive Psychiatric Care 5 High Dependency
	MERTHYR TYDFIL	* Merthyr Tydfil Combined Court Centre * Merthyr Tydfil Magistrates Court		Appropriate Adult Scheme Custody Sgt. Mental health liaison Police Sgt. Haines Community Safety Department 01685 722541	Probation Office Oldway House Castle Street Merthyr Tydfil CF47 8TJ 02920 232999		North Glamorgan NHS Trust Prince Charles Hosptial Merthyr Tydfil Mid Glam CF47 9DT 01685 721721	St. Tydfil's Hospital Merthyr Tydfil CF47 0SE 01685 723244 39 Acute Beds 3 Psychiatric Intensive care beds	Merthyr CMHT Seymour Berry Centre Seymour Berry House, Dowlais Merthyr Tydfil 01685 721671

POLICE AND PROBATION AREA	LOCAL AUTHORITY / LOCAL HEALTH BOARD/COMMUNITY SAFETY PARTNERSHIP AREAS	(CRIMINAL COURTS (for information)	POLICE		PROBATION	PRISON	HEALTH TRUSTS (for information)	RELEVANT HEALTH AND SOCIAL CARE HOSPITAL	RELEVANT HEALTH AND SOCIAL CARE COMMUNITY
NORTH WALES	YNYS MON	* Holyhead Magistrates Court * Llangefni Magistrates Court	*Mental Health Police Liaison Officer for all North Wales Gill Williams Divisional HQ St. Asaph 01745 588410	Inspector D Roberts Caernarfon Police Station 01407 762323	North Wales Probation Area Head Office Alexandra House Abergele Road, Colwyn Bay LL29 9YF 01492 513413		North West Wales NHS Trust Ysbyty Gwynedd Penrhosgarnedd Bangor Gwynedd LL57 2PW 01248 384384	Ty Llewellyn, Bryn y Neuadd Hospital Aber Road, Llanfairfechan, Conwy 01248 682136 25 bed medium secure 25 Actue beds Covers all North Wales Ysbyty Gwynedd Penrhosgarnedd, Bangor LL57 2PW 01248 384384 Dryll y Car Llanaber, Barmouth LL42 1YY 01341 281049 8 beds	Holyhead CMHT Craig Hyfryn 01407 764231 Hafod Las CMHT 01248 750191 St. David's Priory Richmond Hill, Holyhead 01407 761611 Dwyfor Cilan, Penlan Street, Pwllheli 01758 614647 Arfon CMHT 26/28 College Road Upper Bangor 01248 370137 Meirionydd CMHT Plas Brith Dolgellau 01341 422122 Bangor Bail Hostel Ty Newydd Bangor LL57 4LG 01248 370529 23 beds No specialist MDO posts
	GWYNEDD	*Bangor Magistrates Court * Caernarfon County Court * Dolgellau Magistrates Court * Pwllheli Magistrates Court			Jane Evans Senior Probation Officer Llys Garth Gwynedd 01248 370217 14 Market Street, Carnarfon Gwynedd 01286 674346 Lombard Street, Dolgellau, Gwynedd 01341 422476 Ty Newydd Vale, Llandegi Bangor LL57 4LG 01248 370524				
	CONWY	* Llandudno Magistrates Court * Rhos on Sea Area Directors Office		Appropriate Adult Scheme Inspector Lorraine Williams Police Station Ffordd William Morgan St Asaph 01745 588410	Gaynor Barton 18 Augusta Street Llandudno LL30 2AD Tel: 01492 875083		Conwy & Denbighshire Glan Clwyd Hospital Sarn Lane Rhyl Denbighshire LL18 5UJ	Ablett Unit Ysbyty Glan Clwyd Sarn Lane, Bodelwyddan, Denbighshire 01745 585484 54 Acute 20 EMI	Colwyn CMHT Nant-y- Glyn Resource Centre Nant-y-Glyn Road Colwyn 01492 532164 Duffryn Clwyd CMHT Noddfa, Middle Lane, Denbigh 01745 813138 Denbighshire South CMHT Oakleigh, Glyndwr Abbey Road Road, Llangollen 01978 860707 Rhuddlan Hafod , Beechwood Road, Rhyl 01745 443050 No specialist MDO post
	DENBIGHSHIRE	* Denbigh Magistrates Court * Prestatyn Magistrates Court			Judith Williams Epworth Lodge Brighton Road, Rhyl, LL18 3HF 01745 344521 Tessa Catton Community Court Management 01745 344521				
	FLINTSHIRE	* Flint Magistrates Court * Mold Crown Court * Mold Magistrates Court		Appropriate Adult Scheme Inspector Arfon Jones Wrexham Police Station Bodhyfryd Wrexham 01978 290222	Senior Practitioner 10-12 Salisbury Street Shotton, Deeside 01244 830459		North East Wales NHS Trust Maelor Hospital Croesnewydd Road Wrexham LL13 7TD 01978 291100	Wrexham Maelor Hospital Llwyn y Groes Unit Croesnewydd Road, Wrexham Technology Park, Wrexham LL13 7TD 01978 291100 44 beds	North Delyn CMHT Ty Celyn Unit 1 Acorn Business Park, Flint 01352 731293 Mold CMHT Pwll Glas Resource Centre Pwll Glas Road Mold 01352 750252 No specialist MDO post Wrexham CMHT The Elms, Wrexham 01978 355783 No specialist MDO post
	WREXHAM	* Halton Magistrates Court *Wrexham Magistrates Court			Phil Goodwin Senior Practitioner 21 Grosvenor Road Wrexham LL11 1BT 01978 366941 Joy Diamond Senior Practitioner Ellice Way Wrexham Technology Park Wrexham LL13 7YX 01978 346200 Ruaban Bail Hostel Plas y Wern Wrexham LL14 6RN 01978 821202				

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DYFED POWYS	POWYS	* Radnorshire & N.Brecknock Magistrates Court * Welshpool Magistrates Court	Chief Inspector Nigel George (lead on mental health) Police Headquarters, Carmarthen 01267 232000	Appropriate Adult Scheme Custody Nurse scheme (based Newtown Police Station) Park Lane, Newtown SY16 1EN 01686 625704 Police Liaison Community Safety Department Superintendant Simon Powell Lead on mental health issues Park Lane, Newtown SY16 1EN 01686 625704	Dyfed Powys Probation Area Headquarters Llangunnor Road, Carmarthen SA31 2PD 01267 221567		Powys Local Health Board Mansion House, Bronllys Brecon, Powys LD3 0LS 01874 711661 No Trust	Use facilities at:- Bronglais Hospital Caradog Road Aberyswtyth SY23 1ER 01970 623131 Shelton Hospital Bicton Heath Shrewsbury Shropshire SY3 8DN 01743 261000 Bronllys Hospital Bronllys, Brecon LD3 0LU 01874 711255	Community Mental Health Team Newtown Powys Court Liaison Officer Ian Davies Welshpool Court Liaison Officer Paul Johnson Bryntynon Resource Centre Welshpool CMHT Bryntirion Resource Centre, Salop Road, Welshpool 01938 555076 Newtown & District CMHT Bro Hafron, Backlane, Newtown, 01686 623364 Also Court Diversion staff members Llandrindod CMHT Temple Street , Llandrindod Wells 01597 825888 Also Court Diversion staff members Ystradgynlais CMHT The Larches, Penrhos, Ystradgynlais 01639 849994 Also Court Diversion staff members Brecon & District CMHT Bridge Street, Llanfaes, Brecon 01874 711661 Also Court Diversion staff members
	CEREDIGION	* Ceredigion Magistrates Court		Appropriate Adult Scheme Custody Sgt. Ray Houghton (no dedicated police liaison officer) 01970 612791			Pembrokeshire & Derwen NHS Trust Withybush Hospital Fishguard Road Haverfordwest Dyfed SA61 2PZ 01437 764545	Afallon Ward@Bronglais Hosptial Aberystwyth Mental Health Unit Caradog Road Aberyswtyth SY23 1ER 01970615448	Hafan Hedd CMHT Adpar, Newcastle Emlyn 01239 710454 Cardigan CMHT Health Centre, Cardigan 01239 615460 Bro Derwen Gary Crawford (CMHT) Criminal Justice Liaison Officer (based at wellfield road, Carmarthen) 01267 236017 Jenny Sutton (CMHT) Criminal Justice Liaison Officer01554 772768 (based at Llanelli)
	CARMARTHENSHIRE	* Carmarthen Magistrates Court * Carmarthen Probate sub registry		Appropriate Adult Scheme Chief Inspector Nigel George (lead on mental health) 01267 232000	Francis Rutter Senior Probation Officer (lead on court diversion initiative) Dyfed Powys Probation Office Llangunnor Road Carmarthen SA31 2PD 01267 221567 Furnace Bank Hostel Priory Street Carmarthen 01267 233249			Cwm Seren Hafan Derwen Jobswell Road Carmarthen SA31 3EL 01267 239870 Prince Phillip Hospital Dafen Llanelli SA14 5QF 01554 756567 18 beds	Llanelli CMHT Bryn Mair, Goring Road, Llanelli SA15 3HS 01554 772768 Carmarthen CMHT Wellfield Resource Centre 22 Wellfield Road, Carmarthen. Cwmseren Bryn Gofal Llys Stephan CMHT Temple Tce, Lampeter 01570 422577
	PEMBROKESHIRE	* N.Pembs Magistrate Court *S.Pembs Magistrates Court * Newport Magistrates Court		Appropriate Adult Scheme Sgt. Rob John 01437 763355				Withybush Hospital Fishguard Road Haverfordwest Pembrokeshire SA61 2PZ 01437 764545	Towy Valley CMHT Clos Bran Llangadog Carmarthenshire 01550 777771 Ammanford CMHT Swn y Gwynt, Tirydail Lane, Ammanford Carmarthenshire 01269 595473 North Pembrokeshire CMHT Bro Cerwyn Day Hosptial, Fishguard Road, Haverfordwest 01437 773296 South Pembrokeshrie CMHT Havenway Day Hosptial, Fort Road, Pembroke Dock 01437 774043 Frank Caddy Criminal Justice Liaison Officer Court Diversion Scheme 01437 774043

