

# THE INTERFACE WITH THE CRIMINAL JUSTICE SYSTEM

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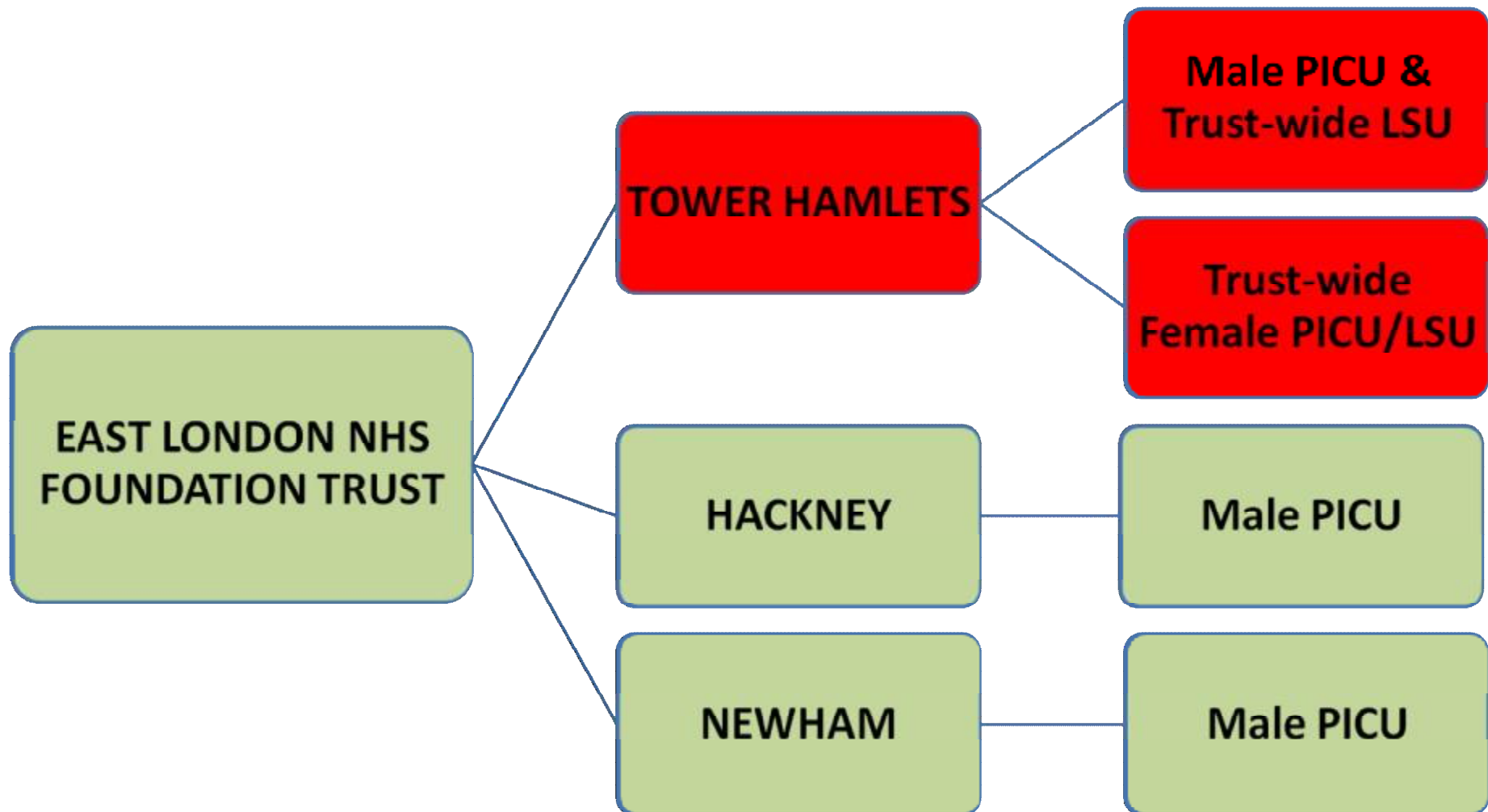
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**East London**  
NHS Foundation Trust



# OVERVIEW

- Tower Hamlets Centre For Mental Health
- Statistics Relating To Forensic Sections/History
- Nature Of The Work At The Interface
- Court Liaison Service
- Standards & Guidance
- Bradley Report & The Government's Response
- New Horizons

