



Revolving Doors Agency

Response to The Bradley Report

[Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system](#)

Introduction

Revolving Doors Agency welcomes the wide ranging and comprehensive Bradley Report into people with mental health or learning difficulties in the criminal justice system. If adopted, the recommendations will improve the lives of many individuals experiencing mental health problems whilst also making our wider communities safer. It is also encouraging to note the very prompt and positive response from Government, acknowledging that 'this is an area that has long called for reforms'.

About Revolving Doors Agency

We are a charity focused on improving the lives of adults with multiple needs, including mental health problems, who are – or have been – in contact with the criminal justice system. We achieve our mission through national policy and influencing work, service development and inclusive service user involvement. Further details of our work are available on our website: <http://www.revolving-doors.org.uk>.

We are particularly concerned with those who have a wide range of health and social care needs, but who repeatedly fall through the gaps in service provision. The complex interrelation of a number of issues (including mental health problems, substance use, housing problems and debt) frequently results in people becoming caught up in a cycle of crisis and crime.

Our focus on those who fall through the gaps in service provision has led us to concentrate on those with common mental health problems; that is, mental health problems that do not meet the threshold for care and support from secondary mental health services. Considering those in custody, we are concerned with people on remand or serving sentences of less than twelve months, as they are not subject to Offender Management supervision on release.

Revolving Doors Agency's response to The Bradley Report

Revolving Doors Agency (RDA) welcomes the Bradley Report. We are delighted that the value of our work has been recognised specifically, with a citation for our Islington Neighbourhood Link scheme.

We are also pleased to note that Government has already accepted the recommendation to form a **national programme board** governing all aspects of the interaction between the criminal justice and mental health systems. Revolving Doors Agency supports the view that the Regional Offender Health Teams are the best vehicle for implementation of this work at a regional level.

Lord Bradley further recommends that the national programme board is supported by an **independent advisory group**. We would welcome the establishment of this advisory group and would be pleased to join the group or to contribute in other ways to the implementation of this recommendation.

We are especially pleased that Lord Bradley took an **inclusive approach** to his review. Unlike many previous papers, this report has not restricted its focus to severe and enduring mental health problems but encompasses both **common mental health problems** and **dual diagnosis** (drug/alcohol problems combined with mental health issues). This inclusive approach is further enhanced by taking an **end to end** view, from initial contact with the police to post custody support and all points in between. This report gives huge impetus to our work.

Our response to The Bradley Report will focus on our target group as outlined above, i.e. those with common mental health problems and multiple needs, and those in custody who are not subject to Offender Management supervision on release. We start by exploring the broad issues of dual diagnosis, multiple needs, personality disorder, partnership working, and service user involvement before going on to look at each stage of the offender pathway.

We are grateful to the Elmore Team¹ for their input to our response, notably in the section on anti social behaviour.



Dual diagnosis, personality disorder and multiple needs

¹ The Elmore Team is a community organisation based in Oxford, which supports people with complex needs. See www.elmoreteam.org.uk for further details.

Revolving Doors Agency is focused on improving the lives of adults with multiple needs, including mental health problems, who are – or have been – in contact with the criminal justice system. These multiple needs frequently include a dual diagnosis of mental health and drug or alcohol problems.

We are especially pleased that the Report presents the position that such a dual diagnosis should be regarded as the norm amongst prisoners presenting with severe and enduring mental health problems, though we take this further and draw attention to the mental health issues of those presenting with substance misuse and common mental health problems². This is important because, whilst the Department of Health Dual Diagnosis Good Practice Guide (2002) clearly advocates ‘mainstreaming’ – generic mental health services engaging with substance using clients - regrettably, as Lord Bradley observes, this is not yet universal practice.

Revolving Doors Agency wishes to highlight that within the dual diagnosis cohort, the largest number are people who experience common mental health problems and therefore fall below CPA³ thresholds, and whose substance misuse problems also fall below conventional thresholds. The issue here is that the combination of mild to moderate mental health issues and a degree of problematic substance misuse can be extremely debilitating and have a significant impact on people’s coping skills and quality of life. We therefore hope that the focus on dual diagnosis advocated by Lord Bradley will extend beyond the severe and enduring end of the spectrum.