POLICE AND PROBATION AREA	LOCAL AUTHORITY / LOCAL HEALTH BOARD/COMMUNITY SAFETY PARTNERSHIP AREAS	(CRIMINAL) COURTS (for information)	POLICE	PROBATION	PRISON	HEALTH TRUSTS (for information)	RELEVANT HEALTH AND SOCIAL CARE	
							HOSPITAL	COMMUNITY
GWENT	CAERPHILLY	* Blackwood Magistrates Court * Caerphilly Magistrates Court	PC Keith Newman Public Protection Unit 01633 245411 Social workers undertake appropriate adult training and are placed on a rota system for representation as an appropriate adult.	Probation Office Area Headquarters Cwmbran House Mamhilad Park Estate Pontypool 01495 762462 Jim A'Herne. ACPO (lead m.d.o.) Cwmbran House Mamhilad Park Estate Pontypool 01495 762462			Ty Sirhowy Mental Health Unit Cwmgelli, Blackwood Caerphilly NP12 1EL 01495 229010 24 beds	South Caerphilly CMHT Ty Siriol, 49 St Martins Road Caerphilly 02920 862035 North Caerphilly CMHT Bryngolau Resorce Centre Aberbargoed 01443 828710 East Caerphilly CMHT Risca Health Centre Cromwell Road Risca 01633 618043
	BLAENAU GWENT	* Abertillery Magistrates Court * Tredegar Magistrates Court	No designated contact or volunteers. Police contact social services. Social Worker appointed as Appropriate Adult				Dan-y-Bryn Unit Eurkea Place Ebbw Vale NP23 6PN 01495 353700 11 Actue Beds	Blaenau Gwent and North Monmouthshire CMHT Lyndhurst 01495 353700
	TORFAEN	* Cwmbran Magistrates Court * Pontypool Magistrates Court	No designated contact or volunteers. Specially trained social workers would be appointed as appropriate adult.			Gwent Healthcare NHS Trust Grange House Llanfrechfa Grange Cwmbran NP44 8YN 01633 623623	Talygarn Unit County Hospital Coed – y – Gric Road Griffithstown Pontypool Torfaen NP4 5YA 01495 768768 22 Acute beds	CMHT Based at Talygarn Unit County Hospital 01495 765722
	MONMOUTHSHIRE	* Abergavenny Magistrates Court * Chepstow Magistrates Courts	No designated contact or volunteers. Police contact social services. Social Worker appointed as Appropriate Adult		HM Prison USK Cat C Vulnerable Prisoners 2 In-reach Workers Contact: Tracy Salathial CPN 01873 735527 Prescoed Young Offenders (open) 47 Maryport Street Usk NP15 1XP 01291 671600		Forensic Rehab Service Maindiff Court Hospital Ross Road, Abergavenny, NP7 8NF 01873 735500 11 Acute beds Ty Skirrid Maindiff Court Hospital Ross Road, Abergavenny, NP7 8NF 01873 735500 12 beds	North Gwent and Lower Monmouthshire CMHT Tregaren 01873 735549 Gwent Forensic Team Maindiff Court Hospital Abergavenny NP7 8NF 01873 735565 Andrea Gray Forensic Social Worker 19/20 Gold Tops Newport NP20 4UG 01633 786000
	NEWPORT	* Newport (S.Wales) Crown Court	No designatied contact or volunteers. Police contact social services. Social Worker appointed as Appropriate Adult	Newport Probation Office 19/20 Gold Tops, Newport NP20 4UG 01633 786000 Probation Office 27 Argyle Street Newport NP20 5NE 01633 822007			St. Cadoc's Hospital, Lodge Road, Caerleon NP18 3XQ 01633 436700 8 Rehab 5 Intensive 10 Continuing Care Llanarth Court Usk Monmouthshire CF37 9BS (indpendent sector) Medium Secure Unit (Covers all Wales) 71 beds 01873 735551	Newport CMHT Park Square Newport Custody Nurse/Court Diversion Pilot Scheme Ian Evans (CPN) 01633 786000

* Delivered by CMHT/EDT
** No demand at smaller custody suites
No Mental Health Liaison in Gwent Police

POLICE AND PROBATION AREA	LOCAL AUTHORITY / LOCAL HEALTH BOARD/COMMUNITY SAFETY PARTNERSHIP AREAS	COURTS (for information)	POLICE	PROBATION	PRISON	RELEVANT HEALTH AND SOCIAL CARE
OUTSIDE WALES					**HM Long Lartin Prison** **South Littleton** **Evesham** **Worcestershire WR11 8TZ** **01386 835100** **HM Prison Bristol** **19 Cambridge Road** **Bristol** **BS7 8PS** **0117 372 3100** **HMP Altcourse** **Higher Lane, Fazakerely,** **Liverpool** **L9 7LH** **0151 522 2000** **HM Prison Liverpool** **68 Hornby Road** **Liverpool** **L9 3DF** **0151 530 4000** **Ashfield Young Offenders Institution** **Shortwood Road** **Pucklechurch, Bristol, BS16 9QJ** **0117 3038000** **HM Eastwood Park Prison** **Falfield, Wooton-under-Edge** **Gloucester CL12 8DB** **01454 382100**	**Ashworth Hospital** **Parkbourn** **Maghull, Merseyside** **L31 1HW** **0151 473 0303** **Rampton Hospital** **Retford** **Nottinghamshire** **DN22 0PD** **01777 248321** **Broadmoor Hospital** **Crowthorne** **Berkshire** **RG45 7EG** **01344 773111** **Various private & other small scale healthcare.**

Policy Review

Policy in Wales

The Welsh Assembly Government has identified mental health as one of its three health priorities, and has advanced plans for service improvement.

In 2001 the Assembly published "*Improving Mental Health Services in Wales: A Strategy for Adults of Working Age"*. In this document the Assembly stated that successful implementation of the Strategy would depend on "additional staff to ensure effective liaison between mental health teams and the primary care, criminal justice, district general hospital and drugs and alcohol services". The document predicted that staff would be in place across Wales by 2004.

The Strategy also addressed the Criminal Justice System specifically, identifying the need for better inter-agency working:

"Effective local agreements need to exist between police, probation, health and social services to provide flexible arrangements for the urgent assessment of offenders with mental health problems in prison and in courts. At present the NHS has little incentive to divert individuals into its overburdened mental health services. Issues around the funding of diversion and the costs to the NHS need to be addressed when the proposals for the Prison Health Service are implemented. The National Assembly will ensure that this is done. The National Assembly is providing funding over the next 3 years to enable in-reach teams to work with the prisons to co-ordinate care on release."

The objective of the Assembly was that: "Designated members of each CMHT must act as "link workers" and work sessions with drug and alcohol misuse services and the criminal justice system."

The 2002 Welsh Assembly Government document, *Adult Mental Health Services: A National Service Framework for Wales* provides further guidance:

Educating criminal justice professionals about mental health is a key part of the approach. Key Action 2 of the Framework states that "Authorities and agencies will seek to raise public awareness and understanding of mental health issues and help combat stigma", and part of this task is to "educate key opinion formers such as the media, local authority members and officers, criminal justice and health professionals".

Key Action 22 states that: "By 2005, [Community mental health] teams will have identified team member(s) to develop and maintain formalised effective links with more specialised services including criminal justice, housing authorities, drugs and alcohol services and work with users and carer groups."

Inter-agency working is a key consideration. Key Action 37 states that "communication within and between services must be robust," and that "there should be agreed mechanisms in place to ensure that people cannot, for example, fall through the services 'net' between general and specialist services for drug and alcohol,

criminal justice/forensic mental health, child and adolescent mental health, learning disability services and mental health services for older people."

Key Action 38 addresses the criminal justice issue directly, stating: "There should be arrangements in place to support criminal justice services including prisons and youth offending teams. Other provision should include diversion from custody and in-reach into prisons to ensure as seamless care as possible for offenders with mental health problems. There should be clear protocols to manage individuals who have a history of offending."

Key action 41 indicates that suicide prevention is a priority for services. Within this context there is an expectation that there should be support for local prison staff in preventing suicide among prisoners, and that there should be local systems for suicide audit.

Specifically, the Framework states that "the National Assembly has agreed to fund in-reach teams for all 4 Welsh prisons, to improve liaison and joint working across the boundaries of prison and community teams." The NHS and local authorities are made responsible for providing in-reach provision to all Welsh prisons by the end of September 2002, and making court diversion facilities available across Wales by the end of December 2003.

England & Wales Policy and Legislation

The Mental Health Act 1983 has the following provisions that relate to the criminal justice system:

Section 35 allows a Court to send a person to hospital for a report to be prepared on his/her mental condition, instead of remanding the person to prison.

Section 36 allows a Crown Court (not a Magistrates Court) to send a person to hospital for treatment, instead of remanding the person to prison.

Section 37 allows a Court to send a person to hospital for treatment (or to make the person subject to Guardianship) when otherwise the outcome might have been a prison sentence. The Order is instead of imprisonment, a fine, or probation.

Section 41 states that where a Crown Court makes a Section 37 Hospital Order, it may also impose restrictions on the patient's discharge. In addition to certain limitations inherent in Section 37 (the Nearest Relative cannot discharge, and there can be no appeal to the Mental Health Review Tribunal in the first 6 months), the Restrictions are:

- leave may only be granted with the agreement of the Secretary of State (in practice, the Home Office) and the Home Office, in addition to the Responsible Medical Officer, can recall the person from leave
- transfers require the Home Office's agreement
- discharge under Section 23 requires the Home Office's agreement.

Sections 47/48/49 state that The Home Office, using powers given to the Secretary of State, can make a Transfer Direction, to transfer a prisoner to hospital for treatment, where:

- the prisoner has a least one of the four types of mental disorder on the basis of reports from two doctors (at least one of whom must be approved under Section 12) *and*
- the mental disorder is of a nature or degree which makes it appropriate for the person to be detained in hospital for medical treatment *and*
- *(in the case of psychopathic disorder or mental impairment only)* that such treatment is likely to alleviate or prevent a deterioration in the prisoner's condition *and*
- the Home Office is of the opinion that a transfer is expedient in the circumstances, having regard to the public interest.

Further to the Act, the Home Office issued a Circular in 1990, "Home Office Circular No 66/90: Provision for Mentally Disordered Offenders", that draws the attention of the courts and those services responsible for dealing with mentally disordered persons who commit, or are suspected of committing, criminal offences to:

(a) the legal powers which exist; and
(b) the desirability of ensuring effective co-operation between agencies to ensure that the best use is made of resources and that mentally disordered persons are not prosecuted where this is not required by the public interest.