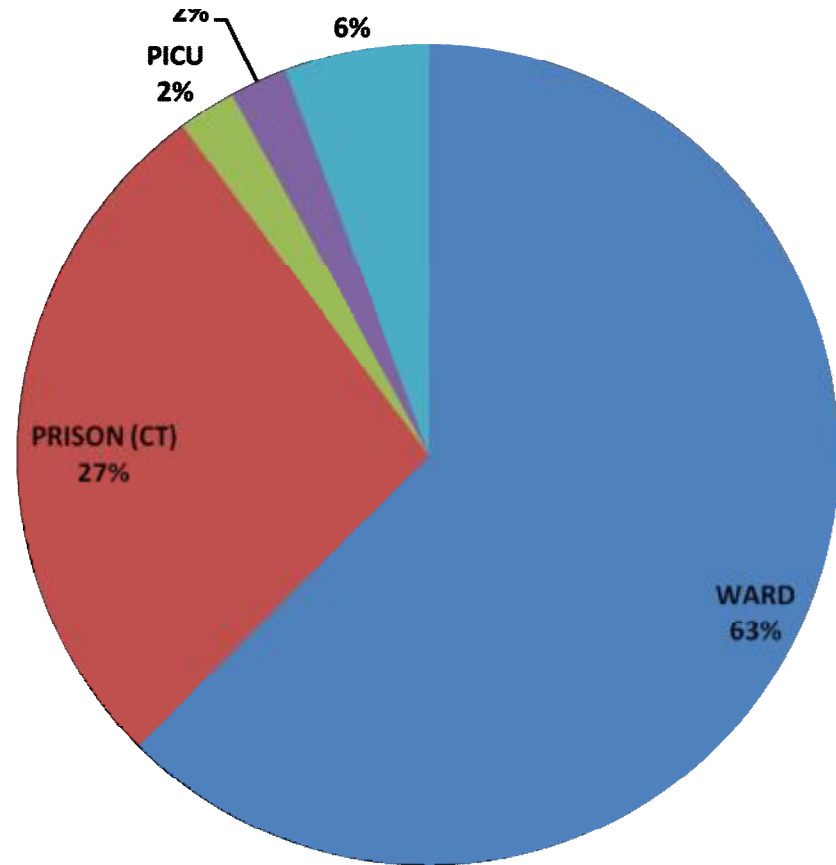
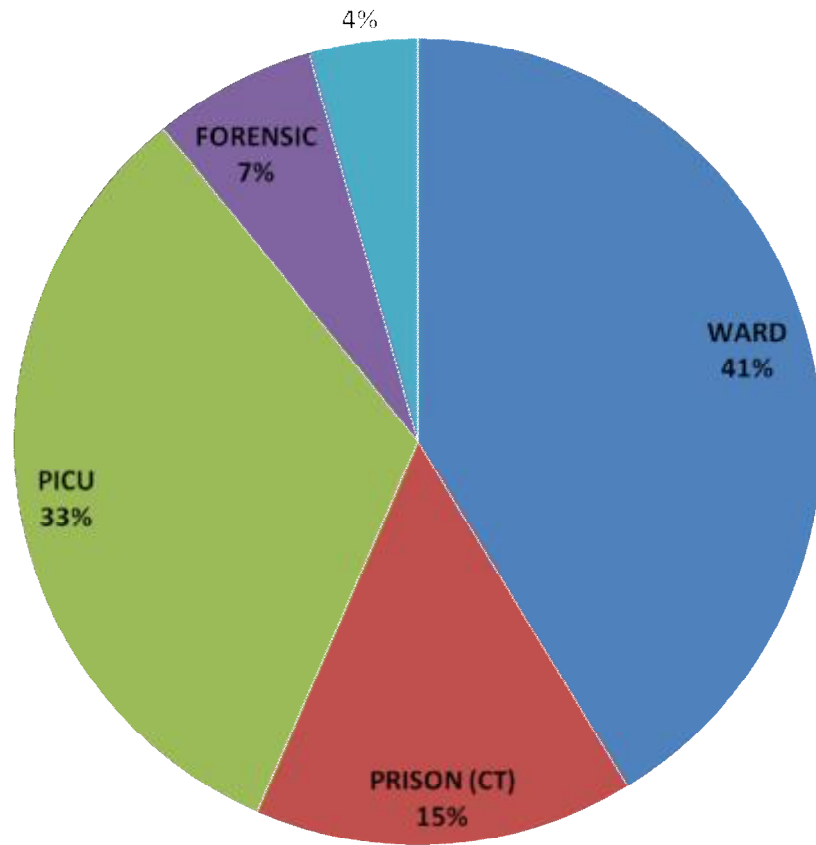


