Health & Probation seminar

Criminal justice and mental health – better together

Birmingham and Solihull Mental Health NHS Foundation Trust held a Mental Health and Probation Seminar in November.

Dr Nat Rowe welcomed delegates from all over England and Wales from Probation and Mental Health.

“We want to develop a national forum of good practice, from the bottom up, not top-down. We will feed our findings back to policy makers to help them understand. We also need to understand each other’s work so we can work better together.”

Staffordshire and West Midlands Probation’s Richard Field and Dr Rebekah Bourne from BMSHFT presented a fictionalised case to show the pathways people take through the criminal justice/mental health system.

“These cases are always complex,” explained Dr Bourne. She asked delegates “to focus on solutions, make the links to make those pathways smoother.”

The case was a not-uncommon story of somebody whose mental health went up and down. Things would stabilise in prison, or in a secure unit, but when released, his life would become chaotic again.

Richard pointed out that recommendations in psychiatric reports don’t always get followed up, because of cost, confusion of which agency should take responsibility and other reasons. He admitted:

“It’s always uncomfortable when we have to recall someone who’s unwell. But sometimes, if you can’t section someone and you can’t get treatment for them in the community, prison can be the safest place. I see that as a failure. It’s frustrating and there’s a strong moral argument against going down the enforcement route if they’ve not done anything wrong. But all that is obviously coupled with a certain relief that the risks they pose are no longer imminent. It’s hard.”

Delegates got into groups and picked the case apart to find out whether anything could have been done
differently. They brought their experiences and knowledge of how mental health and criminal justice agencies are arranged differently in different places in the country.

Then Richard and Rebekah carried on presenting their case history. Drugs – in the form of cannabis – entered the story. This is a common risk when offenders with severe and enduring mental illnesses are managed in the community.

Richard pointed out some of the difficulties agencies have in communicating with each other.

“It’s a clash of the jargons!” he said. “Our acronyms and timescales are different. Even when someone from criminal justice is invited to a mental health meeting, you don’t necessarily know why, or what’s expected of you.”

Dr Bourne explained the aim of Community Treatment Orders (CTOs). It can order somebody to subject themselves to treatment (including being administered drugs) and can bring them back to hospital if necessary. Dr Bourne pointed out that a licence and a CTO are two similar tools that can work well together “as belt and braces”, but can also work against each other.

Reaside staff believe mental health is not usually the whole story behind offending. “We need both approaches – mental health and criminal justice. People can’t get out of the cycle they’re in if we don’t deal with the whole story,” said Dr Bourne.

Delegates asked questions and talked about the many ironies experienced by staff dealing with mentally disordered offenders.

Natasha Fleming, manager of SWM’s mental health AP, said:

“Sometimes, people’s risk has to go up in order for them to get the treatment they need,” which Cheshire Probation’s Ian Jones called “a fundamental flaw in the real world”.

Natasha also illustrated the difficulties of getting treatment for offenders:

“People being assessed for half an hour know they could be sectioned. We often have people at the hostel 24/7 who we know are getting worse, but they can hold it together for that half hour assessment.”

SWM’s Director of Operations Ged Bates explained the prevalence of mental health issues among offenders on the Probation Trust’s caseload
According to OASys, emotional wellbeing is a factor behind the crimes committed by 28% of SWM offenders.

Senior Probation Officer Sue Power gave a presentation about asylum seekers and the role of the UK Border Agency. She pointed out that asylum seekers and refugees experience a higher incidence of mental distress than the wider population. The most common diagnoses are trauma-related psychological distress, depression and anxiety. Some may have faced torture, or witnessed the torture or death of family members. Their journey to the UK may have impacted on their mental health.

Those issues can be made worse on arrival in the UK because of loss of family, isolation, racism and cultural shock. Language barriers and cultural differences may make it hard for people to disclose or discuss mental health conditions.

The seminar was judged a great success. Richard Field summed it up:

"Helpful, informative and an excellent opportunity for learning and networking."