

Reducing Risk

Achieving Recovery

An **action plan** for people with severe mental illness who come into contact with the Criminal Justice System



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1. Introduction

No-one with severe mental illness should be held in a Police or Prison cell. There are approximately 400 Welsh men and women with severe mental illness (SMI) currently being held in Prison.

Hafal is deeply concerned about the interface between people with SMI and the Criminal Justice System (CJS). There are many reasons why people with SMI become involved with the CJS and one of these may be because they have committed a serious offence. Even in this circumstance, we would argue that people should be located in a secure health setting, and not a prison environment. Many people with SMI come to the attention of the CJS because of their illness. Often failure to identify them early on in the process can lead to them becoming more unwell and more involved in a system which was not set up to deal with their needs. Fundamentally, the CJS is ill-equipped to deal with people with SMI and this outcome is often devastating for the individuals involved and for their carers.

There are areas of excellent practice across the whole CJS, but there are also significant gaps in service provision, deficits in professional skill and understanding, and an absence of effective consultation with service users. This action plan is underpinned by a belief that service users' experiences need to be heard, understood and incorporated into the re-design of services and the reshaping of attitudes about 'what works' for people with SMI in the CJS.

There are initiatives underway from the Welsh Assembly Government which tie in with the National Service Framework for Wales and these also link with the Reducing Reoffending Action Plan. The unifying theme is the importance of information sharing and joint working between agencies. An example of this is the strategic review of mental health secure services being undertaken by the Welsh Assembly Government. We hope that this will result in concrete improvements in the care and treatment of people with SMI and that it will be based on the wishes and directions of service users.

Hafal recently held a seminar entitled 'Reducing Risk, Achieving Recovery' which explored some of the key issues impacting on service delivery and service user experiences in this area. The seminar benefited from input by a

diverse range of agencies, including all the key statutory bodies as well as service user involvement.

This action plan is very much informed by the ideas, experiences and views expressed at the seminar and its aim is to encapsulate some of the positive suggestions and innovations which arose out of the day. This is an extremely complex area of work, involving many different agencies with different agendas, targets and cultures. The one unifying theme is that anyone from any community, gender, cultural or educational background can develop severe mental illness and find themselves involved in the CJS. Fundamentally, services need to reflect and express this diversity and respect the unique perspective of each individual they encounter.

In the following pages this action plan sets out the key areas of concern for MDOs in Wales, a model for recovery, and actions required at each point on the Criminal Justice process:



Above: delegates at Hafal's 2007 seminar "Reducing Risk, Achieving Recovery"

2. Key areas of concern for Wales

There are currently some pockets of exemplary practice in the CJS in identifying and providing services to MDOs (for example, the suicide prevention programme at HMP Cardiff and the pilot CPN screening service at Swansea Police Station). However, the pathway for this group of individuals should not be subject to the vagaries of geography. All people with SMI within the CJS deserve the same high level of care, engagement, assessment and support.

These are the key issues in Wales which need to be addressed:

- 1. A model for recovery must be adopted by CJS agencies** (we discuss recovery in the next section of this action plan). Agencies must agree a unified, consistent approach for people with SMI in the CJS. For this to be successful, a **coherent multi-disciplinary model of care** needs to be developed, owned and utilised by all the key agencies.
- 2. There need to be radical changes in the current commissioning structures for Wales.** At the moment there are 44 bodies across the country commissioning mental health services, leading to inconsistencies in Welsh services. A new, streamlined commissioning structure is needed to create services which are effective, holistic, culturally sensitive, user-led, regionally appropriate but consistent across Wales, and delivered by highly skilled professionals.
- 3. There needs to be greater compliance with the General Duty to promote race equality.** People from black and minority ethnic communities experience inequalities in the CJS and in healthcare provision. Services across all agencies need to address the issues that underpin these inequalities – and we need to see this monitored robustly and thoughtfully by WAG, in line with their own Race Equality Action Plan for Adult Mental Health Services.
- 4. Women in the CJS must get a better deal.** Evidence shows that women in the CJS suffer greater losses because of their incarceration – and women from Wales experience particular hardship in being imprisoned so far from home. There is no women's prison in Wales which means that women from Wales need to serve their sentences in England, far from their homes,