The Circular summarises that:

i. Chief Officers of Police are asked to ensure that, taking account of the public interest, consideration is always given to alternatives to prosecuting mentally disordered offenders, including taking no further action where appropriate, and that effective arrangements are established with local health and social services authorities to ensure their speedy involvement when mentally disordered persons are taken into police custody;

ii. Courts are asked to ensure that alternatives to custody are considered for all mentally disordered persons, including bail before sentence, and that persons who are in need of medical treatment are not sent to prison. The attention of court clerks is drawn, in particular, to the desirability of establishing arrangements in cooperation with the probation service and the local health and social services authorities, for speedy access to professional advice for the court to assist it in its decision making;

iii. Chief Probation Officers are asked to ensure that effective arrangements are established to provide courts with information and advice to enable them to make use of alternatives to imprisonment in dealing with MDOs.

Attention is drawn to the need to co-operate with local health and social services authorities to provide professional advice to courts and to facilitate a wider use of treatment and non custodial disposals, including remands on bail before sentence and psychiatric probation orders and guardianship orders, where appropriate, after conviction; and Amendment to Home Office Circular 66/90.

iv. Prison medical officers are asked to ensure that action is taken to arrange transfer to hospital under the provisions of section 48 of the Mental Health Act 1983 in respect of any mentally ill or severely mentally impaired person remanded in custody who appears to require urgent treatment in hospital, and to consider advising the courts of the suitability of any other mentally disordered person on remand for treatment as part of a non-custodial disposal, such as a psychiatric probation order or guardianship order, after conviction. Prison medical officers are asked to ensure that action is taken to arrange the transfer to hospital under the provisions of section 47 of the Mental Health Act 1983 of any sentenced prisoner who appears to require treatment in hospital for mental disorder.

Another Circular (no. 12/95), "Mentally Disordered Offenders: Inter-agency Working", supplements the above circular, specifically promoting effective inter-agency working. It describes the key elements of effective local co-operation and action in relation to MDOs which have emerged from the work done up to that point, and provides details of when to charge and prosecute. However, no specific mention of 'diversion' is made.

In December 2001 the Department of Health, HM Prison Service and The National Assembly for Wales jointly published *Changing the Outlook: A Strategy for Developing and Modernising Mental Health Service in Prisons*. This document set out a joint approach to "far-reaching development and modernisation of mental health services in prisons over the next 3-5 years".

The aims for change in service delivery within 3-5 years were summarised in the document as follows:

- a reduction in the number of prisoners located in prison health care centres, with resources re-deployed to provide day care and wing-based support
- a reduction in the average length of time mentally ill prisoners spend in those prison health care beds that remain
- a more appropriate skill mix among those providing mental health care, so that prisoners have access to the right range of services to NHS standards;
- increased numbers of day care places
- improved wing-based services
- better integration between Prison Service and NHS staff, to encourage skills transfer among staff and reduce professional isolation, and to facilitate exchange of information
- quicker and more effective arrangements for transferring the most seriously ill prisoners to appropriate NHS facilities and receiving them back
- increased collaboration by NHS staff in the management of those who are seriously mentally ill, including those vulnerable to suicide or self-harm whilst they are in prison
- improved health and social functioning for patients.

Consequently the document called for all prisons and their local NHS partners to complete a detailed review of mental health needs, based on their existing health needs assessment work, by September 2002, in order to identify gaps in provision.

Recently the *Prison Mental Health Care Pathway* (2004) was produced by Professor C. Brooker, Head of Mental Health Section, ScHARR, University of Sheffield, and Ms Y Stoddard, Prison Mental Health Lead: North East, Yorkshire and Humberside RDC, NIMHE. The aim of the guidance is to inform the planning and commissioning of mental health services for prisoners in England and Wales. It is structured using a care pathway approach from the courts through to transfer or discharge from prison, and is aimed primarily at planners and commissioners such as Local Heath Boards, Health Care Managers and prison Governors, as well as clinicians.

Planning and Monitoring Compatibility

As with any provision involving more than one agency, the support of offenders with mental health needs is at risk of duplication of assessment and delivery or in worst case omission due to the lack of robust, planned intervention.

The most significant area of concern highlighted by this research concerns mental health services in prisons.

The Welsh Assembly Government in its Adult Mental Health National Service Framework identifies a role for Prison In-reach Mental Health services and these are generally being provided through an extension of the existing Community Mental Health Teams.

Community Mental Health Teams (CMHTs) are fully involved in the use of Unified Assessment and Care Management (UACM). The purpose of UACM is:

To ensure that agencies take a holistic approach to assessing and managing care and work together so that:

- Assessment and care planning is person-centred and proportionate to need
- Services are co-ordinated and integrated at all levels
- Duplication of information, assessments and paperwork is minimised with advantages for individuals, practitioners and services
- Eligibility criteria are fairer and standardised across Wales.

(*The Care Essentials of: Creating a Unified and Fair System for Assessing and Managing Care – A Handbook*, Welsh Assembly Government, April 2002)

Anyone receiving services from the CMHTs will undergo the Universal Assessment and, from the needs identified, a plan of care will be developed under the Care Programme Approach for Mental Health Service Users. This system has been in place in England since the early 1990s but has not yet been implemented comprehensively in Wales though all areas were expected to comply by December 2004.

It is expected that offenders with mental health needs who are supported by CMHTs will be included on an Enhanced Care Programme Approach (*Mental Health Policy Wales Implementation Guidance – the Care Programme Approach for Mental Health Service Users*, Welsh Assembly Government, February 2003).

The Enhanced Care Programme Approach means that anyone requiring this level of support will:

- Have received a holistic assessment of their needs, which includes a risk assessment
- Receive a comprehensive multi-disciplinary/multi-agency care plan as appropriate to meet their needs, agreed between the team, the service user

- (and carer(s) where appropriate) and this will include detailed contingency and crisis plans
- Receive a copy of their Care Plan
- Have a care co-ordinator allocated with clear responsibilities and tasks as agreed by the care team
- Have regular reviews.

The guidance also underlines the importance of Unified Risk Assessment processes.

This approach needs to mesh with OASys (Offender Assessment System), the system developed jointly by the prison and probation service. The main focus of OASys is on the following factors which research shows to predict the likelihood of an offender being reconvicted:

- Offending history and current offence
- Social and economic factors: access to accommodation; education, training and employability; financial management and income; lifestyle and associates; relationships, drug and/or alcohol misuse
- Personal factors: thinking and behaviour; attitude towards offending and towards supervision; emotional factors such as anxiety or depression.

The impact that each of these factors has on the offender's risk of reconviction is highlighted, as well as the risk of them causing serious harm to others or indeed to themselves.

The OASys assessment is for all offenders and as such is understandably less developed than the Unified Assessment and Care Management Process in terms of addressing health matters.

Police

It is worth prefacing any discussion of the police in relation to mental illness by noting the experience of Hafal's Members who consistently state that they provide one of the most reliable services at times of crisis for people with severe mental illness and their carers. At the same time police in contact with Hafal have consistently acknowledged a lack of training and specialist support in relation to mental health issues.

Recently Hafal provided North Wales Police with training on how to recognise mental health problems on contact with offenders. This is crucial as it means offenders can be looked after safely and often diverted informally at the earliest possible stage.

Mental Health Liaison Officers are in post to advise other police officers involved with MDOs. They relate to the Welsh Assembly Government for policy and provide specialist advice on mental health legislation as it affects the police. Custody Nurse schemes are also operated. These schemes place a qualified nurse on duty within the custody suite of the relevant police station who will assist with any issues involving mental health and also link into the Appropriate Adult Scheme.

Services for Mentally Disordered Offenders:

Mental Health Liaison Officers

There is only one dedicated Mental Health Liaison Officer for South Wales and one for North Wales: DC Penny Roberts based at Port Talbot and WPC Gill Williams based at St. Asaph, Divisional HQ.

Within South Wales, however, each of the 7 police divisions has a nominated community safety/crime prevention officer who acts as liaison links directly to Penny Roberts.

A division Merthyr – Police Sergeant Haynes
B division RCT Police Inspector James/ Police Sergeant Newcombe
C division Cardiff – Police Constable Abson
E division Barry – Police Inspector Evans
F division Bridgend – Police Sergeant Picton
G division Neath Port Talbot – Police Sergeant Griffiths
H division Swansea – Police Sergeant Heard

Mental Health issues in Dyfed Powys police are dealt with by Chief Inspector Nigel George.

Custody Nurse Schemes

There are two established Custody Nurse Schemes in Wales, one at Newport Police Station and the other via Jenny Sutton, Community Psychiatric Nurse/Criminal Justice Liaison Officer Llanelli. There is a general nurse available in North Wales.

Without such services Police Custody Suites in Wales use access to the on-call duty Police Surgeon.

The British Medical Association reported in July 2004 that the provision of forensic medical services to the police, which had been developed in a piecemeal fashion over the last 150 years, needed to reform in order to meet the complex demands of modern-day policing. These services appear to operate independent of mainstream medical/health services. It highlighted a number of points that needed to be addressed:

- the difficulties in some areas of recruiting sufficient doctors to cope with the demands;
- the variable standards provided by the service around the country;
- the inadequate facilities for examination and monitoring in some custody suites;
- poor communication and feedback;
- the lack of formal contractual arrangements in some areas; and
- the lack of any clear management structure and scrutiny.

The findings of this report do not appear to have impacted in Wales, resulting in poorer services to offenders.

Appropriate Adult Scheme

The Police and Criminal Evidence Act 1984 Codes of Practice provide for an appropriate adult to be called to the police station whenever a juvenile or mentally vulnerable person has been detained in police custody. Appropriate adults have an important role to play in the custody environment by ensuring that the detained person whom they are assisting understands what is happening to them and why.

Community Safety Partnerships

Another community-based service is provided in the form of Community Safety Partnerships which have been set up under the Crime and Disorder Act 1998 to tackle a range of crime and disorder problems. These partnerships bring together initiatives and agencies in each of the 22 Local Authority areas such as the police, the local authority departments, Probation services, health, youth offending teams, the fire service and voluntary sector organisations such as Victim Support.

In Rhondda Cynon Taff, for example, in a Community Safety Partnership which has been noted for its good practice by the Welsh Assembly Government, agencies work from the same building.

These partnerships would seem to provide an opportunity to address issues concerning MDOs but we have not been able to identify any specific initiatives.

