

September 2003



REVOLVING DOORS AGENCY RESPONSE TO: MENTAL HEALTH AND SOCIAL EXCLUSION CONSULTATION DOCUMENT MAY 2003

Revolving Doors Agency is an independent charity with over ten year's experience of developing, testing and promoting new ways of working with people with mental health and multiple needs in contact with the criminal justice system. We are the UK's only national charity exclusively devoted to working with this client group.

Revolving Doors welcomes the opportunity to comment on the Mental Health and Social Exclusion report.

General Comments

While recognising that the Social Exclusion Unit has previously acknowledged some of the problems faced by people with mental health problems who come into contact with the criminal justice system,¹ Revolving Doors considers it essential that any consultation on social exclusion and mental health includes a specific focus on the needs of this group. The reasons for this include:

- Current estimates suggest that 72% of male and 70% of female sentenced prisoners suffer from two or more mental health disorders². It would be logical to assume that the continued expansion of the prison population will result in an increasing number of people with mental health problems being held in the UK's prison system. The question of how government addresses the problems and needs of this group is therefore likely to become ever more pressing.
- The social exclusion experienced by people with mental health problems is compounded by the additional stigma associated with having spent time in custody.
- Many people with mental health problems have complex needs that cross the boundaries of traditional services. This issue is particularly acute among offenders with mental health problems. In particular, Revolving Doors' research³ has identified a significant group of people with mental health problems and 'multiple needs' whose complex problems mean that they 'fall through the gap' in traditional services.

We believe that in the relevant areas of service provision a firm evidence base for future work has already been established. Priority should now be given to the implementation of a national roll-out/commissioning process of services with a proven success record.

¹ Reducing re-offending by ex-prisoners. SEU Report. July 2002

² N Singleton, H Meltzer, R Gatward, J Coid and D Deasy, Psychiatric Morbidity among Prisoners in England and Wales, ONS 1998.

³ N O'Shea, I Moran and S Bergin 'Snakes and Ladders' Mental Health and Criminal Justice, Revolving Doors Agency, July 2003.

Response to Consultation Questions

Q1. How does mental ill health cause and sustain social exclusion?

Revolving Doors Agency has focussed its work on the needs of people with mental health needs in touch with the criminal justice system.

While it is clear that mental health issues are a significant contributory factor to the problems faced by our clients, they are rarely the sole problem. Mental health problems occur alongside other vulnerability factors such as: substance misuse, homelessness and housing problems, a history of abuse, poor educational achievement, poor life skills, unemployment and debt.

It follows that the needs of offenders with mental health problems cannot be met simply by addressing their mental health problems in isolation. Any attempt to address the social exclusion of this group will need to engage with the full range of issues mentioned above.

In addition, Revolving Doors Agency would question any formulation which suggests that mental ill health in itself causes or sustains social exclusion. While it may be true that mental health issues are a contributory factor to the social exclusion of our clients it is also clear that social exclusion itself exacerbates existing mental health problems⁴.

It is also worth noting that the targeting of resources at those who have received a clinical diagnosis of mental health problems, risks excluding many individuals in Revolving Door's client group. All of our clients have clear mental health problems but, due to complicating factors, many have never received a clear diagnosis. Particular problems of diagnosis are presented by those who have 'multiple needs'. In such cases, mental health professionals can find it difficult to distinguish between mental health conditions and problems created by alcohol and drug use.

Receiving a clear diagnosis allows clients access to both the support of mental health services and resources, such as housing, specifically allocated to those with a mental health diagnosis. For many of our clients the absence of such a medical diagnosis represents a substantial barrier to receiving the, social, housing and health care, help that they need.

Q2. What are the 3 most important problems you would like to see the Social Exclusion Unit project address in relation to mental health and social exclusion?

1. **Sentencing.** Revolving Doors would favour a reduction in the use of custodial sentences, and a greater use of community based punishments combined with intensive support for people with mental health needs in the community. A substantial proportion of people with short-term prison sentences will be, in effect, long-term prisoners, who enjoy brief unsuccessful periods in the community between sentences. It is doubtful whether these repeated short-term sentences achieve any constructive outcomes either for the individual or for society. Revolving Doors Agency believes that relevant agencies should work together to:
 - reduce unnecessary imprisonment;
 - reduce relapse and re-offending rates; and
 - ensure that suitable support services are available in the community.

