This is one of a series of papers setting out the desired standards (i.e. the necessary skills and arrangements), which should be present when working with mentally disordered offenders. The ‘standards’ will apply to different points of intervention in the criminal justice process where there is an interface between the criminal justice system and that of health and social care.

The aim of this series is to identify the skills, resources, and strategic and operational arrangements necessary to achieve effective and appropriate outcomes for mentally disordered offenders and those agencies working with them.

It is not the purpose of the papers to explore how these skills and arrangements should be developed or established. Rather, their purpose is to state what should be in place and [the standards] can be used by agencies and areas as a checklist against which their services and the skills of their practitioners can be measured.

Each standard will:

- describe the relevant ‘point of intervention’ and the possible outcomes;
- identify the key practitioners, agencies and organisations;
- identify the desired and relevant skills required by practitioners to achieve an effective outcome;
- identify the necessary resources;
- identify the appropriate strategic arrangements;
- identify the appropriate policies and operational protocols.

For the purpose of this series, a mentally disordered offender is defined as:

“Those who come into contact with the criminal justice system because they have committed, or are suspected of committing, a criminal offence and: who may be acutely or chronically mentally ill; those with neurosis, behavioural and/or personality disorders; those with learning difficulties; some who, as a function of alcohol and/or substance misuse, have a mental health problem; and, any who are suspected of falling into one or other of these groups. It also includes those in whom a degree of mental disturbance is recognised, even though that may not be severe enough to bring it within the criteria laid down by the Mental Health Act 1983, and those offenders who, even though they do not fall easily within this definition – for example, some sex offenders and some abnormally aggressive offenders – may benefit from psychological treatments.”

1 Standard 1 ‘Initial Contact with the Police’; Standard 2 ‘At the Police Station; Standard 3 ‘At the Court’; Standard 4 ‘At Prison’.
All 4 are available online at http://www.nacromentalhealth.org.uk.
AIMS

To achieve effective resettlement and rehabilitation in the community for offenders with mental health needs, as well as ensuring personal and public safety.

To ensure that offenders' health and social care needs are met.

IN THE COMMUNITY

Mentally disordered offenders are entitled to the same arrangements as other mentally disordered persons in the community. All agencies likely to be involved in a person’s care and treatment in the community should ensure that a care package is drawn up in conjunction with the individual and his or her carers and family. Carers should also have their own care plan.

If the person is subject to a community ongoing or ongoing supervision by the probation service, then this may be the agency which will co-ordinate the plan. Other important agencies are likely to be health, social services, housing, drug and alcohol services, and employment or training services.

Mentally disordered offenders are likely to have complex needs and, therefore, a multi-agency approach is necessary to provide effective and appropriate interventions. The aim should be to achieve effective resettlement in the community by meeting the person’s health and social care needs, as well as addressing their offending behaviour.

WHO IS INVOLVED

The key agencies are likely to be from health, social care and probation. A person has a right to Effective Care Coordination (ECC) if they are under the care of secondary mental health and social services.

If the person is subject to ECC they will have a Care Co-ordinator. For Standard ECC\(^2\) the professional receiving the referral carries out an assessment of all aspects of risk and need and will act as Care Co-ordinator. An assessment will be made and a care plan drawn up and agreed setting out the person’s care needs and what services will be provided. For Enhanced ECC\(^3\) the Care Coordinator will coordinate the assessment of risk and need. In this instance, the Care Co-ordinator will be agreed in a multi-disciplinary review and could be from any of the agencies working with the person.

The Care Co-ordinator is responsible for the ongoing monitoring of the persons’ situation and for referring on to any appropriate agencies and setting dates for reviewing the care plan.

Service users detained under sections 37, 47 and 48 of the Mental Health Act who are subsequently discharged from hospital must be offered aftercare by the relevant local authority under s117 of the Act. Arrangements for aftercare must be detailed in

\(^2\) Standard ECC applies when the person requires the support or intervention of one agency or discipline, or require, only low key support from more then one agency.

\(^3\) Enhanced ECC applies when the person has multiple care needs requiring inter-agency co-ordination, and are in contact with a number of agencies.
the care plan. All conditionally discharged restricted\(^4\) patients are subject to strict conditions relating to their aftercare in the community. Social workers or probation officers are responsible for acting as a social supervisor in such cases. It is important that the social supervisor liaises with the Home Office, discharging hospital, after-care team and any other key agencies involved in the person’s care. The social supervisor should regularly monitor the person including making regular visits to his or her living accommodation and talking with family and/or other carers.