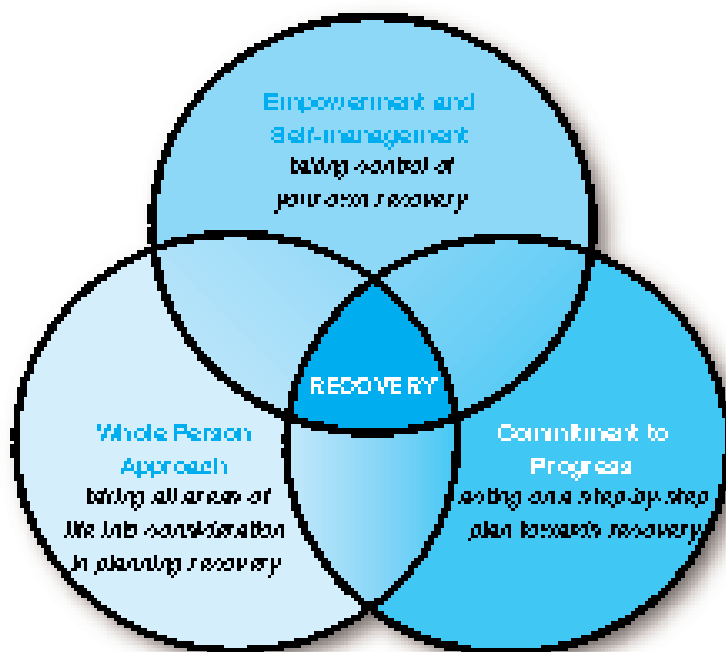
families, friends and support. Baroness Corston recently published her findings on women in prison and a key conclusion was the need for small custodial centres for women, with access to community supports geared to their own needs. This would do away with the notion of large prisons and would locate Welsh women closer to home, making the transition from Prison to community much more likely to succeed.

- 5. There needs to be better placement of prisoners.** The current overcrowding in the Prison system makes it even harder for healthcare to be provided to people who need it. Prisoners are often transferred around the prison estate at short notice, thereby interfering with their care pathway. Prison places need to be made available for Welsh men in **North Wales**, as none currently exist.
- 6. The needs of young people in the CJS must be catered for.** Understandably, young people in the CJS experience high levels of emotional distress. This is exacerbated by the inadequate accommodation provided for them in the prison estate, which leaves many vulnerable young men and women serving sentences very far from their homes and support. There needs to be a dedicated young offenders 'own interest unit' in North and South Wales so that the particular needs of vulnerable young people can be addressed. We do not support the move to end the separation of adults and young offenders in the Prison estate, as this does not respect the specific needs and vulnerabilities of this group.
- 7. User and carer experiences of the CJS must be learned from.** It is vital that mechanisms are established for there to be ongoing dialogue with Sentencers concerning user and carer experiences of criminal justice and opportunities for training and training awareness. Re-creating Mentally Disordered Offender (MDO) working groups, managed independently and kept 'on message', would provide a useful portal for all agencies to share best practice, for improved multi-agency working and regional service development.

3. A Model for Recovery

We believe that a model of support and care aimed at recovery is essential for all people with severe mental illness including those who come into contact with the Criminal Justice System.

Hafal's clients have found that recovery depends on the three components in the following diagram:



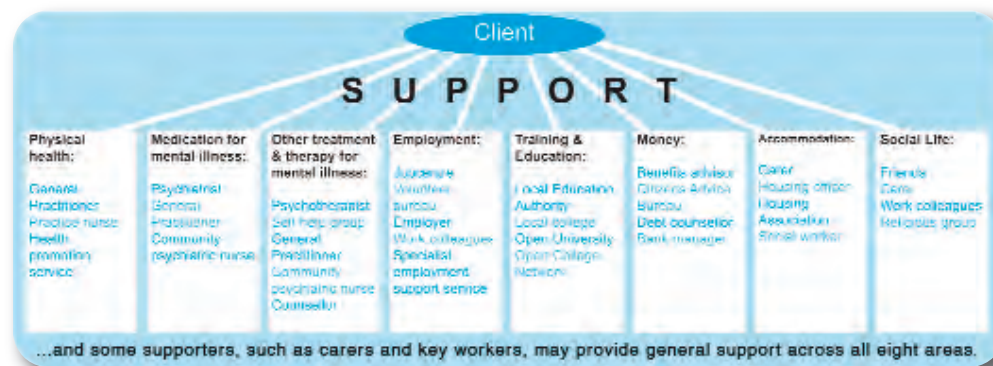
1. Empowerment and self-management

Empowerment means exercising rights and responsibilities in making choices about life.