Diversion and Probation Services

Diversion Schemes

Home Office Circular 66/90 (Home Office and Department of Health 1990) states that wherever possible, MDOs should receive care and treatment from heath and social services.

In their article, "Community Forensic Psychiatry", Mohan *et al.* state that: "In practice court diversion should involve the identification of MDOs at the point of arrest and, if possible, direct the individual from a custodial remand to a place where further assessment and treatment can be obtained (usually a Psychiatric Hospital)." (Mohan, R., Judge, J., and Fahy, T., "Community Forensic Psychiatry", in *Psychiatry* Vol.3, November 2004.)

As discussed above, Hafal recently provided North Wales Police with training on how to recognise mental health problems on contact with offenders. This is crucial as it means offenders can often be diverted informally at the earliest possible stage and their mental health needs can be met sooner.

However, court diversion schemes can typically accept referrals from a range of sources, including: the Crown Prosecution Service; Defence Solicitors; Clerks to the Justices; Defendants; Carers; Voluntary Agencies; Magistrates; Police; Police Surgeons; Probation Officers; Bail Information Officers; Escorting Staff; GPs; HM Prisons; Social Services; and Health Services.

In Wales, court diversion schemes typically function as follows:

The process of referral and assessment begins with the receipt of a referral from one of the above sources. Following the referral, the Court Diversion Community Psychiatric Nurse (CPN) makes initial contact with the client and supplies them with information highlighting the process of assessment and how the data it procures can be used. (The CPN who runs the scheme is generally located in the Community Mental Health Team.)

The CPN then carries out a formulated assessment of the client. The CPN uses general interviewing techniques to determine whether there is evidence of disturbed behaviour or a history of mental illness, amongst other key determining factors.

If no mental health problem is identified in the assessment, no further action is required by the CPN and no recommendations are made to the Court. If a mental health problem is identified, collaboration is sought from other key agencies, and the CPN initiates the process for assessment by an identified psychiatrist. If the patient is known to the Psychiatric Services it is likely that their identified psychiatrist will accept the referral; if not, an available psychiatrist will accept the referral.

Following this assessment the CPN will then gather information from the psychiatrist (or appropriate agency) regarding necessary treatment and/or support. They will then offer advice to the Court, Crown Prosecution Service and Defence prior to the client's

hearing, and provide feedback on the assessment to both the referral source and Court. (NB: The Court can choose to disregard recommendations of the CPN and proceed with a penal remand/disposal).

The CPN will then arrange for the treatment or support recommended in the assessment to take place, as directed by the Court. The CPN will maintain contact with the client until handover to an identified key worker, at which point the client is discharged from the court diversion scheme.

Court Diversion Example: Youth Offending Team, Bridgend

The Bridgend Youth Offending Team comprises 23 members of staff and is a multi-agency team with team members from the Probation Service, Police, Health Authority, Education, Social Services and specialist organisations such as West Glamorgan Council for drug abuse with a specific regard to Mentally Disordered Young Offenders. The team employs a Children and Mental Health Nurse (CAMHS Angela Rees) to whom all such cases are referred.

The Team maintains close links with the local custodial facility, HM Prison Parc, where those young offenders placed on remand are held. The Team has a dedicated Probation Service Remand Officer who links in directly to the Youth Offending Team within Parc Prison.

Those young offenders who become subject to a Detention and Training Order by the courts under the Crime & Disorder Act 1998 are usually sent to Ashfield Young Offenders Institution.

Immediately when a young offender is brought to the attention of the YOT, the relevant members of the team interview the offender to identify all aspects of the offender's life and identify risk factors. In the case of MDOs the CAMHS nurse conducts a separate assessment and where necessary refers on to psychiatric services. However, if the offender appears before the Court, the CAMHS nurse negotiates with the Court solicitor to divert the offender under Section 35 of the Mental Health Act 1983, for a 25 day assessment at Coity Clinic.

We gather from the CAMHS nurse that approximately 5 per cent of all young offenders are MDO, whereas about 25 per cent have less serious forms of mental illness. It was also suggested that there are no emergency beds in Wales for children under 16 and that generic CAMHS in Wales are understaffed.

Court diversion schemes in Wales

Currently in Wales formal schemes are located in the following areas:

- Swansea
- Powys
- Newport
- Pembrokeshire
- Carmarthenshire

- Cardiff
- Bridgend

There is no Wales-wide policy for these schemes and each differs in some respects from another. In every scheme in Wales there was a concern about the lack of resources.

South Wales

Swansea, Neath and Port Talbot benefit from an established Court Diversion Scheme, operated by a CPN at Orchard Street Community Mental Health Team. The scheme evidently links directly with the police at point of arrest, the Courts, Probation Service and the prisons.

One Court Probation Officer indicated that the court diversion scheme operated well in Swansea and that whenever they appeared in court with a case involving an MDO, proper facilities were in place to allow for careful amendments, representation by the CPN and diversion to either a bail hostel, hospital or supervised community- based diversion.

During an interview with the Probation In-reach Team at HMP Swansea and conversations with a local Probation Officer, it became apparent that they felt that in the case of MDOs the Probation Service linked in well with NHS Criminal Justice Liaison Officers, Prison Staff, Police and the Courts. It emerged that the In-reach team commence discharge plans for MDOs some eight weeks prior to discharge.

However, gaps in services were still apparent:

1. Communication – a bridge needs to be built between the National Probation Service and Social Services
2. National Probation Service training could be more comprehensive on issues of mental illness and their behavioural manifestation.

North Wales

It appears that there is no formal court diversion scheme operated in North Wales by the Probation Service. There was a limited scheme until 2003 when, during a review, of services, it was decided that such a service was not ‘value for money’ and that cases involving MDOs could be managed in established mental health services; it was also suggested that most cases involving MDOs would already be known to local Community Mental Health Teams.

Evidence also suggests that the Probation Service did attend regular joint interagency meetings, where a Probation Officer would take a lead on MDOs. One Probation Officer explained that while there was no formal court diversion scheme in North Wales, Probation had a definite contact with Social Services and cases involving MDOs would normally be quickly identified and efforts made to divert MDOs out of the criminal justice system where possible. However, out Police source in North Wales indicated that there were severe problems in securing the support of the local CMHT.

A Criminal Justice and Mental Health Liaison Pilot Project was carried out by a Mental Health Nurse to provide a rapid assessment and advice service to agencies across the Criminal Justice System in Conwy and Denbighshire over a period of 13 weeks from 25 October 2004 to 11 February 2005.

Verbal feedback from the custody officers was that the service was of use to them. The main reasons for this were:

- Response time to referrals was no more than 90 minutes
- Immediate "expert opinion" was available to inform decision making
- Access to appropriate information and services was available for individual prisons.

Funding for this project was provided by all 6 of the local health boards. The funding came to an end on 31st March 2005.

Dyfed Powys

NPS Dyfed Powys has recently established a new 4 Counties Group which meets quarterly to discuss issues of protocol around involvement with the police, Courts and MDOs. Although details were difficult to come by, it appears that a court diversion scheme does operate in this area.

Gwent

Specialist services provided are:

- Accredited Programmes Unit which delivers programmes demonstrated to reduce offending
- Community Safety Unit responsible for the area's statutory responsibilities under the Crime and Disorder Act 1998 including the delivery of drug testing and Treatment Orders as well as the development of partnerships in the voluntary sector
- Services for liaison with victims of serious crime
- Public Protection Unit which supervises high risk offenders jointly with the police and other statutory agencies.

Court Diversion Example: *Swansea, Neath, Port Talbot and Gowerton*

The aim of the Court Diversion Scheme is to provide a mental health assessment by a Community Psychiatric Nurse (CPN) at the four identified Courts – Swansea, Neath, Port Talbot and Gowerton. Such assessments will subsequently allow the Magistrates, the Crown Prosecution Service and other relevant agencies to give informed consideration to an individual's mental health status, thus offering the opportunity for appropriate diversion from the criminal justice system to more appropriate mental health services.

In Swansea, there is an appointed Criminal Justice Liaison Officer (CJLO), a CPN based at Orchard Street CMHT.

If the Police arrest a person they believe to be an MDO, before interviewing that person they contact the local CMHT by day or emergency duty team by night. In either event the matter is then referred on to the CJLO. The CJLO will then attend the Police Station and carry out an assessment of the offender's mental health status.

Should the person be too ill for interview and in need of immediate psychiatric treatment, procedures can be put in place to section that person under the Mental Health Act 1983 to the nearest mental health secure unit for further assessment and treatment.

Should it be decided that the MDO should appear before the Court, the CJLO would provide a psychiatric assessment and endeavour to divert the offender from the Criminal Justice System and into a bail hostel or possibly hospital.

Should it be decided by the Court that the MDO should be remanded in custody, the CJLO would again accompany the offender to the HM Prison Swansea, where they would liaise with the CPN, the Prison In-reach Criminal Justice Liaison Officer and provide full details of the MDOs mental health status.

In turn the CJLO then advises the Manager of the Prison Mental Health In-reach Team. The CPN and the Manager then monitor the prisoner's programme in prison, inputting services as required.

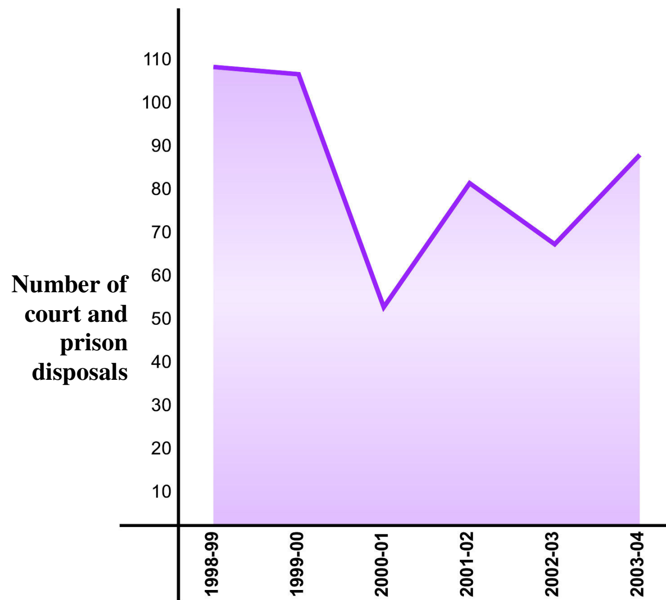
When any convicted MDO prisoner at HM Prison Swansea is due for discharge, eight weeks in advance, the CPN and the Manager of the Prison Mental Health In-reach Team commence discharge planning for that MDO.