Guardianship orders can be made by the court under s37 of the Mental Health Act which enable the local authority or other responsible person to decide where a patient shall live. These can also require the service user to attend appointments for the purpose of medical treatment, occupation, education or training and require that a doctor or approved social worker, or other specified person must be given access to the person under Guardianship. These last for up to six months and can be renewed. However, these are little used in practice as the powers are not a way of enforcing treatment as there is no requirement that any medical treatment be accepted.

Health provision may be from a Community Mental Health Team (CMHT), an Assertive Outreach Team (for those individuals who are difficult to engage), or from a Crisis and Home Treatment Team for those occasions when the person is in distress.

The person’s General Practitioner (GP) is a key individual who will provide primary care, prescribe treatments, and facilitate assessments when necessary. Unfortunately, many offenders are not registered with a GP or may have been discharged from a practice due to their behaviour.

Many mentally disordered offenders have complex needs, which includes needs as a result of drug and alcohol use. Involvement with drug and alcohol services, commissioned through the local Drug Action Team (DAT), is likely to be a high priority.

Courts are able to make a community order which is relevant to that particular offender and the crime they committed. The court may direct an offender to undergo mental health treatment as part of a community order. However, community orders with mental health treatment conditions attached are rarely used. Nacro’s survey\(^5\) of criminal justice mental health liaison and diversion schemes found that courts were less likely to follow their recommendations to treat in the community than recommendations to divert to hospital.

If the person is subject to a community order (with or without mental health treatment conditions) or subject to ongoing supervision in the community following release from prison the probation service will be the key agency involved. This may include the probation officer working closely with: specialist services for mental health, domestic violence, and sex offenders; Public Protection Teams; Specialist Drug Teams; and, Accredited Programmes to address offending behaviour. Supervision by the probation service is subject to strict National Standards that require regular contact between the probation officer and the offender. Failure to abide by the conditions laid down by the probation officer may mean that the offender returns to Court in breach action. This can result in re-sentencing, including a custodial sentence. The probation

\(^4\) Someone who has been subject to a *Restriction Order* (s41 of the Mental Health Act, 1983) may be discharged from hospital, subject to conditions imposed by the Home Office

service may also provide accommodation for the person in a probation hostel or in partnership with a housing provider.

Police Community Officers and Police Community Support Officers (PCSO)\(^6\) have active engagement with local communities. As such they can play an important role in altering health and social care if they become aware that the person’s health is deteriorating and that early intervention is needed. This is especially the case if the person’s initial or previous involvement with mental health services has been via the criminal justice system. Alternatively, police community officers may have to respond to incidents which might result in arrest or detention under Section 136 of the Mental Health Act 1983\(^7\).

Housing is a key element in an offender’s successful resettlement in the community and rehabilitation. Local Authority Housing Departments provide general needs and older person accommodation within their county boundaries. Anyone over the age of 18 and with a local connection – either their own or through immediate family - can usually register for mainstream housing. Applications may also be accepted from people under that age if they have a dependent child or with special circumstances.

A number of Housing Associations provide mainstream housing and may also offer support to vulnerable tenants. Some Housing Departments have partnerships with voluntary sector organisations to provide supported housing units as well as advise and support people with mental health problems, or to provide tenancy support workers to work with vulnerable tenants. Key professionals will be housing advice workers, housing support workers, and members of the Supporting People Programme.

Employment and/or training is another key element in an offender’s successful resettlement in the community and rehabilitation. Employment advisors – in particular Job Centre Plus and New Deal staff – will assist the person in exploring employment and training opportunities. They will also assist them in writing CVs, completing job application forms and advising on interview technique.

Benefits agency staff will be key to ensuring that the person receives any benefits to which they are entitled and to assist them in making claims.

The voluntary sector plays an important role in meeting a person’s needs in the community: as a housing provider; as day centres and leisure opportunities; as a training provider; as an employer; and, through volunteering opportunities.

Services for women and people from Black and Minority Ethnic (BME) communities will also be key in meeting the specific needs of people from these groups.