Self-management means taking the actions required to lead a life based on those choices.

Within the CJS and within hospital there are of course significant restraints on a person's ability to make choices (especially in prison). However, their recovery still depends on developing their empowerment and self-management.

Achieving empowerment and self-management does not mean having to make choices and take action alone and without support. When a person takes the lead in making plans and taking action they still often need the help and support of other people. These supporters can be chosen according to their specialist skills and knowledge or because they are friends and family willing to help. Some examples of general supporters are as follows:

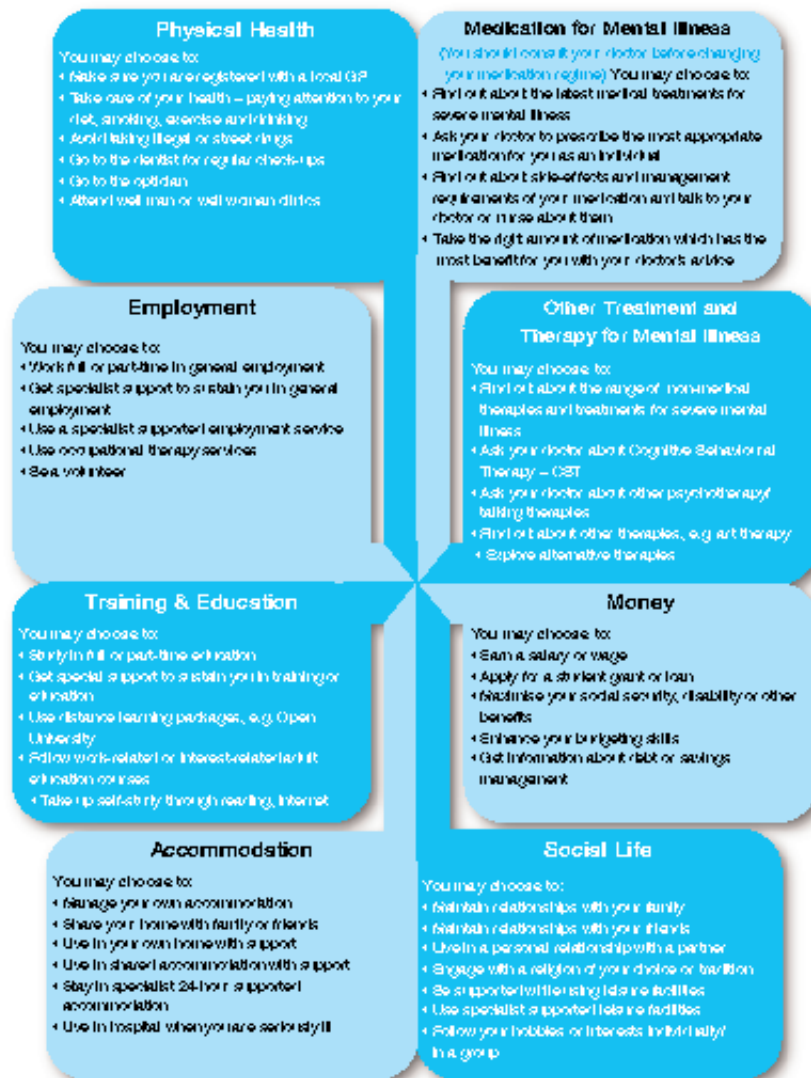


Within and alongside the CJS there are of course other key supporters including:

- Police; Crown Prosecution Service; Sentencers; Prison Service; Prison In-reach teams; Court Diversion schemes; Community Psychiatric Nurse screening in custody services; Appropriate Adults; "Listeners" in prison; Probation Service; Carats teams; Community-based drug and alcohol teams; Parole board; Forensic psychology professionals; Offending behaviour programme facilitators; Psychiatrists; Responsible Medical Officers; KISS teams.