Statistics

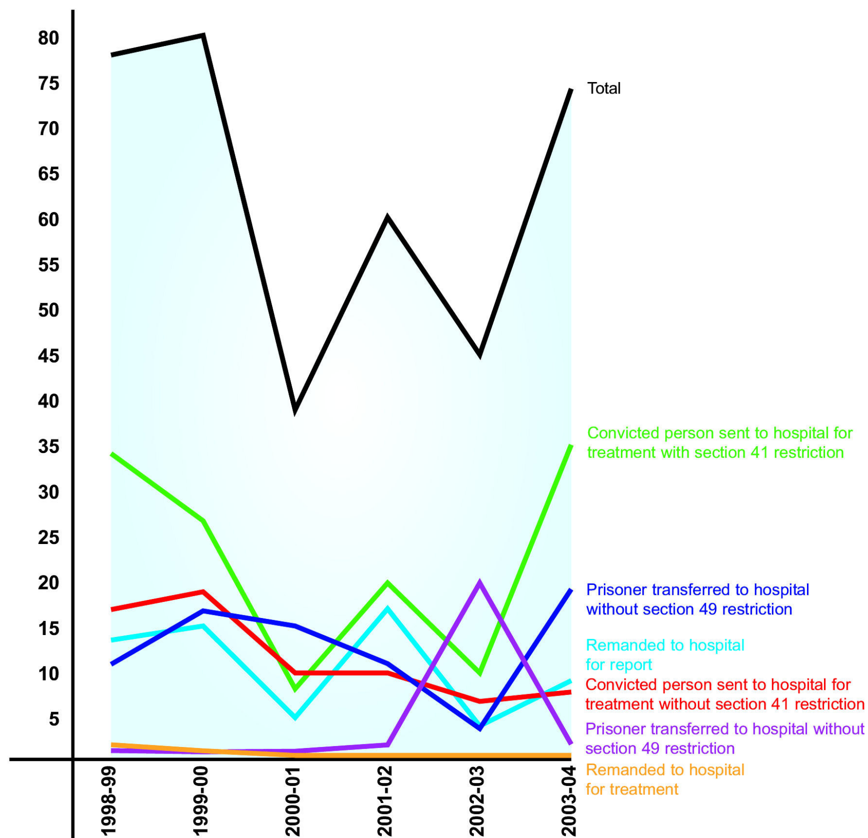
In 2004 the National Assembly for Wales published a statistical bulletin entitled *Admission of Patients to Mental Health Facilities in Wales, 2003-04*, giving information on patients admitted to mental health facilities in Wales including admission of patients detained under the Mental Health Act 1983 and other legislation.

The bulletin included figures for court and prison disposals in Wales between 1998-99 and 2003-04 to both NHS facilities and independent hospitals, and a breakdown of admissions via court and prison disposals by legal status. The following graphs summarise those findings.

Use of the Mental Health Act, 1998-99 to 2003-04: Court and prison disposals



Number of admissions by legal status, 1998-99 to 2003-04: Court and prison disposals *in NHS facilities*



Prison Service (including NHS Prison In-reach Services)

There are over 75,000 people imprisoned in England and Wales. The Home Office Population in Custody Monthly Tables for February 2005 showed the number of people in custody in England and Wales was 78,815, and the population in prisons was 75,354, with a male population of 70,986 and a female population of 4,368. At the end of April it was announced that the total number of inmates had risen to **75,550** – the highest number on record.

The recently-published *Prison Mental Health Care Pathway* (2004) stated that at any one point in time approximately 2500 adult males, young offenders and juveniles are held in the 4 prisons in Wales. The Home Office Population in Custody Monthly Tables for February 2005 confirm the following totals for Wales' four prisons:

	Establishment total
Cardiff	749
Swansea	405
Parc	975
Usk/Prescoed	415
Total	**2544**

All four institutions in Wales are male-only. It appears that most female prisoners from Wales go to Eastwood Park female closed prison, in Gloucester. The operational capacity for this prison is 346 (February 2004), and approximately one third of inmates are from Wales.

A number of male prisoners from Wales also go to English institutions. For instance, Sarah Higginson, a Mental Health Nurse, produced *A Snapshot of Prisoners from North Wales in HMP Altcourse* in May 2003 (Altcourse is near Liverpool). The 'snapshot' found that the estimated number of prisoners from North Wales in the prison was 211, 21 per cent of the estimated prison population. Only 13 per cent of the prisoners from North Wales reported that they did not have a mental health or drug dependence problem. In her 2003 article, "Square pegs in round holes" (in *Mental Health Practice*, September 2003, Vol. 7, No. 1, pp. 32-36) Higginson reported that 46 percent of these prisoners had depression, and 33 per cent had "psychoticism".

Statistics from a variety of sources suggest a high incidence of mental illness amongst prisoners in England and Wales.

In May 2004, a conference held by the Prison Reform Trust and the mental health charity Mind entitled "Troubled Inside – Responding to the Mental Health Needs of Men in Prison" reported that:

- Three quarters of men in prison are affected by two or more mental health problems, including disorders such as schizophrenia.
- Two thirds of men in prison are diagnosed with a personality disorder and two fifths show symptoms of at least one neurotic disorder such as depression, anxiety and phobias. Among the general population less than a fifth of men are affected by these disorders.
- Men in prison have a high rate of severe mental health problems such as schizophrenia or delusional disorders – nearly ten per cent, compared to less than one per cent of the general population.
- One in five men in prison are on prescribed medication such as anti-depressants or anti-psychotic medicine and there is evidence that the use of medication increases whilst in custody.

A 2001 National Statistics report on the mental health of female offenders, "Mental disorder among women prisoners in England and Wales," also recorded high levels of mental illness.

Findings included:

- Two thirds of women prisoners interviewed were assessed as having a neurotic disorder such as depression, anxiety and phobias
- 14 per cent of women prisoners had a functional psychosis (e.g. schizophrenia) within a one year period
- In the week before the interview 23 per cent of remand prisoners had thought of suicide
- Over a quarter of women prisoners said they had attempted suicide in the year before the interview
- Deliberate self-harm was reported amongst 9 per cent of remand and 10 per cent of sentenced women
- Half the women interviewed were taking some form of medication that acts on the central nervous system
- 40 per cent of women prisoners had received help or treatment for a mental or emotional problem in the 12 months before coming to prison; 28 per cent received such help since coming to prison
- 17 per cent of women prisoners reported having been admitted to a mental hospital at some time.

Another recent document, *Prison Mental Health Care Pathway* (2004), records that:

- 72 per cent of male sentenced prisoners and 70 per cent of female sentenced prisoners have two or more mental disorders
- 44 per cent of male sentence prisoners and 62 per cent of female sentenced prisoners have 3 or more mental disorders
- 12-15 per cent of prisoners have 4 or 5 disorders
- 7 per cent of male sentenced prisoners and 14 per cent of female sentenced prisoners have a psychotic disorder
- The incidence of mental disorders is higher in minority groups such as women, older people and those from ethnic minority groups.

Other studies have pointed to a high rate of mental illness amongst people from ethnic minorities. One study, 'Mentally disturbed prisoners at Winson Green' (1993), found that not only was the prison not organised for dealing appropriately with prisoners with a mental illness, but also that black prisoners fared worse than others. In their publication, *Mental health promotion and people in prisons* (1999), the Health Education Authority specifically identified racism as an issue in prisons for people from black and ethnic minority groups. Furthermore, in their study of Grendon – a prison which offers a therapeutic regime, Elaine Genders and Elaine Player found that few black and ethnic minority prisoners were located there. The study concluded that there were barriers to services for ethnic minorities; for instance, Asian prisoners might be thought to have inadequate English to engage with 'talking therapies' and black prisoners may be seen as too volatile. (Genders and Player, *Grendon: A Study of a Therapeutic Prison*, Oxford: Oxford University Press, 1995.) More prison reports are being prepared for Swansea, Usk and Prescoed. These may have more detailed reference to ethnic minorities and their access to mental health services.

Further studies find that prisoners with severe mental health problems are often not diverted to more appropriate secure provision. The Chief Inspector of Prisons has estimated, based on visits to local prisons, that 41 per cent of prisoners being held in health care centres should have been in secure NHS accommodation (HM Chief Inspector of Prisons Annual Report 2002/3).

This is reflected in individual prison reports. For instance, following an inspection on HMP Eastwood Park – the prison to which female offenders from Wales are sent – the Chief Inspector of Prisons commented: "[T]he in-patient healthcare centre had in effect become an acute psychiatric ward, in response to the severe mental health needs of some prisoners. It is bad enough that the prison had to manage such damaged individuals, who should have been placed elsewhere; it is unacceptable that, as a consequence, there were no in-patient facilities for the seriously physically ill." (Home Office Press Release, March 17th 2004)

The HMIP Report on an Unannounced Short Inspection of HM Prison Cardiff (27 February – 1 March 2001) commented on the links between the prison and the NHS, and how they might be improved. The Report found that the link had already improved to an extent, stating: "There had been significant changes in helping the mentally disturbed in the prison. Links with the National Health Service were firmly established." However, it was still found that: "Transfer time for those requiring National Health Service provision was still taking too long. The need for a mental health worker as liaison between the community and the establishment had been identified and this should be considered."

The 2003 Prisons Report on HM Prison Cardiff (2 September 2003) also expressed concern about the overuse of the segregation unit, which was seen as warehousing prisoners not under punishment, some of whom were mentally disturbed and held there for lengthy periods.

The HMIP Report on Parc Prison (5-7 September 2000) suggests that guidance could come from the Welsh Assembly Government, stating: "We were concerned to be told that the Welsh National Assembly had, to date, given no direction to local health

authorities to engage in prison health care. Such engagement is taking place in England and we hope that similar work will take place in Wales without delay."

The Report brings attention to the length of time it took for mentally ill prisoners to be provided with a secure bed, despite improvements, stating: "I am glad too that there is to be increased provision of secure beds in mental health units in Wales, because it is still taking far too long – in one case two years – to get patients out of the prison and into a secure unit. I understand that the Welsh Assembly has now convened a meeting to discuss this."