Primary mental health care

As outlined above, RDA’s focus on mental health is concentrated around common mental health problems and complex needs. These are generally the concern of primary health care services, and provision is often lacking. For this reason we are delighted that Lord Bradley draws attention to primary mental health care within prisons, given the well documented high levels of need. We strongly support the need for robust and holistic models of primary mental health care which support well-being in prison. It is pleasing to note that the report specifically addresses psychological therapies with offenders.

Personality disorder

Given the acknowledged high prevalence of personality disorder (PD) within the prison population, we welcome Lord Bradley’s focus on the need for the development of PD specific services within prison. He correctly identifies both that the current focus is on individuals with more severe disorders, and that there is no interdepartmental approach to the management of PD within the criminal justice and health systems. It is our view that this is especially the case for those individuals not deemed to have dangerous and severe personality disorder (DSPD) but who nonetheless frequently present within both health and criminal justice settings.

Multiple Needs

All adults with multiple needs should compel a holistic response incorporating aspects of health, substance use, social care and offender management expertise. Far too often though, responses to this group are characterised by delivery within silos. Lord Bradley himself identifies the incongruity

² See for example: COSMIC 44% of CMHT patients report past year drug or alcohol problems. 75% of drug service and 85% of alcohol services’ clients had past year psychiatric disorder. Weaver, T et al (2003) Comorbidity of substance misuse and mental illness in community mental health and substance misuse Services British Journal of Psychiatry 183, 304-313

³ CPA: Care Planning Approach. Broadly speaking those who meet the criteria for CPA are experiencing severe and enduring mental health problems.

between specialist court models and the well documented complex and interrelated needs of offenders. He highlights the significant gap in drug court thinking where dual diagnosis is not addressed, and the potential for confusion if mental health courts are implemented.

The commentary insightfully notes that there is an option to think outside of these silos and develop complex needs courts, which might address a range of issues including drugs, alcohol, mental health and domestic violence. We would have liked to have seen this option carried forward into a definitive recommendation.

For Lord Bradley's work to effect lasting change there is a compelling case for it to be linked to related concurrent health policy work such as the ongoing work on health inequalities and the New Horizons review on mental health and wellbeing.

Reports such as that by the Social Exclusion Unit⁴ graphically portray the multiple challenges facing those within our criminal justice system, including educational need, housing and employment problems. It will be essential too for those charged with implementation to cross refer to work on social exclusion, such as the Social Exclusion Task Force / Adults Facing Chronic Exclusion pilots and the ongoing work on PSA 16.

Partnership working

Given the complexity of need and delivery it is heartening that Lord Bradley ends his report with a chapter on delivering change through partnership. We are pleased that Lord Bradley recognises that *'it is the joint responsibility [of] all government departments, agencies and organisations that I have discussed in this report to drive through improvements by working closely in partnership with one another.'*

Much of Revolving Doors Agency's work is, and has been, centred around partnership working and forging links between the criminal justice system and mental health services. We therefore welcome this emphasis on shared ownership and hope this is reflected in the implementation of recommendations.

Criminal Justice Mental Health Teams

Lord Bradley proposes to address aspects of fragmentation with new end to end Criminal Justice Mental Health Teams, who will have a wide remit encompassing all aspects of the criminal justice system. We strongly support this development. The role of the Criminal Justice Mental Health Teams will include aspects of care co-ordination but they are not intended to replace existing specialist functions such as mental health in-reach teams. Whilst the Report devotes a number of pages to describing these Teams, the option to develop a range of local models may leave readers with different impressions. We hope that this key recommendation will be followed up with further expansion of the proposal to gain a clear picture of how the Teams should work with all the existing stakeholders.

Service user involvement

⁴ Social Exclusion Unit (2002) *Reducing Reoffending by Ex Prisoners*, London: Social Exclusion Unit

We are pleased that Lord Bradley's vision of the National Advisory Group and Criminal Justice Mental Health Teams incorporates service user involvement. We also welcome the stipulation that training programmes should be developed in conjunction with service users. We would hope that this emphasis on the consistent and continued involvement of service users is carried forward into the practical applications of Lord Bradley's recommendations.