2. A 'Whole Person Approach'

Recovery is not just about medication or other therapies which deal directly with symptoms. We believe that recovery requires a "Whole Person" approach (sometimes called a 'holistic' approach). This means addressing all key aspects of life which together contribute to well-being. By setting goals in all areas of life people can approach recovery more comprehensively. Below we set out the Whole Person Approach along with some example goals which people might set in each of the eight areas.

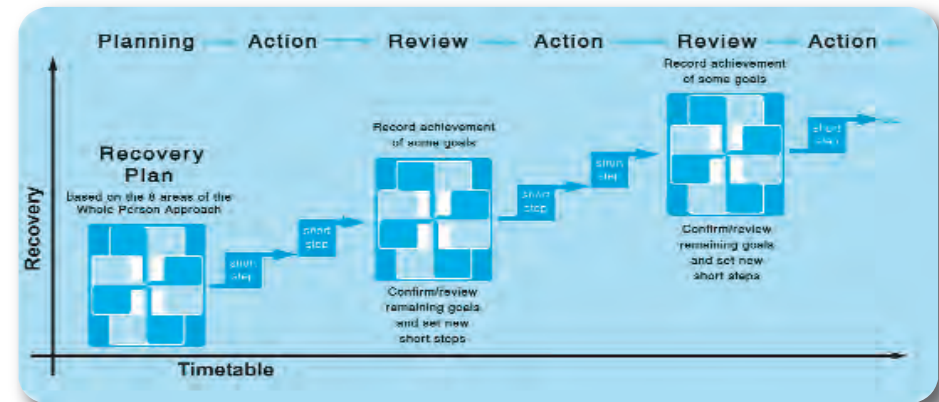


3. Commitment to progress

Recovery depends on actively taking steps to improve life. It is vital to agree and act upon a step-by-step, goal-focused plan. The key plan for people with severe mental illness is the required Care Plan through CPA (the Care Programme Approach).

The National Probation Service and the Prison service are both involved in end-to-end offender management. Both agencies use the Offender Assessment System (known as OASys) to assess risk and develop a plan of work designed to reduce reoffending.

Too often planning concentrates on assessment: in other words it says a lot about where the individual is at a particular point but not about where they want to go. Alternatively plans may include long-term goals but not the simple, short-term steps that need to be taken to achieve them. A good plan needs to hold its focus on long-term goals but include the intermediary, less intimidating steps which allow a person to take action. **The process of recovery based on effective planning can be illustrated as follows:**



4.i Prevention



How do we prevent people with SMI inappropriately entering the CJS?

The most fundamental way of achieving this is to provide adequate services in the community that prevent people with SMI going down a criminal justice route in the first place.

Community support is vital. The important role of community police officers and mental health liaison police officers needs to be emphasised as they can work with individuals in the community at risk of offending and also provide vital support to people with severe mental illness who are victims of crime and harassment. There is a clear need for units where women involved in substance misuse and offending can access appropriate community services to avoid engagement with the CJS. Wet houses would also provide a community-based resource for people presenting with SMI under the influence of drugs or alcohol. They would be able to detox in a safe environment where they can be assessed and any underlying severe mental illness would be uncovered before they become more deeply embroiled in the system.

Changes in the ways in which professional bodies communicate and share **best practice** is also of key importance. A way forward is to develop a proper interface between MDO planning groups, service users and the magistracy and judiciary. This would create a forum where service users can provide feedback and consultation with sentencers and professionals, and where a multi-disciplinary model can be promoted and maintained.

Actions required are:

- **The establishment of wet house places of safety so that people presenting with SMI (often masked by substance misuse) have access to an environment where they can detox and be assessed.**

- **All initiatives to be appropriately commissioned and funded, and be readily available across Wales.**
- **Re-establishment of MDO planning groups across Wales. These groups need to operate with service user representation and regular liaison with sentencers and Court User groups, and they need to be linked to commissioning and be a part of planning structures.**
- **The establishment of a forum where sentencers and professionals can get feedback from service users. There also needs to be ongoing joint training with service users and the magistracy and judiciary.**
- **The creation of small residential and community centres for women which would provide a one-stop shop for their particular needs, including specialist access to mental health providers and substance misuse agencies.**
- **More police mental health liaison officers working directly with service users at risk of coming into contact with the CJS.**

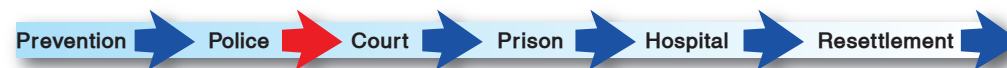


4.ii The Police

The Police will most often be the first agency in the CJS that people with SMI encounter. Many people with SMI who become involved with the police will be inappropriately kept in custody for longer than is necessary.