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\(^6\) PCSOs do not have the same powers as police officers

\(^7\) See Standard 1 ‘Initial Contact with the Police’ for a fuller explanation of police powers.
WHAT IS NEEDED

Individual Skills

For health and social care staff, generally, these would include:

- risk assessment and risk management skills

- knowledge of local services and how to access them eg, community mental health teams, drug/alcohol teams, day care services, crisis teams etc including voluntary sector provision and specific services for Black and Minority Ethnic services users and women

- knowledge of the Mental Health Act 1983 and Codes of Practice

- working knowledge of the criminal justice process and how to access criminal justice agencies

- knowledge of the Rehabilitation of Offenders Act 1974 and issues around disclosing criminal convictions

- understanding the need for close liaison with patient, Care Co-ordinators, social supervisors and other agencies involved in the person’s care

- training on working with mentally disordered offenders

- Equality and Diversity training to understand the specific needs of women, people from Black and Minority Ethnic communities, and other disadvantaged groups

For Care Co-ordinators these would include:

- understanding the need for close liaison with the service user, family and other carers and other agencies involved in their care

- risk assessment and risk management skills

- knowledge of local services and how to access them eg, community mental health teams, drug/alcohol teams, day care services, crisis teams etc including voluntary sector provision and specific services for Black and Minority Ethnic services users and women

- knowledge of the Mental Health Act 1983 and Codes of Practice

- working knowledge of the criminal justice process and how to access criminal justice agencies

- knowledge of the Rehabilitation of Offenders Act 1974 and issues around disclosing criminal convictions

- training on working with mentally disordered offenders

- Equality and Diversity training to understand the specific needs of women, people from Black and Minority Ethnic communities, and other disadvantaged groups
For Social Supervisors these would include:

- risk assessment and risk management skills
- understanding the need for close liaison with the service user, their family, Home Office Mental Health Unit, aftercare team and discharging hospital
- knowledge of the guidance notes for social supervisors
- knowledge of, and good liaison with, community-based services including substance misuse services, accommodation providers, employment and education providers; advice services
- knowledge of local services and how to access them eg, community mental health teams, drug/alcohol teams, day care services, crisis teams etc including voluntary sector provision and specific services for Black and Minority Ethnic services users and women
- knowledge of the Mental Health Act 1983 and Codes of Practice
- working knowledge of the criminal justice process and how to access criminal justice agencies
- knowledge of the Rehabilitation of Offenders Act 1974 and issues around disclosing criminal convictions
- training on working with mentally disordered offenders
- Equality and Diversity training to understand the specific needs of women, people from Black and Minority Ethnic communities, and other disadvantaged groups

For drug and alcohol workers these would include:

- mental health awareness training including learning disability
- knowledge of local mental health services and how to access them
- knowledge of appropriate local voluntary sector providers including specific services for Black and Minority Ethnic service users and women
- knowledge of, and good liaison with, community-based services including substance misuse services, accommodation providers, employment and education providers; advice services
- knowledge of the criminal justice process and how to access criminal justice agencies
- Equality and Diversity training to understand the specific needs of women, people from Black and Minority Ethnic communities, and other disadvantaged groups

For probation staff these would include:

- mental health awareness training including learning disability
- risk assessment and risk management including risk of suicide and self-harm
- knowledge of the Mental Health Act 1983 and Codes of Practice
- knowledge of local mental health services and how to access them
- Equality and Diversity training to understand the specific needs of women, people from Black and Minority Ethnic communities, and other disadvantaged groups
- knowledge of appropriate local voluntary sector providers including specific services for Black and Minority Ethnic service users and women
- knowledge of, and good liaison with, community-based services including substance misuse services, accommodation providers, employment and education providers; advice services

For police officers – in particular community officers and PCSOs - these would include:

- basic mental health awareness including learning disability
- risk assessment skills
- knowledge of local services and how to access them e.g. community mental health teams, drug/alcohol teams, crisis teams, criminal justice mental health liaison teams etc.
- awareness of their powers of arrest
- awareness of their powers under the Mental Health Act 1983
- Equality and Diversity training to understand the specific needs of women, people from Black and Minority Ethnic communities, and other disadvantaged groups

For Housing staff these would include:

- mental health awareness training including learning disability
- risk assessment skills including risk of suicide and self-harm
- knowledge of local mental health services and how to access them
- knowledge of appropriate local voluntary sector providers including specific services for Black and Minority Ethnic service users and women
- knowledge of, and good liaison with, community-based services including substance misuse services, accommodation providers, employment and education providers; advice services
- knowledge of the criminal justice process and how to access criminal justice agencies
Equality and Diversity training to understand the specific needs of women, people from Black and Minority Ethnic communities, and other disadvantaged groups

For employment advisors, training advisors and providers, and benefits advisors these would include:

- mental health awareness training including learning disability
- risk assessment skills including risk of suicide and self-harm
- knowledge of local mental health services and how to access them
- knowledge of appropriate local voluntary sector providers including specific services for Black and Minority Ethnic service users and women
- knowledge of, and good liaison with, community-based services including substance misuse services, accommodation providers, employment and education providers; advice services
- knowledge of the criminal justice process and how to access criminal justice agencies
- knowledge of the Rehabilitation of Offenders Act 1974 and issues around disclosing criminal convictions
- Equality and Diversity training to understand the specific needs of women, people from Black and Minority Ethnic communities, and other disadvantaged groups

For voluntary sector staff these would include:

- mental health awareness training including learning disability
- risk assessment skills including risk of suicide and self-harm
- knowledge of local mental health services and how to access them
- knowledge of appropriate local voluntary sector providers including specific services for Black and Minority Ethnic service users and women
- knowledge of, and good liaison with, community-based services including substance misuse services, accommodation providers, employment and education providers; advice services
- knowledge of the criminal justice process and how to access criminal justice agencies
- knowledge of the Rehabilitation of Offenders Act 1974 and issues around disclosing criminal convictions
- Equality and Diversity training to understand the specific needs of women, people from Black and Minority Ethnic communities, and other disadvantaged groups
Resources

- a Directory of Services including information on local mental health and social care services, accommodation providers, employment and training providers, and voluntary sector organisations
- a copy of “Notes for the Guidance of Social Supervisors” Home Office, Department of Health, Welsh Office 1997
- information on how to access services
- the use of ‘Crisis Cards’ to be carried by service users to help identify nominated friend or carer
- Crisis House
- 24 hour Crisis Service including Crisis and Home Treatment Team(s)
- a range of ‘places of safety’ to allow for the most appropriate option to meet the need of the individual detained under Section 136 of the Mental Health Act 1983

Strategic Arrangements

- a Mentally Disordered Offenders Group to oversee current arrangements and develop new initiatives to meet the needs of mentally disordered offenders resident in the community and those agencies working with them. The Group should include representation from: service users; BME service providers; and, specific services for women.
- a multi-agency training group to consider the training needs of all community-based practitioners likely to come into contact with mentally disordered offenders. The group should include representation from: service users; BME groups; and, specific services for women.
- a Section 136 of the Mental Health Act 1983 Monitoring Group to oversee the arrangements for the use of s136 including identifying trends and gaps in services and to review operational policies and protocols. The group should include representation from service users; BME communities (who may be over-represented in s136 detentions); and specific services for women (who may also be over-represented in s136 detentions)

Policies and protocols

- Section 136 of the Mental Health Act 1983 – a joint agreement between the police, health, and social services. This should define: the designated ‘place of safety’ (if there is more than one designated place it should also define the criteria used to ascertain which place of safety is used in which circumstances); police responsibilities if the ‘place of safety’ is not the police station; the process of assessment including target response times by all relevant practitioners; the possible outcomes; and, arrangements for returning a person to the community if admission is not the desired outcome. The policy should also include how the use of this section is to be monitored.
- Sharing of Information – a joint agreement between all relevant agencies working with mentally disordered offenders including housing providers, employment and training providers, and voluntary sector organisations

- Recording and Monitoring – to understand the numbers of mentally disordered offenders and/or people detained under Section 136 of the Mental Health Act 1983; to identify pressures both on services and on points of intervention within the criminal justice system; to identify trends and gaps in services; and, to assist in reviews operational policies and protocols

- Conveying – a joint agreement between the police, social services, and the ambulance trust on transport arrangements, risk assessment, and personnel involved. This would include criteria on when the police are involved with such arrangements

- Admission to hospital – a joint agreement between health, primary care, and social services

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