⁴ Scott Weich, Glyn Lewis. Poverty unemployment, and common mental disorders: population based cohort study. BMJ volume 317. 11th June 1998

We also believe that the voluntary sector has a vital role to play in any such approach.

2. **Housing.** Poor quality housing, insecure tenancy and homelessness are major problems for the Revolving Doors client group.

Among referrals to our Link Worker scheme from the police:

- 17% are sleeping rough;
- Only 32% have a secure tenancy; and
- 51% live in temporary accommodation.

Among prison referrals the figures were:

- 31% sleeping rough before sentence; and only
- 13% had a secure tenancy on release.

Home Office research has shown that living in suitable, stable accommodation may reduce an individual's chances of re-offending by more than 20%.⁵ This compares favourably with even the most effective offending behaviour programmes, which reduce reconviction rates by only 14%.⁶

Unfortunately, secure housing can be particularly difficult to both obtain and sustain for our client group. Crucially, there is a severe shortage of social housing in London and the South East; and even where places are available exclusion criteria operated by social landlords will often mean that few are willing to accept clients with 'multiple needs'.

An increase in the availability of accommodation for people with a criminal record who have 'multiple needs' could make a genuine impact on the social exclusion experienced by our client group.

3. **Primary Care.** People with mental health problems are in particular need of primary care; for our clients, all of whom have multiple health needs, that need is particularly acute. In addition to the provision of health checks, medication and advice, our clients also rely on GPs to gain access to other services. A doctor can refer to secondary care providers, provide evidence of vulnerability to housing agencies and assess an individual's ability to work. Consequently, a GP is one of the key gatekeepers to the services that are vital to our clients. However, clients have major problems engaging with primary care providers.

The prison service has no responsibility to ensure that a prisoner is registered with a GP when he/she returns to the community. Prisoners must, therefore, make their own arrangements to find a GP on release. As 49% of prisoners with a mental health problem on short sentences leave prison homeless, they are unable to register with a GP. Those who do have a permanent address (42%) must make three unsuccessful applications to a GP surgery before being allotted one. This represents a significant barrier to people with mental health problems which results in a widespread failure to register.

Once registered with a GP the relationship can be problematic for a variety of reasons. For example, clients with chaotic lives can find it difficult to keep appointments. While, average GP consultation times, estimated to last between 4.6

⁵ Home Office OASys pilot study (2001)

⁶ Social Exclusion Unit, "Reducing re-offending by ex-prisoners" (2002)

and 8 minutes⁷, are simply inadequate to address the complex needs of our client group.

Failure to engage with primary care services often results in inappropriate use of crisis services such as A&E departments.

Revolving Doors, would like to see the development and dissemination of models of good practice focussed on this client group in the health community. It would also be desirable for primary care providers to play a greater role in the multi-agency working that aims to address the particular needs of people with mental health problems in touch with the criminal justice system.

Q7. What is the best way to help adults with mental health problems find and keep work? Please give details of any examples of good practice or promising approaches.

People with mental health problems are clearly at a significant disadvantage in the labour market. For those with a history of offending the problem is compounded. However, while the aspiration to improve levels of employment among this group is laudable, a social exclusion strategy that over-emphasised employment might fail to address the needs of our client group.

The substantial problems faced by our clients exist at a much more basic level. For this group greater resources need to be devoted to stabilising other areas of their life, such as housing, access to primary care, and benefits, before employment can even be considered a realistic possibility.

Q16. How well co-ordinated are services which support people with mental health problems? Are lines of accountability clear?

Revolving Doors' believe that effective multi-agency working is key to meeting the needs of offenders with mental health problems.

Our client group would particularly benefit from a holistic approach to their mental health problems. A range of vulnerability factors can exacerbate mental health problems, such as: housing problems, the inability to access primary care support, drug and alcohol misuse etc. Failure to acknowledge and address such factors can only result in increased levels of self-destructive behaviour and re-offending.

Individuals in such circumstances require help from many sources. In particular, packages of care, rather than short-term interventions are required. Unfortunately the complex problems presented by our clients make them difficult for traditional services to engage with. Inter-agency working does not appear to have worked for this group, leading to brief and sporadic engagement with services and a failure to resolve complex, inter-related problems.

Existing multi-agency arrangements are often ad hoc, and dependent on local good will. While examples of good practice do exist, they are far from universal. Without effective multi-agency working progress in one area is all too often undermined by problems in another.