# THE SERVICE

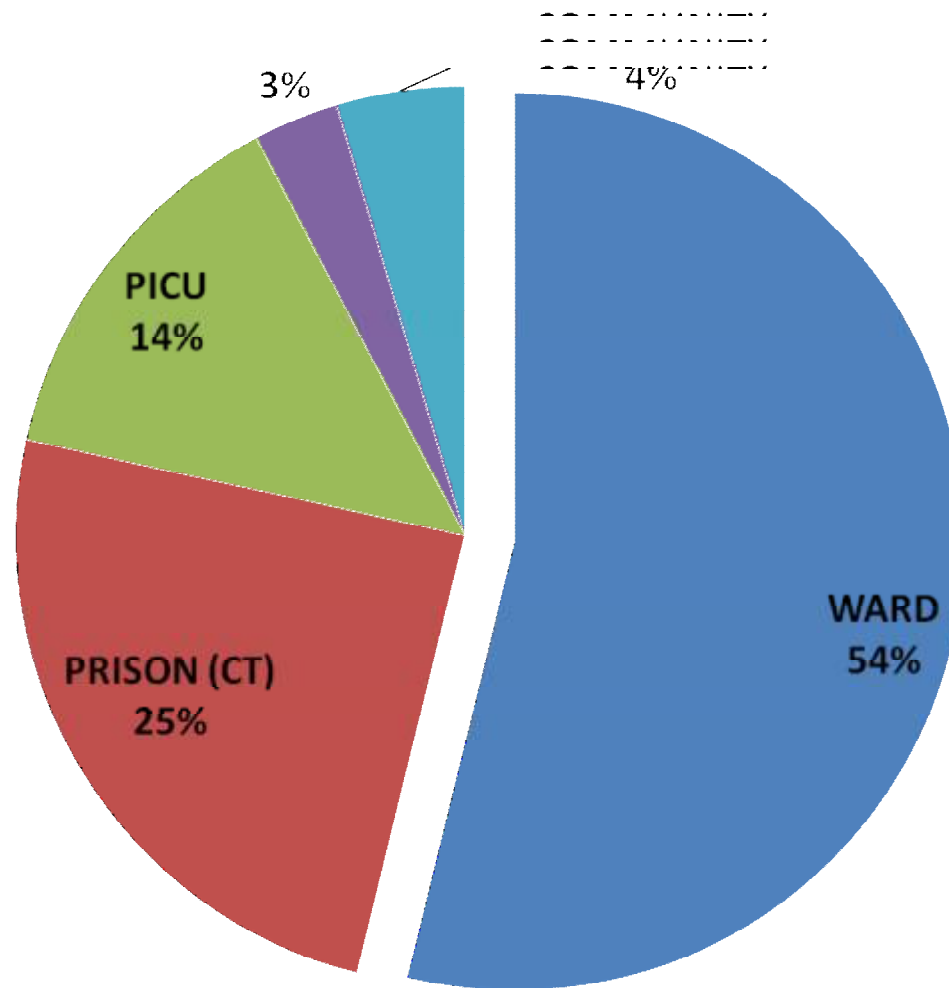
- LSU & PICU in the same clinical area
- 2 parallel services for men and women
- Has been developing in its current form for about 2 ½ years
- In the heart of East London
- Excellent multidisciplinary team!
- Improving links with the local Magistrates Court