This is down to several factors. If someone is clearly unwell and exhibiting signs of mental illness the Police have the option to take them directly to a place of safety – but sometimes there is no such place available. We believe that police stations should no longer be designated as a place of safety. People often end up in a Police cell because there is nowhere else for them to be held and this is unacceptable. Furthermore, a person in custody could be under the influence of drugs and alcohol, which may be masking their underlying SMI. This too leads to people with SMI being inappropriately held in a police cell. Another factor can be the availability of an appropriate adult. If the Police need to interview someone whom they believe has a mental illness they need to have an appropriate adult present – but an appropriate adult is not always available.

Once in custody people need to be assessed as quickly as possible. A community psychiatric nurse would be well placed to interview someone with a SMI at this point. They could then liaise with other parts of the health framework and the individual could be diverted at this early stage. Yet in some parts of Wales there is no mechanism for assessing people who come into Police custody. This means they may end up having to face the court process.



It is vital that at this initial point of contact with the CJS that:

- **People have access to an appropriate adult. Schemes must be in place across Wales to ensure that people spend the least amount of time in custody as possible.**
- **Places of safety are readily available. If someone needs to be taken to a place of safety then this should be a hospital/healthcare environment and clear arrangements need to be in place to ensure this happens in a timely fashion. Alternative 'places of safety' must be developed and resourced.**
- **Once in a police cell people need to be 'screened' and assessed in a timely and professional manner, ideally by a CPN.**
- **All services need to be delivered in a just way that is aligned with a coherent model of care which operates comprehensively throughout the whole system.**



4.iii In Court

Some people with a severe mental illness may have committed a serious offence and they may need to go to Court. If they have a SMI, common sense dictates that they should be held in a hospital environment while the Courts decide on their course of action. This rarely happens, partly because Psychiatrists are not available in all Courts to make this possible. The crown prosecution service (CPS) is responsible for charging individuals. We believe that the CPS need to appoint specialist prosecutors who can provide advice on charging people with an SMI. The CPS also need more robust training in mental health.

A **Court Diversion scheme** would enable people to be assessed by mental health professionals during the Court process, prior to being sentenced. It is essential that these schemes are available across Wales in order to identify people with SMI and ensure that they end up in an appropriate hospital environment as opposed to Prison. There are other models which focus less narrowly on 'diversion' and we would like to see more Court Assessment schemes and mental health liaison services which provide advice and which produce court reports, thereby preventing remands into custody for the production of costly and time-consuming psychiatric reports.

When MDOs get to Court they need to have confidence in who is sentencing them. People need to be sentenced by a magistracy and judiciary that are well-informed about SMI. This will encourage the fairer treatment of people with SMI in the CJS.



Key actions required:

- **The creation of formal Court Diversion schemes across Wales which allow people to have contact with healthcare professionals who can directly inform the Court of the most appropriate pathway for them, based on clinical judgements. Such professionals can act as gatekeepers ensuring that no one with SMI ends up in a prison cell when what they really need is a hospital bed.**
- **The development of Court Assessment and Criminal Justice Mental Health Liaison schemes to provide advice and reports to courts.**
- **A process of dialogue and ongoing training with Sentencers which ensures that key issues regarding SMI and mental illness are raised and addressed. This dialogue needs to take the form of joint training with other key agencies within the system to ensure that there is consistency and fairness of approach.**
- **The establishment of Community Courts as a way of ensuring community involvement in the administration of justice.**
- **The appointment of specialist prosecutors with expertise in charging/diverting people with SMI.**



4.iv In Prison

No one with SMI should be in prison. Prison is undoubtedly a damaging place for anyone with SMI. When people with SMI end up in prison they need to be transferred to a secure hospital setting as soon as possible. This can sometimes take as long as **56 days** – a very long time for someone dealing with SMI. This is simply unacceptable.