From a user perspective, the failure of local agencies to collaborate effectively manifests itself as a lack of continuity between services, the receipt of conflicting information, and being shunted from one agency to another.

⁷ Netten, A. and Curtis, L. Unit costs of health and social care, PSSRU: University of Kent at Canterbury (2000)

There is therefore considerable room for improvement in joint working and communication between mental health services, housing services, education, the criminal justice system and social services. Such improved co-ordination would significantly enhance the delivery of a more integrated and comprehensive service to clients.

Q17. What gaps would you identify in current service provision?

Many people with mental health problems, who come into contact with the criminal justice system, have complex and deep-rooted problems that require intensive and long-term support from a variety of agencies. This is particularly true of clients with 'multiple needs' or dual diagnosis. Unfortunately current multi-agency arrangements and frameworks continue to fail such individuals.

The Prison Service, for example, carries out thousands of drug detoxification programmes each year. At the moment, however, that work is not continued into the community. The lack of spaces for drug and alcohol rehabilitation in the community mean that people will often come out of prison clean, and then have to wait months for a first appointment. Predictably, this frequently results in a return to substance misusing behaviour. These deficiencies affect all ex-prisoners with substance misuse problems, but they are particularly acute for those with additional mental health problems

A significant improvement in continuity and co-ordination between prison and community in all areas, combined with effective local multi-agency work, could make a substantial contribution to breaking the cycle of re-offending. In particular, additional resources need to be made available to provide long-term support to those who fall through the net of traditional services.

Q18. Are there examples of good practice in current service provision?

There are a number of examples of good practice in both the statutory and voluntary sector. The challenge is to identify those schemes and initiatives that are successful, sustainable and replicable, and then to put the resources in place to roll them out across the country.

One successful approach has been demonstrated by Revolving Doors Agency. Revolving Doors' Link Worker scheme is targeted at people with mental health issues and multiple needs who come into contact with the criminal justice system. This is a group well known to local social and health care agencies usually as a result of repeated short-term crisis orientated interventions involving Accident & Emergency services, Emergency Duty Teams, Primary Care services and the Police.

Mental health trained, community based 'Link Workers' work with local community and criminal justice services to:

- give support and practical help at the time of referral;
- act as advocates and "go-betweens" to assist subjects re-establish relationships with local services; and
- play a continuing support and advisory role.

Link Workers aim to help this vulnerable and sometimes chaotic group achieve a greater degree of stability in the community by improving their access to crucial services such as GPs, housing and social care. They make use of assertive outreach techniques and provide casework support as a whole team to those with the most complex needs. Joint working with mainstream agencies is key to the approach and includes being based with a local team. Staff backgrounds include social work, nursing, occupational therapy and supported housing,

making a range of skills available to clients who need to navigate complex social, health and benefits systems.

Police stations, court and prisons provide an opportunity to engage vulnerable people when they most need it. Prison staff refer people returning to the local community after short sentence or remand, with the aim of establishing a supportive relationship prior to release. Those identified at police stations are also supported throughout their time in prison and afterwards. The key is to bridge the gap between community and criminal justice services.

Revolving Doors' schemes have demonstrated their ability to engage this 'hard to help' group. The results of a thorough programme of evaluation include the independent finding that recorded levels of offending fell by 22% among clients who engaged with the schemes.

In addition, research conducted with the support of the London School of Economics showed that Link Workers:

- Achieved a 100% reduction in use of B&B by their clients after one year
- Doubled GP registration within one year
- Reduced A&E 'no treatment' attendances
- Achieved more cost effective use of services with no overall increase in costs to local agencies
- Reduced the number of criminal convictions⁸ for clients on their caseload after one year.

Q20. What would be the best way to measure progress in reducing social exclusion for adults with mental health problems?

The Revolving Doors Agency would hope to see a national good practice framework established with input from all the key stakeholders including people with mental health problems in touch with the criminal justice system. Service delivery could then be measured against established criteria, thus allowing for dissemination of good practice.

In addition Revolving Doors would like to see:

- Ongoing consultation and qualitative research with user groups, with reference to such factors as responsiveness of service, gaps in provision, and quality of service.
- Service users provided with opportunities to comment anonymously on the service/s they receive.
- Ongoing assessment of health and quality of life outcomes.
- Independent assessment of impact on rates of re-offending.

⁸ Street, S., (unpublished, 2002) Evaluation of the Revolving Doors Agency Link Worker Schemes. London: Home Office

Further information

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