# Where Do All The Referrals Come From?

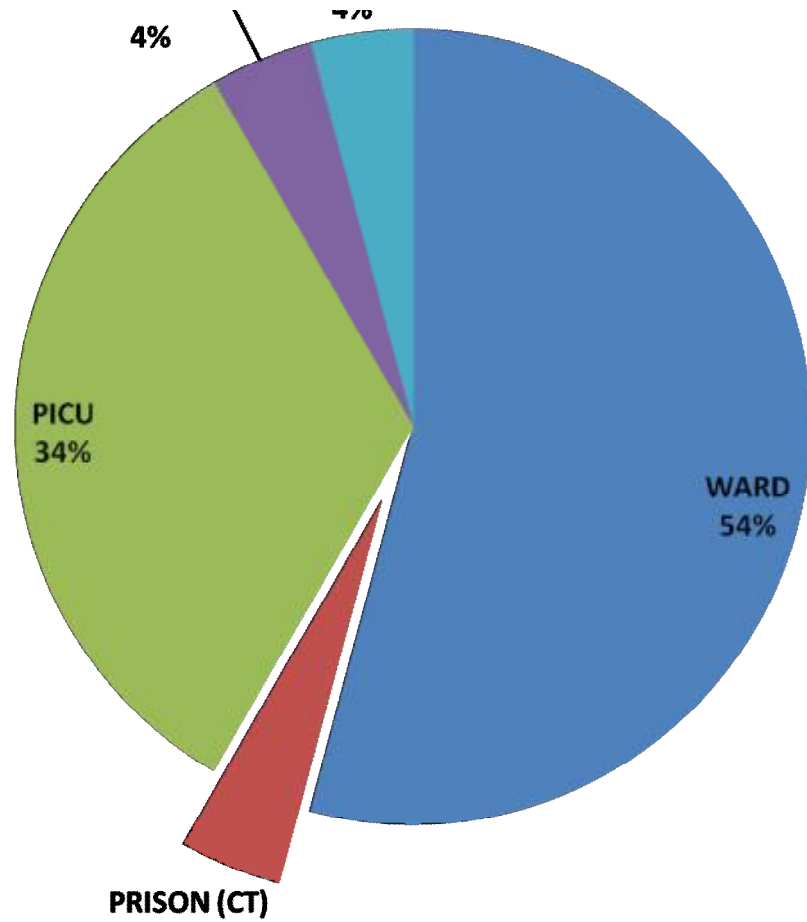


# Where Do All The Admissions Come From?

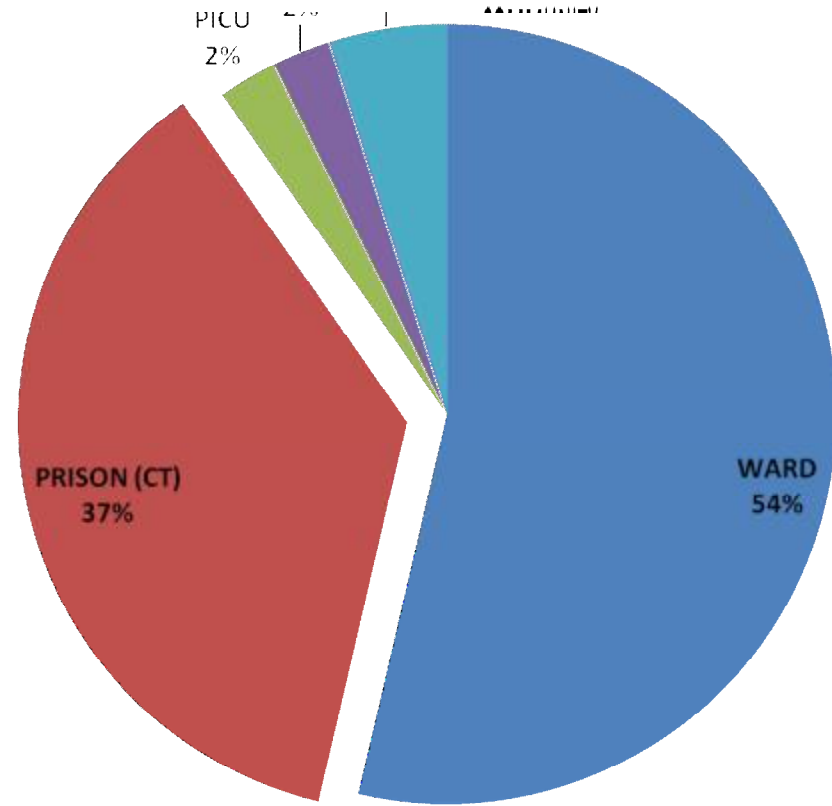


**N = 65**

# Where Do All The Admissions Come From?



**Adm to LSU Beds (24)**



**Adm to PICU Beds (41)**



**IS THERE ANY DATA OUT  
THERE LOOKING AT THE  
INFLUENCE OF THE  
CRIMINAL JUSTICE SYSTEM  
ON PICU AND LOW  
SECURE ACTIVITY?**

# THE NATIONAL SURVEY OF PICU AND LOW SECURE SERVICES: 1. PATIENT CHARACTERISTICS (PEREIRA ET AL 2006)

- Cross-sectional census involving 307 units

	LSUs	PICUs
Prison Transfer Sections	2%	3.3%
Forensic Sections	33.5%	12.4%
Forensic History	44.8%	36.5%

# PICUS: A LITERATURE REVIEW (BOWERS ET AL 2008)

- UK surveys: majority (not all) of PICUs accept prison transfers
- Minority accept pts from court, police or MSUs
- 26% would not accept forensic pts
- Proportion of forensic pts (12% - 32%)
- Many PICU pts have a criminal (forensic) history (15-59%)
- Majority violent offences

# THE PICU: PROSPECTIVE SURVEY OF PT DEMOGRAPHICS & OUTCOMES AT 7 ENGLISH PICUS (BROWN ET AL 2008)

- 332 patients admitted consecutively into 7 PICUs
- 16% admitted from a police station
- 6% admitted from the CJS (Prison or Court)
- Stayed twice as long in the PICU bed (67 vs 33 days)
- Waited longer for transfer (16 vs 8 days)

**WHAT KIND OF WORK  
DO WE DO ON OUR  
UNIT AT THE  
INTERFACE WITH THE  
CRIMINAL JUSTICE  
SYSTEM?**

# POLICE

- Admission of S136 patients who need secure intensive care
- Ongoing collaboration with police liaison officer
- Reporting and following up any criminal activity that takes place during admission
- Fitness to be interviewed and detained
- Getting patients to the police station
- (Work with the Police Liaison & Diversion Scheme)