Prisoners with SMI need to have access to their children, families and friends so that they can receive the support they need. That is why there is an urgent need to bring Welsh women prisoners back to Wales. There is also a need to have provision for a male Prison and Young Offender unit in North Wales so that we can reduce the incredible isolation and loneliness caused by being far from home and support mechanisms.

People with a diagnosis of personality disorder are overrepresented in prison. Personality Disorder (PD) is clearly a mental health problem and people with PD need access to models of treatment which research suggests is likely to be effective (e.g., modelisation, cognitive therapy).

Planning for resettlement needs to start as soon as someone enters prison. Frequently this process is left too late and this creates real difficulties in setting up community supports which would enable people to link with services as soon as they are out of the prison gate.

Substance misuse is another key problem. Sometimes work started in Prison to support people with SMI struggling with substance misuse is not always transferred to the community. This can be very de-motivating and damaging. It is an issue that relates to creating continuity in the care received from prison to the community.



Actions required are:

- **The adoption across Wales of HMP Cardiff's award winning suicide prevention policy.**
- **The establishment of community custodial centres for women.**
- **The creation of a North Wales prison for men.**
- **The development of better regional custodial facilities for young people.**
- **Welsh Assembly Government (WAG) and the National Offender Management Service (NOMS) to ensure that all cross border issues are resolved, and that transfer times between Prisons and secure units and special hospitals are radically reduced.**
- **The development of better links between substance misuse providers in prisons, hospitals and the community resources.**
- **Resettlement workers to plan for and establish effective and successful plans for community reintegration.**
- **Effective treatments for people with a diagnosis of personality disorder.**



4.v In Hospital

(including secure units and special hospital)

Improvements must be made in the service provided by **secure units or special hospitals**. In a recent survey conducted by Hafal, service users told us that there is an **absence of therapeutic input and activity** in secure units and this undoubtedly compromises recovery. The pockets of excellent practice that do exist need to be replicated and implemented.

Service users have also stated that they have frequently felt 'dumped' back into the community without appropriate supports. This is partly what leads to the revolving door of mental illness and crime. Better services and liaison pre- and post-discharge from prison, secure units and hospitals would go some way to address this.

Service users have told us they want to be more involved in risk assessments. They must be involved in drawing up risk management plans in order for those plans to be successful in the long term. We also know that service users want more help with **substance misuse issues** within the hospital setting and some have asked for access to offending behaviour programmes to help them to develop tools for self-management.

Service users have been clear that they want more **advocacy** and under the terms of the new legislation they want to know that this advocacy will be independent and available at the point of earliest assessment, especially where decisions are being made about compulsion and the restriction of liberty.



Recent surveys have shown that service users are calling for:

- **Healthcare staff, including Responsible Medical Officers (RMOs), to receive more training on engaging therapeutically with patients.**
- **A truly recovery-focused environment in hospitals and Prison medical wings for people with SMI.**
- **A broader range of drugs and psychological therapies offered.**
- **More meaningful and regular contact with RMOs.**
- **Improvements in the way the relationships between different providers are managed and operated, particularly with regard to substance misuse and offending behaviour programmes.**
- **Risk assessment and risk management processes which ensure that service users understand decisions which are made about them and that their views (and the advocacy they choose to express these views) are central to the assessment process.**
- **Paid specialist independent advocates available from the point of first assessment (especially where there is the use of compulsion).**
- **A special hospital to be created which will have capacity to repatriate Welsh patients currently held in high secure hospitals in England.**

4.vi Resettlement

The transition from prison cell or ward back to community is a critical time for most people, a period when there is the greatest risk of suicide. Often services have not been set up adequately and people leave secure settings without the support they need to make a success of their lives outside.

One area that would assist with improving the resettlement process in Wales is the recording of how many Welsh people there are in the Prison system. Until these figures are gathered (and the need for resettlement services is established) we will continue to struggle to develop and commission adequate services for those leaving secure settings with SMI.