End to end Approach

As outlined above, we welcome the inclusive, end to end approach to the criminal justice system taken by Lord Bradley. The following sections will comment on a range of proposals from the perspective of adults with multiple needs. It will also outline current good practice examples which are attempting to implement some of the proposals contained within the recommendations.

Early intervention and work with the police

RDA welcomes the recognition that early interventions can commence prior to formal involvement in the criminal justice system.

By the time someone is arrested, in many cases opportunities to change the course of events have been overlooked. One group that can be included in this broad definition comprises people who are taken to a place of safety but are subsequently assessed as not requiring detention under section 136 of the Mental Health Act. Many people in this group are still in need of support, but to date there has been little available.



Revolving Doors Project Warrington

The project in Warrington aims to improve the lives of people with common mental health problems and to increase their appropriate and effective interaction with local services by using the police to identify adults they believe have unmet needs. People can be offenders, victims, or simply those at risk or in distress.

If someone agrees to be helped, the police refer them to the Revolving Doors Project within the Criminal Justice Liaison Team in mental health services. A social worker assesses all the individual's needs, not just their mental health, and they are either helped directly or supported by outreach services to access help from Warrington's full range of agencies, including the voluntary sector, for up to eight weeks. Multi agency meetings can provide further solutions, including how to engage what can be a very hard to reach group of chaotic individuals.

This approach ensures the project is doing all it can to reduce extreme social exclusion, health inequality, and the risk of offending or re-offending for people with mental health problems. It tailors support to individuals and simplifies the complex system of services at the earliest opportunity.

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Anti social behaviour

Revolving Doors Agency welcomes Lord Bradley's clear understanding of the inappropriate use of ASBOs and Penalty Notices for Disorder (PNDs). He acknowledges that many are issued for behaviour that may be indicative of mental health problems, and he recognises the serious consequences of non payment of fines or failure to keep to the conditions of an order.

However we are disappointed to see only one recommendation which focuses on obtaining information on an individual's mental health or learning disability prior to issuing an ASBO or a PND. We feel that this recommendation is not realistic, and that Lord Bradley has missed an opportunity to make more extensive recommendations in this area.

It may be unrealistic to obtain background information on an individual prior to issuing a PND or an ASBO. PNDs are summary penalties, issued 'on the spot', giving little opportunity to access background information. ASBOs are generally issued in civil courts, which are less likely than other courts, such as magistrates', to have a mental health liaison service.

Even having information on an individual's mental health is often not enough to stop PNDs or ASBOs being issued. An example of this is the case of a woman who suffers from a serious emotional disorder, who has been rescued by emergency services over 50 times from suicide attempts, many of which involved entering the sea. Despite her emotional disorder she was issued with an ASBO banning her from going into the sea, onto beaches or onto the promenade. In December 2007 she had breached her ASBO five times, and rescues from suicide attempts had cost over £1 million.⁵

We have also heard evidence of ASBOs being issued with inappropriate conditions. For example in Oxford, they have been given to people to ban them from entering the city centre, the area in which most support services are situated, thereby preventing them from accessing the support that may help them address the reasons behind their anti social behaviour.

ASBOs have also been used by housing associations and councils to evict people inappropriately:

"When I was living in my flat, I had big problems, drugs and everything. I had letters from the doctors, psychiatrists, the Elmore team, everything sent to the council to get me out of that flat. And then ... they threatened me with eviction and an ASBO, when they'd been *begged* to get me out of there. ... I mean they were begged, it was no good, I was nearly killing myself ... it was ridiculous."

Former service of Elmore Team, Oxford, diagnosed with Schizophrenia

We would like to highlight here the work of the Elmore Team in Oxford as an example of best practice in the area of anti social behaviour.

⁵ <http://news.bbc.co.uk/1/hi/wales/mid/7151025.stm>

Elmore Anti Social Behaviour Service, Oxford



The Elmore Anti Social Behaviour Service provides intensive support to people subject to Anti Social Behaviour (ASB) legislation who have mental health issues or are otherwise vulnerable, and living in Oxford.

They work with people at any stage in the ASB process, including early identification, warning, Acceptable Behaviour Contracts (ABCs) and Anti Social Behaviour Orders. They also work with people who are in prison for breaching their ASBOs.