# COURTS

- Reporting to the court:
  - Fitness to plead and stand trial
  - Advice around sentencing
  - Mental condition at the time of the offence
- Oral evidence to the courts
- Working with the Court Liaison Scheme
- Getting patients to court
- Training the judiciary

# PRISONS

- Assessing remanded and convicted prisoners
- Working with the prison mental health teams to transfer patients back to prison (healthcare)



# OTHERS

- Working with the MofJ, Probation, and within MAPPA
- Guidance for less secure services re CJS processes
- For difficult-to-manage patients, act as a point of liaison for less secure, less acute and less intensive mental health care services and the CJS
- Unit & Trust policy development around interface issues (CJS/Forensic)

# THAMES MAGISTRATES COURT LIAISON SERVICE

- One SpR + psych/nurse + admin support
- Half a day per week
- Referrals from the Court, Solicitors, Court Mental Health Workers (Together), Prison, Gaolers, CMHTs
- SpR's Log



***Oh here he is  
(gaol staff, as they gesture to five  
waiting solicitors)***

***In discussions with legal staff, I  
often find I have completely differing  
priorities .. and many things are  
beyond my control (SpR)***

***Psychiatrists always say that ... You gonna section him then!  
(solicitor)***

***You **really** don't think he's unwell? (gaoler)***

***Why can't he go to hospital now! (solicitor)***

***This man's been in prison for 48 days and nothing appears to have  
been done ...(district judge)***

# COURT LIAISON ACTIVITY

- 91 pt contacts (M:F=78:13) over 52 sessions
- A wide range of offences
- Estimated 7 admissions to the 5 PICU beds over 18 months, others have been redirected to forensic (2), general adult wards (1) or other PICUs (7)
- Around half of the PICU admissions from Court or Prison have had contact with CLS
- Much more liaison than diversion!
- Over 40 episodes of onward referral to/liaison with Prison Mental Health Services

# OUTCOMES RESEARCH IN COURT LIAISON & DIVERSION

- 2008: 130 schemes in E&W
- Increase identification rates of mental disorder 4x
- Reduce the time from arrest-admission 7x
- Successful schemes need direct access to beds
- Diversion to hospital could also be an effective crime reduction strategy
- 19 schemes in London
- 1 in 10 clients coming through a scheme will need a hospital transfer (7-25%)

# **STANDARDS, GUIDANCE & POLICY**

*Mental Health Policy  
Implementation Guide*

National Minimum Standards for General  
Adult Services in  
Psychiatric Intensive Care Units (PICU)  
and Low Secure Environments