The HMIP report on an Unannounced Short Inspection of HM Prison Swansea identified the benefits of strong links between a prison and the NHS. "The whole area of health care had been transformed with the implementation of Health Care Standards and strong links with the National Health Service and local agencies," the report concluded. "Revised staffing levels and the employment of a Nursing Manager and additional nurses had made a significant difference to the provision of health care at Swansea." Notably, Swansea prison operates a peer counselling scheme. Prison volunteers are given some training by both the Probation Service and Healthcare Departments. These volunteers wear an identification badge which says 'I am a listener', plus their photographs are displayed on the Prisoners Information Boards. These volunteers provide a listening and limited counselling role to other prisoners who seek them out.

Despite any advances made in the provision of services at Swansea, there are still areas of concern. In January 2003 The School of Health Science at the University of Wales Swansea produced a report on *Mental Health Care Needs Assessment at HMP Swansea* which we highly commend. This Report concluded that whilst there was evidence that the prison is helping prisoners in terms of their overall mental state, there is also evidence of unmet needs. The Report also found that just under a third of prisoners appeared to have psychiatric problems – again suggesting the high prevalence of severe mental illnesses among prisoners.

Suicide and self-harm figures also appear to indicate an increased level of mental illness in prisons. However, it is always important to differentiate between self-harm, suicide attempts by people with mental illness, and suicide attempts by people experiencing high levels of distress due to their situations.

The Howard League for Penal Reform, 1995, estimated that a prisoner is up to 7 times more likely to kill themselves when compared with someone living in the community. The Home Office Prison Statistics for England and Wales 2003 show an elevated incidence of self-harm. The number of incidents of self-harm in prisons in 2003 was 16,214, with the number of apparently self-inflicted deaths in 2003 standing at 94. (However, the increase was partly a reflection of the Prison Service collecting more accurate statistics on self-harm after changing its procedures in the previous year.) Meanwhile the *Prison Mental Health Care Pathway* (2004) records that around 30 per cent of all prisoners have a history of one or more episodes of deliberate self-harm.

At the Prison Reform Trust conference (2004, see above) it was also reported that one in five male prisoners has attempted suicide at some stage in their life and the same number has previously been admitted for in-patient psychiatric care.

The HMIP Report on an Unannounced Inspection of HM Prison Usk (13-17 March) identified the benefits of training for prison staff with regard to self-harming. The Report found: "There had been no deaths in custody in the past 12 months and suicide awareness was taken seriously at Usk. Of the total 187 staff in post, 152 had attended the awareness course. Staff were vigilant and the open-style nature of the unit with plenty of time out of cell and interested personal officers, meant that incidents of self harm were few." However, the Report did find that: "Healthcare services were very poor, medication was slow in coming from Cardiff, and access to the doctor was possible only on Mondays, Wednesdays and Fridays."

It should be noted that both HMPs Swansea and Usk/Prescoed have recently had further HMCIP full inspections which are likely to reveal the current position in relation to both primary and secondary mental health service provision for their respective prisoner populations. Unfortunately the reports emanating from these inspections are unlikely to be available for several months.

Eastwood Park, on the other hand, demonstrated the risk of having staff with insufficient training or expertise. The 2001 Report states that:

"It had a high level of suicide risk and self-harm: in one month there had been 47 self-harm incidents, some life-threatening, 56 new suicide risks, and 200 requests for Listeners. Yet agency nurses, with no experience, staff reception; and neither reception nor wing staff had the time for proper induction and explanation. The Suicide Prevention Team met only quarterly, and staffing difficulties limited both staff time and their ability to deliver a regime which minimised the risk of self-harm and suicide."

Specifically the Report complained that: "The healthcare level and extent of severe psychiatric illness was beyond the expertise and number of nursing staff, in spite if their best efforts. They were dealing with 'extremely agitated women who were crying, screaming and shouting and continually requesting staff attention': four of them were acutely mentally ill, and in need of urgent transfer to NHS facilities. Nursing staff were unsupported by prison staff, so that exercise was rarely available."

At the time of this report there were obviously severe problems at Eastwood Park. For example:

"Provision for visitors had deteriorated rather than improved since our last inspection. The shortcomings previously noted remained, but were greatly compounded by the removal of a Portakabin waiting area for visitors and its replacement by a basic shelter outside the main gate, with no seats, toilet or other facilities. What is more, visitors on closed visits were told that they would be unable to use toilets inside the prison. Eastwood Park is in a rural area, with little public transport. Visitors were forced to use the hedge in the car park, where we saw excrement and dirty nappies. A disabled visitor, on a closed visit, had to resort to this indignity. This is entirely unacceptable, and degrading both to visitors and those they visit; it is also a matter which could easily, and relatively cheaply, have been rectified."

Note: Since 2002, the Welsh Assembly Government, in partnership with the Prison Service, has required local NHS and prison partnerships to produce and review annually Health Needs Assessments and related Prison Health Improvement Plans. This year the partnerships are also required to produce Prison Health Delivery Plans in which they will prioritise the service improvements to be delivered, utilizing growth and development funding made available by the Welsh Assembly Government. Improvements in primary mental health care provision, and clinical services for substance mis-users, are likely to be high on the list of priorities for most prisons.

Prison In-reach health services

Each prison in Wales has both general primary care health services and secondary specialist mental health services. This specialist mental health service is provided by the local NHS Trust.

The main aim of these services is to improve the quality of mental health care to the prison population. Much of the current good practice in mental health in-reach services is being shared through the Prison Mental Health In-Reach Collaborative. This group, made up of mental health in-reach staff at the four Welsh prisons, is now working on elements of a prison mental health care pathway for prisoners.

Prison In-Reach Teams also meet on a regular, informal basis as a peer support mechanism.

In-reach services: Parc

The primary healthcare services at HMP Parc are provided by Primecare Forensic Medical. Secondary (in-reach) Services are provided by Bro Morgannwg NHS Trust.

The goal of the In-reach service is to:

- Enhance and complement existing healthcare provision through specialist mental health assessment, treatment and intervention, liaison and discharge planning to identified prisoners with mental health problems.
- Work in partnership with the primary care services within HMP Parc.
- Provide a comprehensive liaison service with all appropriate agencies involved in community care on prisoner intake and release.
- Provide ongoing risk assessment with regard to dangerousness and public safety issues.
- Integrate prisoners into the community, liaising with host services to ensure appropriate levels of support, treatment and supervision in order to minimise the risk of re-offending and deterioration in mental health.
- Liaise effectively with the court diversion scheme, probation services, the criminal justice system and the mental health service.

(*Health Improvement Programme*, HMP Parc, December 2003, produced by the Local Health Board, Bridgend.)

The initial service is provided by a Consultant Psychiatrist (3 sessions) who will lead the team: 2 full-time CPNs and a part-time administrative support. Specialist sessions for Psychology, OT, Substance Misuse and Social Work will be purchased as and

when required. The key link between primary and in-reach services is through Consultant Forensic Psychiatric input.

The In-reach Service is directly managed by the Court Diversion Nurse, linking the prison with other health and social care agencies.

In-reach services: Usk and Prescoed

Usk is a Category C facility for vulnerable prisoners (most serving long sentences), around 245 sex offenders, and Prescoed is an open prison for those nearing the end of their sentences. One In-reach Team covers both populations. This is made up of 2 CPNs who work on a 9-5 Monday - Friday basis. Any specialist input such as psychiatry and/or psychology or any out-of-hours provision comes from the Gwent Forensic Team comprising 2 consultants, 3 CPNs and a psychologist. Primary Care is provided by Gwent Health. Sometimes it is necessary to transfer an offender to Parc prison to be assessed by input from the Caswell Clinic.

On release, many prisoners do not return to where they originate from so it is important for mental health provision to be found in the area the person is to go to. Finding this information is often difficult because there is very limited access to the internet at the prison owing to the nature of prisoners' offences. This information has to be found by In-reach staff going to a hospital site to access it, sometimes involving out of work hours.

It is understood that sometimes prisoners do not know where they are going to go to until the last week (even the last day) before they leave Usk or Prescoed. Offenders may know little more than the Probation office to report to.

In-reach services: Cardiff Prison

Cardiff prison is a Category B and training prison. The mental health In-reach team provided by Cardiff and Vale NHS Trust consists of 2 CPNs, a half-time Occupational Therapist, a secretary and a once-weekly session input from a psychiatrist and a counselling psychologist. There are 6 RMNs in the prison who provide input at the entrance (reception) level for prisoners. Initial screening is provided by the in-reach team for all prisoners except in-patients at the prison.

Cardiff Prison also provides other specialist input, e.g. a detox unit, alcoholics anonymous and sexual abuse counselling. Specialist services tend to come to the prisoner themselves, although there is a significant amount of transfer of individuals between prisons (e.g. Swansea and Cardiff).

Cardiff In-reach Team are working on a mental health care pathway assessing the logistics of delivering services to an individual from point of arrest through to discharge. It is proposed that a finished document will be agreed and tailored to each of the prisons.

One of the issues facing this In-reach Team is access to generic CMHTs for people with a Personality Disorder or substance misuse issues. Current work on the Care

Programme Approach aims to look at this link with community services to improve provision for individuals upon discharge.

In-reach services: Swansea Prison

Swansea, like Cardiff, has an In-reach Substance Misuse Team and a Counselling, Resettlement and Assessment Team.

There are 4 members of the mental health In-reach Team: a CPN, a substance abuse CPN, an OT and an OT technician. A psychiatrist from area 4 CMHT runs 2 sessions per week and a team from Caswell Clinic attend once a week. A GP works under contract to the prison and is available each day.

The occupational therapy element of mental health in-reach does link in with the sentence planning management system OASys. Therapeutic programmes such as anger management, coping skills, relaxation, anxiety management and creative groups would be noted on OASys.

Youth Offending Institutions

Both Parc and Prescoed have some provision for youth offenders. However, there is not a mental health In-reach service specifically providing service for the juvenile population in Parc.

Ashfield Youth Offender Institution provides significant services to mentally disordered young offenders from Wales. Ashfield caters for male juveniles (aged between 15 and 17) and young adults (aged between 18 and 21) serving courts stretching from Aberystwyth to Cornwall and Swindon.

We understood from the Forensic CAMHS CPN within Ashfield YOI that of the 300 detainees, about one third had mental health needs. There are two resident psychiatrists within Ashfield; one a Consultant Adult Psychiatrist. There is also an Ashfield Outreach CPN who administers the discharge of young offenders by visiting the Home Youth Offending Team and assisting in the CPA planning. Prior to discharge, the home area Youth Offending Team and where relevant the CMHT are invited to attend discharge planning meetings at Ashfield.