The team works intensively with clients to support them in addressing their behaviour. They provide comprehensive support throughout the ASB legal process, including accompanying clients and advocating on their behalf in court and custody, as appropriate. They also address each client's wider issues such as their accommodation, benefits, substance use and health needs.

By offering this intensive support package, the team are able to offer an alternative to custody. When the project started in November 2007, clients had up to 15 previous custodial sentences. Since that time, 23 out of the 25 people worked with have not had a custodial sentence. A key element of the team's work is in early intervention. They work closely with the local Crime and Nuisance Action Team and regularly attend problem solving meetings about people who are behaving anti socially and may be at risk of being subject to ASB legislation.

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Current ASB legislation is imposed without any concurrent support measures, and hence risks failing to address the underlying causes of the anti social behaviour. However, staff from the Elmore Anti Social Behaviour Service were keen to emphasise that their work has shown that enforcement and support can work together. Revolving Doors Agency and the Elmore Team would recommend that ASB legislation should not be enforced without considering the underlying causes of people's ASB and providing appropriate support to address their needs.

Transfer of healthcare to the NHS

As noted in the Report, RDA has a longstanding interest in this area and we are pleased to note that the Report identifies that healthcare provision in police custody is now the only place in the CJS where this is not directly commissioned by the NHS. The significance of this break in the provision of end to end care cannot be over emphasised.

Forensic Medical Examiners

The Report cites an RDA report which highlights the benefits offered by the 'traditional Forensic Medical Examiner (FME)' role where the unique demands of medical cover in custody centres are recognised and delivered by specialist and experienced medics, not simply bolted on to generic services such as an out of hours contract. It is noted, though, that FMEs are not currently required to undertake specialist mental health training. Given the previously acknowledged prevalence of drug and alcohol problems within this population, RDA suggests that

Screening in police custody

RDA welcomes the recommendation that diversion schemes are extended to all custody centres. Lord Bradley acknowledges that the police are required to have extraordinarily broad skills in screening and assessment for a wide range of risks and conditions. It should be recognised that referral schemes are not without limitations; unless they offer a 24/7 service not all arrestees will be screened by a specialist, thus the police will still retain an initial screening role. Specialists can offer the police training, but the danger is that the presence of a specialist may encourage the police to perceive that they have a reduced role or no role at all.

there should be an expectation that all FMEs undertake GPwSI⁶ substance misuse training.

Navigator Project, Watford



The Navigator Project in Hertfordshire is working to develop a screening approach for use in police custody that will enable the police to identify people who may benefit from the support of mental health, learning disability and health and social care services.



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The emphasis of this project is not on specialist screening, but on developing a method of screening that is effective, easy to use and can be delivered by custody staff with little training.

Alongside this, a network of local health and social care providers (including community based third sector agencies) is being established, to receive referrals and support system reform. Once a screening approach is developed, people with unmet needs will be referred to established health and social care services.

Hertfordshire Partnership 
NHS Foundation Trust

A Multi-Agency Commissioning Panel will be developed which will take evidence from the service and use it to inform ongoing commissioning.



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⁶ GPsWI, GP with Special Interest, is an accreditation awarded to GPs who undertaking specialist training to work with substance misuse.

The Court Process

The judiciary

The Report notes the crucial role of diversion schemes in training the judiciary, but these excellent services are far from universal. Thus, by default, defendants in areas that do not benefit from such schemes may be appearing in front of benches who have not received training. Our view is that training must be a priority, specifically targeted at areas where the role of the bench is not assisted by diversion workers.

Liaison and diversion schemes

The Report identifies that a range of studies have crystallised success criteria for diversion schemes but that few areas benefit from a scheme which meets these criteria and receives 'excellent' scores. The issue of the lack of 'national drive and investment' and part-time cover is addressed, as are the opportunities offered by the Government response to the Corston Report to focus on the specific needs of women. We welcome the recommendation that this service should be universally available. Government has accepted this, with the caveat that it is a 'medium term' goal.