## 2002 Minimum Standards

**Remit:**

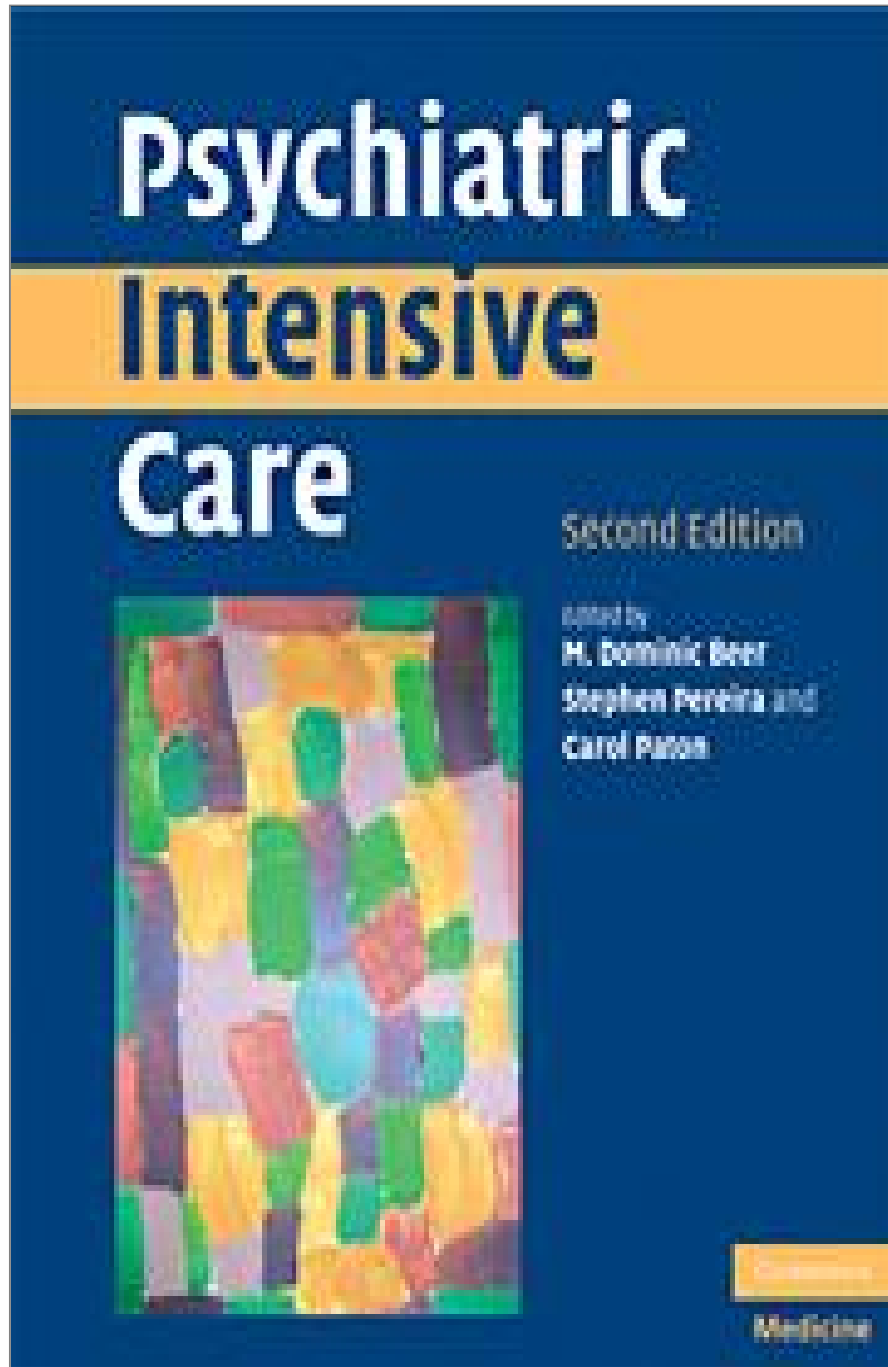
**To agree standards for  
PICU and LSU services**

**Identify general good  
practice guidance for  
each of the standards**

**What do the Minimum  
Standards have to say  
about the interface with  
the Criminal Justice  
System?**

- Chapter 11: Liaison With Other Agencies  
Links should be made with legal/judicial agencies
- Chapter 12: Policies and Procedures  
Policies specific to the PICU/LSU environment should be developed to include legal and other issues  
&  
Interface with the courts and the CJS is a recommended area for policy and procedure development
- Appendix 5; Standard 12: Policies & Procedures  
Legal and other Issues – Police interviews & sharing information