The provision of accommodation for people leaving secure settings is vital. In particular there is a need for improved services for people with a diagnosis of personality disorder, some of whom have never committed an offence, but who may nonetheless have ended up in secure and special hospital settings. Without proper provision of low secure services and 24 hour supported accommodation people will spend longer periods in medium secure settings than is necessary. This means that people in prison who need a medium secure bed are unable to access one.

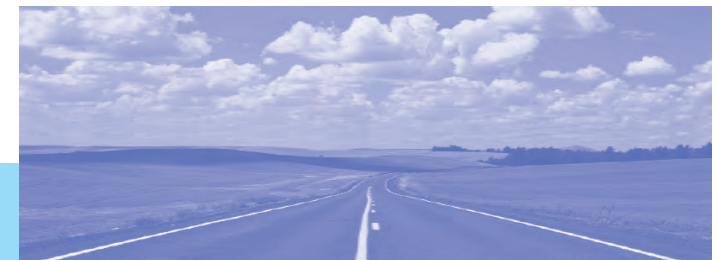
In the community the Probation service often deals with people coming from English prisons back to their home area in Wales without the supports in place that are needed. **There need to be specialists working in partnership with Probation to ensure that people are linked with mental health providers in the community before and after release from secure settings.** Service users and carers have found that there is insufficient engagement or support from Community Mental Health Teams (CMHTs) at times of reintegration or crisis. CMHTs should be better resourced, with more sustained and assertive engagement by staff.

Community advocates would also be of great assistance in easing the transition back into the community and preventing further relapse.



Key actions required:

- **The Prison Service to capture data regarding Welsh residence so services can be commissioned and planned with a knowledge of how many people in the whole prison estate require them.**
- **Successful services for people with Personality Disorder need to be replicated in other areas.**
- **A joined-up approach to tackling the issues of Prison transfers alongside the commissioning of a range of step down services. We know that there are many people in medium-secure beds who need step down services to low-secure and to non-secure supported housing. Without a fuller range of step-down options, we cannot hope to improve Prison transfer waiting times.**
- **Specialist mental health workers to be commissioned to provide services to the four Welsh Probation areas to support the Probation Service in managing people with SMI on their caseloads.**
- **Assertive engagement by CMHTs following release from a secure setting.**
- **Paid community advocates to work with people leaving secure settings so that this crucial transition phase can be managed safely and supportively. These advocates would work alongside partners providing assertive outreach in the community in order to prevent people falling into crisis and ending up back in the system.**



5. About hafal

Hafal is the principal organisation in Wales working with people recovering from severe mental illness, their families and carers. Every day our 130 staff and 150 volunteers provide help to over 700 people affected by severe mental illness across all the 22 counties of Wales.

Hafal is run by the people it supports: people with severe mental illness and their carers and families. The charity is founded on the belief that people who have direct experience of mental illness know best how services can be delivered. In practice this means that at every project our clients meet to make decisions about how the service will move forward and the charity itself is led by a board of elected Trustees, most of whom have either had severe mental illness themselves or are the carers of a person with a mental illness.

Our Mission

'Hafal' means equal. Our mission is to empower people with severe mental illness and their families to enjoy equal access to health and social care, housing, income, education, and employment, and to:

- achieve a better quality of life
- fulfil their ambitions for recovery
- fight discrimination.

All of our services are based on our unique **Recovery Programme**. Recovery means regaining mental health and achieving a better quality of life. Many people with severe mental illness can make a full recovery; others can make far greater progress than has traditionally been thought possible. Hafal's Recovery Programme involves creating a step-by-step plan identifying goals in key areas of life and the supporters who can assist in achieving those goals.

Our Service

Hafal delivers key services to both people with severe mental illness and their carers. These services include a range of activities for both clients and carers including: employment training; housing support; resource centres; befriending; arts projects; inpatient advocacy; family support; and carers' support services.

Hafal also supports clients and carers in providing a much-needed voice in the planning of mental health services. We campaign vigorously through research, publications and media work, and through direct contact with AMs and MPs, to improve services for clients and families and to remove the stigma and isolation associated with severe mental illness.

This action plan was prepared by Hafal's' consultancy team. **If you require more information or your organisation would like to work with us on taking forward your agenda in this area please contact us.**

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