Despite a critical report in 2002, in January 2004 HM Inspector of Prisons Anne Owers stated that, based on an inspection in September 2003, “Ashfield had turned itself in the previous fifteen months and was a safe environment where staff were in control and were confident enough to set and maintain boundaries”. However, she also stated that the lack of access to outside care and therapy outside the prison for severely mentally ill young people needed addressing.

Health and Social Care

(Not including Prison In-reach services – this is addressed under Prisons above)

MDOs (depending on their needs and risk assessment and seriousness of offence) can move between general psychiatric hospitals, courts, prison, low/medium secure units and in a 'step down' process to community based services.

From discussions with staff within General mental health and forensic mental health teams the following picture emerges.

Where a prisoner displays behaviour that may indicate a mental illness prison staff can refer the person to the prison in-reach team. The prison in-reach team will assess the person depending on the seriousness of the offence, the seriousness of the mental illness and risk assessment a number of options can be considered. Options include the person being supported to remain either in the general prison population, to move to prison health care, to refer the person to his/her RMO (if there is one) and the CMHT (if the person is towards the end of the sentence and the offence committed wasn't serious) or to be assessed by a forensic team. Placements outside prison which may be considered include local inpatient acute bed, psychiatric intensive care, a low secure unit (such as Maindiff Court or Whitchurch; this low secure option is not limited to placements in Wales), Medium secure units which could be NHS or private, or high secure at one of the Special Hospitals.

The step-down process may include 24 hour nursing care, 24 hour supported accommodation, rehabilitation or long stay care, 10 hour daily supported accommodation 9-5 supported accommodation. The difficulty caused by the insufficient number of places at supported accommodation for MDOs was stated by two mental health professionals in different localities; they highlighted that lack of appropriate accommodation can cause a bottle-neck effect to other services.

This section focuses on facilities in Wales for individuals who experience mental illness, including MDOs. Included are outlines of general inpatient mental health services, Specialist medium secure facilities, and Community Mental Health Teams.

General Psychiatric In-patients Services

Within Wales mental health inpatient services come under the umbrella of the NHS Trusts. Trusts in Wales provide services in a number of neighbouring local authority areas. Powys is an exception; here the local Health Board is responsible for psychiatric inpatient services. Inpatient psychiatric services in Wales may be based in mental health wards in general hospitals or in hospitals/units specialising in mental illness. Adult inpatient psychiatric services within hospitals are generally arranged along the following lines:

- Psychiatric Intensive care
- Acute
- Rehabilitation
- Adult continuing care
- Respite

- Elderly mentally ill
- Individual psychiatric hospitals may have one or more of the specialisms mentioned above.

Secure Units

There are no high secure hospitals in Wales and individuals who require this are transferred either to Broadmoor, Ashworth or Rampton Special Hospitals in England. Individuals who require medium or low secure facilities are not necessarily placed in Wales, placements are dependent on the availability of a bed. Low secure facilities are funded by Local Health Boards whilst medium and high secure placements are funded by Health Commission Wales.

There are 3 medium secure units in Wales, two of the units (Caswell Clinic in South Wales and Ty Llewelyn in North Wales) are NHS facilities. The third unit at Llanarth Court, Gwent is run by a private company. Each of the secure units in Wales offer assessment, rehabilitation, treatment and aftercare to male and female clients. Not all clients at these facilities will necessarily be offenders. Patients may come from the prison service, special hospitals, the courts, community or local mental health units.

Ty Llewelyn which opened in 1998 can be found on the site of Bryn y Neuadd in Llanfairfechan. It has three ward areas: admission ward, intensive care ward and rehabilitation ward. The 24-bedded unit takes patients from across North Wales. It also provides after care for persons discharged.

Caswell Clinic is located in the grounds of Glanrhyd Hospital, Bridgend. It provides services to people from the South Wales area. Caswell Clinic covers 16 regions/local Authority areas from Powys in mid Wales to Pembrokeshire in the west. There will be 64 beds when it is fully commissioned. Psychiatrists from the clinic visit Swansea, Cardiff and Parc prisons on a weekly basis.

Llanarth Court is an independent hospital owned and managed by Partnerships in Care Ltd. It is a medium secure unit which provides services to adults who experience mental illness, personality disorder and/or learning disabilities and who are detained under the Mental Health Act. The majority of clients come from Wales or from along the ‘M4 corridor’. There are currently 81 beds; there are moves to further develop the amenities including increasing the number of beds for clients with learning disabilities and to expand the rehabilitation facilities.

In addition Gwent Health Care Trust provides a 14 bedded Forensic Rehabilitation Unit and Cardiff and the Vale NHS trust have a 10 bedded low secure bed unit at Whitchurch Hospital, Cardiff.

Community Mental Health Teams

In order to produce a picture of community mental health teams’ interaction with MDOs we have been in touch with 20 teams. The number of CMHTs contacted for this piece of research constitutes over a quarter of the total number of CMHTs in Wales. Our contact consisted of telephone conversations with either a Community Nurse or Social Worker based at each of the teams.

Only one of the CMHTs contacted stated that they did not currently have clients who had offended.

At the referral stage, referrals are received from probation services and prisons (prison in-reach services) and are then assessed by RMO or CMHT to establish their appropriateness.

A MDO who is a new referral to the CMHT will usually have connection to the area in which the CMHT covers.

None of the teams we spoke to has a specific or designated staff member who dealt with MDOs. In 75 per cent of teams MDO referrals are allocated to team members by the same means as other referrals. In the remaining 25 per cent MDO referrals are allocated/ picked up by team members because of their seniority, experience, special interest or training.

In the case of CMHT current clients who come in contact with the criminal justice system a number of the team members we talked to stated that keyworkers within their team continued to keep in touch with the individuals who were in prison or in low, medium or high secure units or hospitals. Visits were made to clients in facilities in Wales and further afield. One social worker gave an example of maintaining contact with a client and his care team at Caswell Clinic; the CMHT keyworker is invited to care programme approach meetings.

Several CMHT members mentioned that they contact specialist forensic teams for advice, risk assessments or to refer the client on to the team. In South Wales there are two teams – one covering Cardiff and the Vale area and another covering Gwent. The Community Forensic team within Cardiff and the Vale operate court liaison and probation liaison; a full time CPN is based with the probation service. A CMHT in North Wales said that they had contact with Ty Llewelyn and another CMHT in South Wales stated that they contacted a Community Nurse at Caswell Clinic who would come to consult with the team if necessary, but this was rarely required.

Of all the CMHTs we contacted only teams in Powys offered formal Court Diversion Service. At 3 of the 5 CMHTs two staff members had specific court diversion role (in addition to their other duties) and have contact with the local court within their specific area.

Case Studies

Case Study 1: R, 25 year old male

Diagnosed at 15 years of age by a School Psychologist as being hypermanic and depressive, R does not believe his GP was advised of this diagnosis. During the following 4 years R had several bouts of depression but did continue with his education.

By the age of 17 R was abusing illicit drugs; by the age of 19 he was an addict with a chaotic lifestyle. R then committed a bank robbery using an imitation gun and was almost immediately arrested. He appeared before Magistrates the following day and was remanded in custody to the youth wing of Swansea prison.

Staff at the prison noted R's behaviour and reported that they felt he had a mental illness. R was taken back to the Magistrates' court and was diverted to Cefn Coed High Dependency Wing. There he was assessed and diagnosed as suffering from a drug induced psychosis, and forcibly medicated via depot injections. After 2 months of hospital treatment, R was sent back to remand in Swansea Prison.

R was later taken before the Crown Court and sentenced to 2 years youth custody at Weymouth Young Offenders Institution. There he saw a psychiatrist on a weekly basis until he was discharged some 18 months later.

Following discharge R returned home to live with his mother. There was, however, no follow up from psychiatric services. R went into education and gained a university place. However, some few years later R again became ill with auditory hallucinations and began self harming. He spent almost 4 months in treatment (being sectioned despite having sought medical assistance via his GP some four weeks earlier; he was simply advised to wait for an appointment with Cefn Coed Hospital).

Once discharged from hospital – now with a diagnosis of schizophrenia – R sought to help himself and approached Hafal Swansea where he attends regularly. R also campaigns on behalf of Hafal through the media.

Case Study 2: P, 22 year-old female

At the age of 15 P became seriously depressed and took an overdose of painkilling tablets. She was subsequently admitted to Cefn Coed Hospital, Swansea, and remained for four months. P was diagnosed as suffering from borderline personality disorder and depression and was given medication (Zispin). Following her departure from hospital P does not recall receiving any follow-up.

At the age of 16 P was arrested for a serious drug-related offence. Following an initial police interview (at which P was not represented), P made 4 appearances before local Magistrates, the first three resulting in bail being granted and P continuing to live at home. The fourth appearance resulted in conviction and a 6 month custodial sentence to a secure psychiatric unit (P was then 17). P was advised there was no bed available at any secure unit and was sent to HMP Eastwood Park near Gloucester.

At Eastwood Park P was prescribed Amytriptylene for her depression but received no other offer of psychiatric assessment, counselling, etc. P recalls that there were many women with mental health needs detained at Eastwood Park, many of whom were very distressed, often crying and becoming psychotic. P also stated that she was aware that various illicit drugs were available within the prison.

P recalled how many of the Welsh prisoners at Eastwood Park found life additionally difficult because the prison is so far from Wales that family visits were much less frequent. P had served 10 weeks before her mother was able to attend. P undertook a parenting course and an art course at the prison.

Having served 3 months, P was released under a Detention and Training Order with probation service supervision in her home town. However a week later P moved to an urban area and supervision ceased. A year later she returned home.

In 2003 P became pregnant. In May 2004, P suffered serious depression during which time she miscarried. P subsequently began working as a prostitute.

P, now 22, has stopped taking any medication. In her own words she now “self medicates with cannabis,” but has recently sought psychiatric support and is waiting for an appointment.