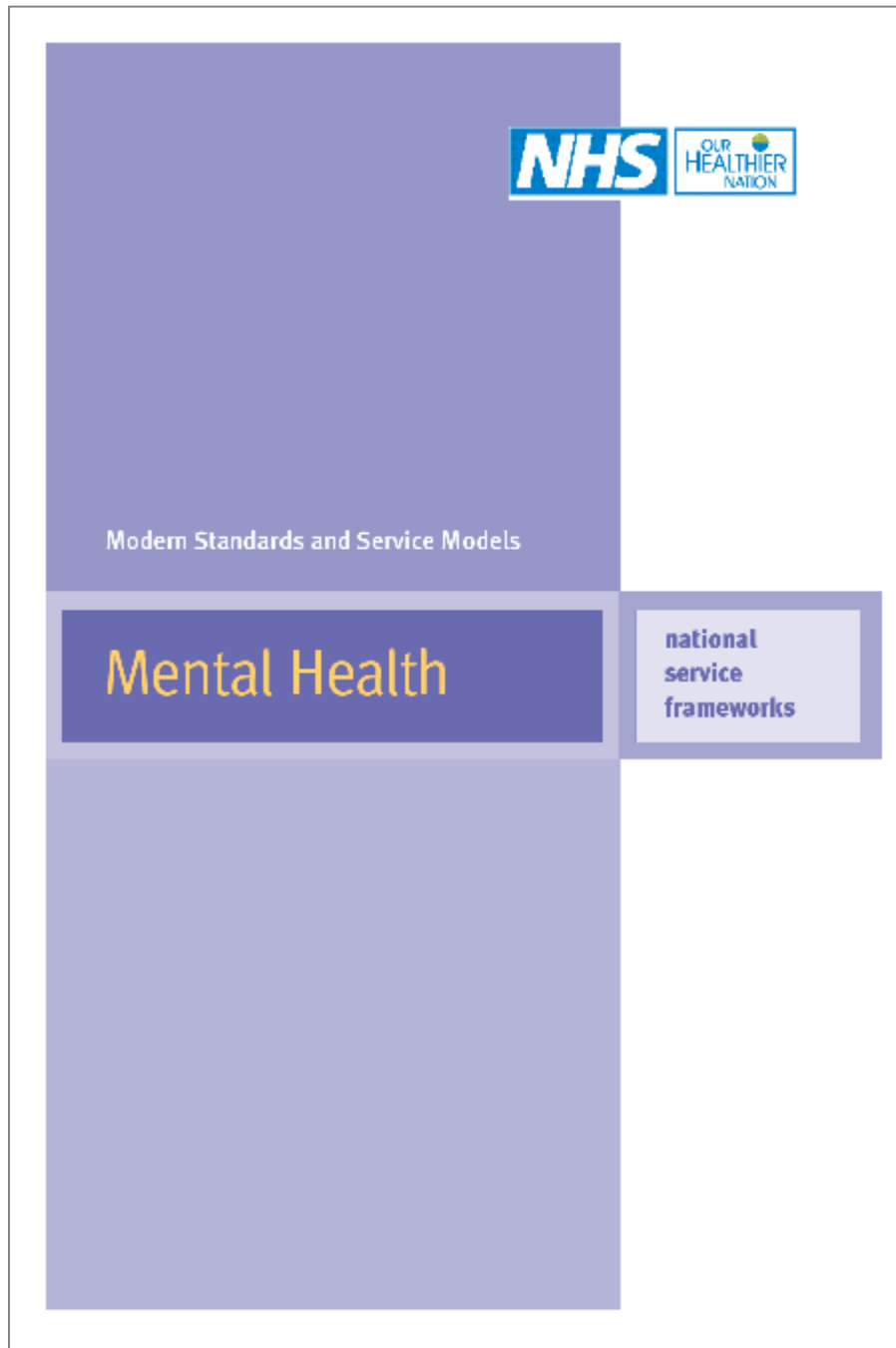


**2001 First Edition**

**2008 Second Edition**

**Chapter 14:**

**Specifically addresses  
the areas of interface  
with forensic  
psychiatry services  
and highlights the  
interdependence ...**



## **(1999) National Service Framework for Mental Health**

**Set out the standards and service models for mental health for 10 years**

**All local agencies, including police, need to be able to access mental health services, including secure services, for 24 hours a day**

**Levels of security are described in the glossary**

...

# The Bradley Report

Lord Bradley's review of people with  
mental health problems or learning  
disabilities in the criminal justice system

April 2009



**2007** Lord Bradley asked to undertake the independent review in the aftermath of the Lord Carter's Review of Prisons

## **Initial Remit:**

**Examine the extent to which Offenders with mental health problems or LD could be diverted and the barriers ...**

**Make recommendations to the Govt, In particular on the organisation of effective court liaison and diversion services ...**

## **Broadened Remit:**

**To look at the whole of the CJS pathway**

## Bradley Report Published on the 30<sup>th</sup> April 2009



**Report made 82 recommendations relating to interventions, services and structures linked to the offender pathway**

**The Government's response followed ...**

# The Government's Response

- National accountability for the Bradley Report's Agenda (NPB & NAGs)
- Both NPB and NAGs should already be in place
- NPB feeds into the Govt's wider strategy for the health and social care of offenders (publ in Nov 2009)

# POLICE

Accepted

- Agreed protocol on the use of S136
- Police station should no longer be the place of safety
- NHS and Police should explore the feasibility of transferring commissioning responsibilities for healthcare in police custody suites (NPB to report back by Apr 2010)

# COURTS

## Accepted

- SLAs for the provision of psychiatric reports
- SLAs to be developed to ensure the necessary mental health requirements for community orders are available

## Accepted in Principle

- Need for an investigation into the services available via the courts to defendants with a dual diagnosis

# PRISON TRANSFER

## Bradley recommended

- DoH have a target for the NHS of 14 days to transfer a prisoner with acute, severe mental illness to an appropriate healthcare setting ...

## Under Review

- Agrees with the goal behind this rec
- It is under review and has not been rejected outright!