Sentencing

Lord Bradley identifies Mental Health Treatment Requirements as an under used sentencing option. He presents a case that extending their use could both deliver appropriate treatment and reduce prison costs. At present it would appear that there needs to be some further study to be clear how to obtain the best advantage. Revolving Doors Agency encourages this as a priority; short sentences with no formal aftercare are highly disruptive. A stark indicator is that of the 61 deaths in custody during 2008⁷, a disproportionate number were people on remand⁸.

Prison

Continuity of Service on Release for those not subject to supervision from the Probation Service

One of the most significant recommendations for Revolving Doors Agency's target group is the recommendation that the National Offender Management Service, the Department of Health and the National Health Service should develop a strategy for the rehabilitation of those with mental health problems and learning disabilities who are not subject to supervision from the Probation Service. This would include people serving sentences of less than twelve months and those on remand.

We are delighted that this recommendation has not been restricted to individuals with severe mental health problems, but also encompasses the very large group of people with common mental health

⁷ <http://www.justice.gov.uk/news/newsrelease010109.htm>

⁸ <http://www.theyworkforyou.com/wrans/?id=2008-12-16a.25.0>

problems. We are also pleased that a multi agency response is proposed. Previous efforts to extend rehabilitation to this group have focussed on extension of the role of Offender Management but have failed as the numbers involved are simply too large for this to work. We feel positive that a multi agency approach will greatly increase the chances of success.

Such a multi-agency approach has been key to the project Revolving Doors Agency has helped develop at HMP Lewes, as outlined below.

HMP Lewes to Brighton Project

This project aims to improve health and social care outcomes for short term prisoners with complex problems leaving HMP Lewes and returning to the City of Brighton and Hove, through the establishment of a coordinated lead professional model involving statutory and voluntary services at the prison and within the community.

The project will start receiving referrals in June 2009. It is anticipated that the majority of people referred will have a broad range of problems and be well known to a variety of agencies.

Clients are referred to a project coordinator employed by Brighton Housing Trust who assesses for a range of needs and, together with the client and services from the prison and the community, allocates a lead agency. A joint plan is then developed with the client and relevant agencies.

The lead agency takes responsibility for the care of the client on release from prison, arranging a meeting at the gate and ongoing liaison with community agencies.

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Screening at prison reception

Lord Bradley identifies that prison reception is currently the only point in the criminal justice system where there is a guaranteed universal screen. We are pleased that he challenges this and highlights problems with the follow up screening. The pressured environment of first night reception, combined with the fact that the healthcare staff who screen are not required to have undertaken specialist mental health training, still leaves some weaknesses in this system. The report picks up on a point made by the Chief Inspector of Prisons that the screen should be extended to include identification of learning difficulties. We welcome the observation that reception screening is currently being reviewed.

Foreign Nationals

The Report describes how people with common mental health problems respond to talking therapies. The Prison Service state that 14% of the prison population are foreign nationals⁹, and, for most, English is not their first language. If talking therapies, including those offered under the Improving Access to Psychological Therapies (IAPT) programme, are to benefit the whole prisoner population one of the greatest gaps at present is the lack of opportunities to deliver services in any language other than English. The option of working through a translator, especially another inmate, is not conducive to a positive therapeutic relationship. Anecdotally, we hear of high levels of Post Traumatic Stress Disorder in foreign national prisoner populations.

Training for Prison Officers

As with the courts, Lord Bradley is careful not to place all responsibility in the hands of specialists. In prison, he observes the vital role of prison officers, and their need for training as the staff with the most contact with inmates. Revolving Doors Agency welcomes this type of wider training, not just as a measure for imparting specialist skills but also as an opportunity to promote better understanding of mental ill health and to assist in overcoming stigmatisation in the wider population.

Conclusion

Revolving Doors Agency welcomes the Bradley Report with its renewed focus on responding to the disproportionate numbers of people with mental health problems appearing in our criminal justice system.

⁹ http://www.hmprisonerservice.gov.uk/adviceandsupport/prison_life/foreignnationalprisoners

We are delighted that the report covers a broad spectrum of mental health need, and takes an end to end view of the whole offender pathway.

We are optimistic that the implementation of findings will enable real change for the better in the lives of these people. We look forward to working with our partners to build momentum and ensure this really does mark a shift towards the change we know is needed.

Written by Richard Tamlyn and Anna Page
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