Indicators and Recommendations

Five fundamental factors seem worth rehearsing as context to a discussion of shortcomings and possible solutions:

- **In Wales there is a particular challenge to ensure successful joint working between services controlled and commissioned by the Welsh Assembly Government and the undevolved criminal justice system.**

- **Mental illness and offending share the "revolving door" problem: many individuals enter a cycle of relapse. MDOs therefore face a compounded difficulty.**

- **Mental illness services and the criminal justice system also share a reputation (largely deserved) for slow action – processes and timetables determined by legal and other forms of bureaucracy and the availability of resources rather than the needs of clients or society at large.**

- **The traditional separation (and variance in quality) of health services in prisons from general health services is coming to an end but that process has only just begun.**

- **The personal commitment and creative practice of individual front-line staff in both the criminal justice system and mental health services which was evident from many of the contacts made in preparing this report give some cause for optimism.**

Our key conclusions and some tentative solutions are:

1. Fundamental weaknesses

The starting point must be to acknowledge fundamental weaknesses in the present system which should not be obscured in the detail:

- People with severe mental illness should not be held in prison at any stage.
- Female prisoners from Wales should normally be held in Wales – there is no provision at present.
- Young offenders from Wales should normally be held in Wales – there is limited provision at present.
- Only male prisoners from South and West Wales are held in Welsh prisons – male prisoners from mid and North Wales are received into prison establishments in the Midlands and North West.
- Patients/offenders and their families/carers should be consulted on how services for MDOs should be developed.

2. Policy compatibility and strategic liaison

There is a need to strengthen liaison between the Welsh Assembly Government and Criminal Justice System in supporting MDOs:

- A means of formalizing liaison at a high level should be identified, ensuring that senior managers from the key partners meet. The existing all-Wales Prison Mental Health In-Reach Collaborative is a practice-focused group (for practitioners). What is required is a forum for both policy and operational matters, possibly a version of the old MDO Strategy Groups, but ideally with more authority and focus.
- Patients' and families' representatives should be fully involved at this level.

3. Differentiation between severity of mental health problems

There needs to be a clear differentiation in services provided to offenders with relatively minor mental health problems and those with severe mental illness. Welsh Assembly Government policy recognises that 80 per cent of resources need to be directed towards 20 per cent of people requiring mental health resources and this form of calculation is appropriate to the criminal justice setting.

- Improvements in the practice of police, probation, and prison staff, supported by improved general primary care health services, form the realistic approach to providing support to offenders with relatively minor mental health problems: the parallel to this is care provided within general practice to patients who do not require referral on to secondary services: No. 4 below addresses the improvements in practice required.
- MDOs with severe mental illness (Hafal's definition of a severe mental illness includes diagnoses which typically involve psychosis or high levels of care, and which may require hospital treatment) require a service equal to that which should be provided to general patients with the same needs, preferably through access to the same services. This is addressed further through No. 5 below.

4. General services to MDOs

Many MDOs do not have access to staff with sufficient mental health expertise. Specifically, police, probation and prison service training does not provide sufficient insight into mental health issues:

- There is a longstanding and still pressing need to educate criminal justice staff about diagnosis and behavioural manifestations, medications, and in particular early indicators of psychosis.

- It is essential to enable police, probation and prison staff to meet directly the needs of people with lesser mental health problems – with the support of primary care.

- There is a need to train maingrade staff in police, probation and prisons to recognise, understand, and to deal effectively with less serious mental illness.

It is important to ensure that primary care provided in prisons has access to excellent general practice mental health expertise (well above the average general practice standard in view of the high volume of mental health problems among offenders).

- In reach mental health services in prisons, in particular nurse visits, should be used to systematically screen, identify and initiate more specialist care and treatment for those whose problems are identified as needing additional support.

- In-reach services should also advise and support prison and probation staff on their practice in supporting prisoners with lesser mental health problems.

5. Specialist support for those with the highest needs:

- As indicated above we have a general concern about the inappropriateness of people with severe mental illness remaining in prison, but meanwhile it is not convincing that in reach secondary mental health services can ensure an equal service to people in prison with the highest mental health needs.
- Subject to consultation, we would see benefit in providing an additional personal support service, preferably by an independent agency, performing an informal advocacy, mentoring and befriending function for offenders with severe mental illness. Such a service should operate from early contact (arrest) through prison or other disposals and on to discharge (although primarily focused on prisons such a service would be particularly effective if applied throughout the criminal justice process for all offenders meeting a high threshold – see Hafal's definition in No. 3 above).
- It is also important to meet the needs of people with dual (i.e. substance mis-use/mental health) diagnosis, or indeed those with a treble diagnosis including personality disorder: this may require additional specialist services.

6. Resourcing Diversion

Diversion at each stage of the criminal justice process is critical to the successful management of MDOs: however, this is evidently poorly resourced:

- There is currently no formal court diversion scheme in North Wales and in several other areas. A CPN was funded by the National Assembly for Wales through the North West Wales NHS Trust to research the service needs of MDOs in North Wales. The funding ended in April 2004. The data was collected from HMP Altcourse and agencies in North Wales. With the termination of funding for this research the service effectively ended at this time.
- There are also no specialist workers with MDOs in North Wales Probation Services. An acute specialist mental health service is available, but timeliness is the crucial factor. There is an issue of lack of accommodation and sufficient levels of out-of-hours services available.
- There is a need to identify mental health leads in the police, preferably by divisional area.

- There is a need to develop mental health probation leads, preferably by local offices (or perhaps not less than 10 in Wales).
- There is a need to identify MDO leads in every CMHT.

7. Planning and Monitoring Compatibility:

- OASys and the Unified Assessment and Care Management Process are not incompatible if there is clarity about how they can fit together. We would suggest that rather than re-develop OASys to include the level of information needed to ensure both the offenders well-being and the safety of staff and other people in contact with the offender, the principle should be that a need identified by OASys triggers the commencement of UACM.
- There are likely to be a number of issues that will need to be explored such as confidentiality and information sharing along with work methodology and culture before this could be fully integrated.
- The absence of a prison health information system creates problems in both communication between prisons and with the wider NHS. This deficit is recognized and is currently being addressed across England and Wales prison estates but is unlikely to be resolved in the near future.

8. Equality Issues

- It must be ensured that MDOs from ethnic minorities have equal access to the same level of services as other MDOs with particular attention paid to cultural and linguistic factors.
- It has already been mentioned that there is no prison for female prisoners within Wales.
- Some MDOs from Wales in prisons in England will be first-language Welsh speakers who may need support through the medium of Welsh.

9. Miscellaneous Gaps/Deficiencies:

Research for this report revealed miscellaneous, specific gaps – some of them arguably of crucial importance – which we can record here for further attention. This is not a comprehensive list:

- Communication between psychiatrists and probation staff could be closer. Sometimes a psychiatric report will conclude that custody is not appropriate for an individual and suggest a Probation Order for psychiatric treatment. However, a Probation Order may also not be appropriate from the Probation Service's perspective given the person's mental health needs. A conversation or liaison with the psychiatric would be helpful, but is often not easy to arrange. A named psychiatric liaison point would be helpful on this matter. This would be especially helpful in cases of personality disorder.
- Individuals with dual diagnosis issues are difficult to assess because the effects of illicit drugs and alcohol often mask the true psychiatric illness. This may lead to some delay in accessing mental health services whilst issues of substance misuse are addressed. However, individuals with severe psychotic

symptoms would be treated as a matter of urgency even if this was drug induced.

- The Care Pathway in Prisons for Wales needs to be adopted as soon as possible to ensure there are targets for the National Service Framework for Wales.
- There is a need to ensure that the Community Safety Partnerships in each of the 22 Local Health Board areas are well-informed about MDO issues.
- OASys are often started with little information other than the offender's own verbal report as court or police reports are sometimes not available to the prison. There have been occasions when prisons have been asked to pay (£15) for a report.
- Parc and Swansea Prison are currently awaiting results of a needs assessment of prison mental health services which is due in May as the current one is two years old.
- Closer links are needed between Probation and Social Services in Swansea to help with providing continued care after discharge from prison. Often greater understanding is required from Social Services on a person's needs. This may well apply elsewhere but this was a particular insight from this area.

About Hafal

Hafal Mentally Disordered Offender Research Group

A research group has been established within Hafal to investigate mental health services in the criminal justice system. Members of the team are:

- Paul Saunders, BA (Hons), MSc, Diploma in Applied Social Sciences, **Prison In-reach representative and Probation link**
- Janet Randles, Associate of the Institute of Personnel and Development, **Police training**
- Liz Griffiths-Hughes, RMN, Diploma in Health Promotion, **NHS link**
- John Abbott, **Prison links**.

Hafal

Hafal (meaning 'equal') is the principal organisation in Wales working with individuals recovering from severe mental illness and their families. Launched in April 2003, we are a new organisation managed by the people we support.

Every day our 112 staff and 150 volunteers provide help to over 640 people affected by severe mental illness: this includes schizophrenia, manic depression and other diagnoses which typically involve psychosis or high levels of care, and which may require hospital treatment.

Hafal is founded on the belief that people who have direct experience of mental illness know best how services can be delivered.

Providing support across all 22 local health board areas of Wales, Hafal is dedicated to empowering people with severe mental illness and their families to:

- achieve a better quality of life
- fulfil their ambitions for recovery
- fight discrimination
- enjoy equal access to health and social care, housing, income, education, and employment.

Hafal is a member-led organisation. We have taken the lead in promoting collective client participation at all levels through our Partnership Compact which formalises client management of local services and engages clients in membership and governance. Clients in every project meet routinely with staff to make formal management decisions. Members are also represented on an all-Wales committee of elected Trustees comprising mainly clients and families.

Hafal delivers a range of services to people with severe mental health illness including direct support and advice, support in a crisis, contact with others by phone, advocacy, support in a group setting, introductions for befriending, and employment and training projects. We also give clients a much-needed voice in the planning of mental health services.

Hafal's services cover all of Wales. Our Programme is supported by 22 local networks covering each local authority/ Health Board area in the country. These networks depend on local staff and volunteers to offer a flexible service to families and individuals.

Underpinning our services to clients, families and members is our own Recovery Programme. This Programme is based on modern principles of self-management and empowerment. It encourages clients and families to work towards recovery with the help of Hafal's staff and other supporters by taking a more methodical approach to improving all areas of life.

As well as providing services Hafal campaigns vigorously through research, publications and media work to improve services for clients and families and to remove stigma and isolation associated with severe mental illness. Hafal is also represented on the Welsh Assembly Government's Implementation Group which advises on implementation of the Mental Health Strategy for Wales.

Contacting Hafal

For more information on Hafal, or to get in touch with the Hafal Mentally Disordered Offender Research Group, contact us at:

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Or visit:
www.hafal.org – for information on Hafal's services across Wales
www.mentalhealthwales.net – for the latest news and information on mental health.

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