# LOW SECURE & MEDIUM SECURE

## Accepted in Principle

- DoH should expedite planned work on assessing the quality of security at low and medium secure units ...
- NPB will consider the steps needed and report back by Apr 2010

# CRIMINAL JUSTICE MENTAL HEALTH TEAMS

## Accepted in Principle

- A new model of liaison and diversion services to be developed by the NPB
- Govt agrees that every police custody suite and court should have access to mental health liaison and diversion services

## Under Review

- CJMHTs to be included in the Central MH Contract

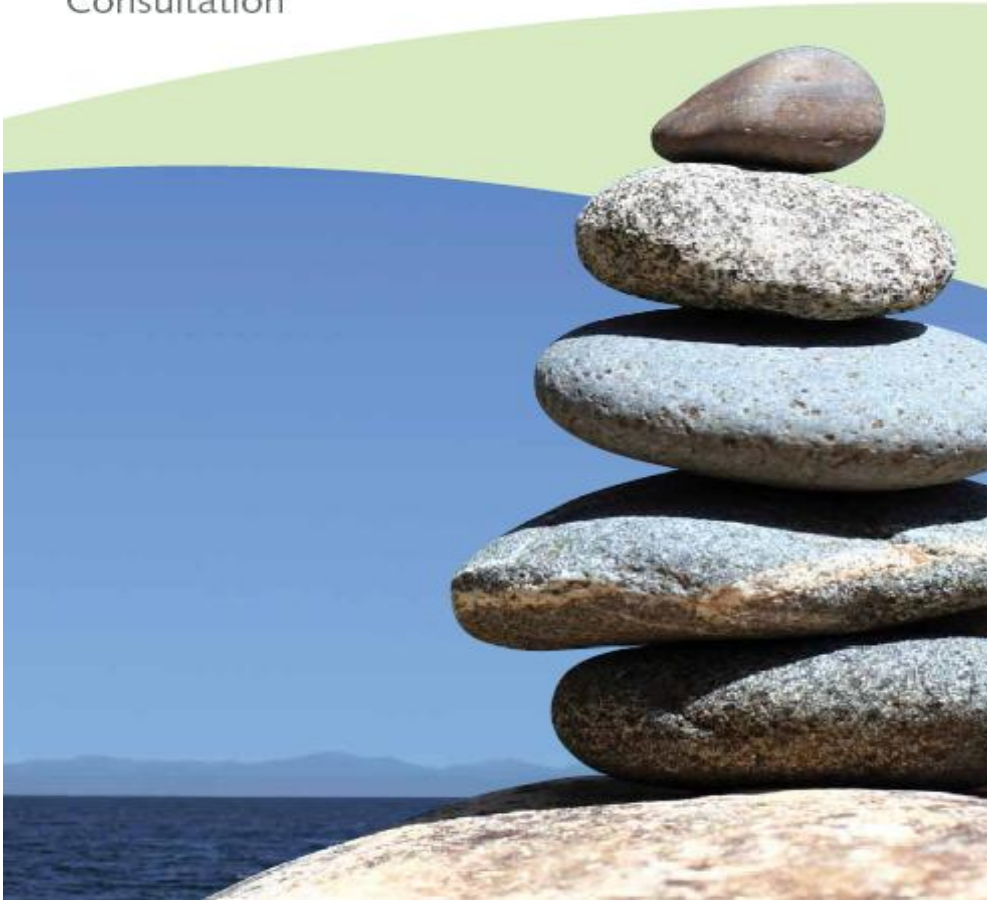
# WANT MORE INFORMATION?

- Department of Health Website  
Lord Bradley's Review of People with Mental Health Problems or Learning Disabilities in the Criminal Justice System
- Ministry of Justice Website  
Lord Bradley's Review of People with Mental Health Problems or Learning Disabilities in the Criminal Justice System: Government's Response
- Sainsbury Centre for Mental Health Website  
Briefing 38: The Bradley Report and the Government's Response. The Implications for Mental Health Services for Offenders

New Horizons

## Towards a shared vision for mental health

Consultation



**(July 2009) New Horizons**

**Supersedes the NSF for Mental Health**

**Improving the quality and accessibility of services , and enabling the SHAs to deliver their regional visions, in a way that reflects the changed nature of the NHS**

**Public Consultation Closes on 15 October 2009**

**Get involved and set the direction of mental health service development for the next 10 years**

- Laying the Foundations & Better Mental Health Care for Adults (p35, p72)

Lord Bradley's Review has recommended improved identification and treatment of mental health problems in offenders

- Better Mental Health Care for Adults: Offender Mental Health Care & Secure Services (P72-73)

The Govt has accepted the responsibility of making Lord Bradley's vision a reality:

- Need for reform and better connected services
- Greater diversion of offenders from courts and police custody
- Joined up health and CJS commissioning
- Shorter time for transfer to secure care
- Improved pathways of care for patients in secure services

- Better Mental Health Care for Adults: Acute Care (P64-66)

After mentioning Star Wards it says:

A continuing focus on patient safety as a key component of quality will aim to reduce absconding

... further sub-specialty development is likely, building on the success of PICUs

... The DoH will continue to support local services in building on initiatives such as the RCPsych AIMS accreditation scheme and the Star Wards project.

[www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_103144](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_103144)

**Do go to the website and  
answer the consultation  
questions!**

**THANKS FOR LISTENING**