



# **An overview of mental health and the criminal justice system in Warwickshire**

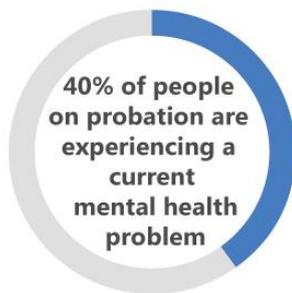
June 2017

A report produced by the Insight Service



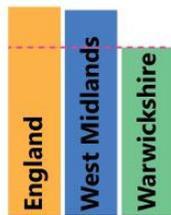
# 1. Key Findings

## Nationally...



BME groups are 40% more likely to access mental health services via a CJS gateway

## Within Warwickshire...

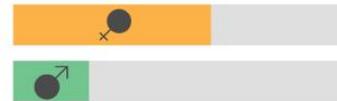


Warwickshire has a smaller rate (per 100,000) of first time offenders compared with England and the West Midlands

250 people were detained by Warwickshire



Police using s.136 of the Mental Health Act (2015/16)



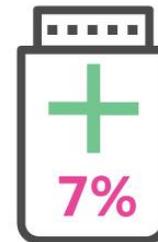
60% of females on the Warwickshire NPS caseload had a history of mental health difficulties, compared with 23% of males



Almost half of all offenders in the Warwickshire NPS caseload, were identified as having psychological/depression concerns



1 in 3 offenders in the Warwickshire NPS caseload were identified as having personality difficulties



7% of offenders on the Warwickshire NPS caseload were on medication for their mental health problem

Abbreviations: BME- Black Minority Ethnic Groups, NPS- National Probation Service, CJS- Criminal Justice System

Sources: Warwickshire Police, NPS Warwickshire, PHE Fingertips, Centre for Mental Health, Ministry of Justice, Department of Health



## **2. Introduction**

Adults in contact with the criminal justice system (CJS) experience poor mental and physical health, with health inequalities well above average for this cohort when compared to the general population. The mental health needs within this cohort are complex, with many offenders suffering from co-morbidity. Research has indicated that up to 40% of people on probation are experiencing a current mental health problem<sup>1</sup>. Further research found 13.6% of the total probation population were in contact with the local mental health trust, with the proportion higher amongst female offenders (19.6%)<sup>2</sup>. Moreover, a survey examining health of offenders on community orders found that 35% had a formal mental health diagnosis and 29% reported having a current mental health problem. For female offenders the proportion reporting a current problem was much higher (46%)<sup>3</sup>, demonstrating gender inequalities within the offending population. Inequalities also exist within Black and Minority Ethnic groups (BME), with these groups over-represented in the offending population; also BME groups are 40% more likely to access mental health services via a CJS gateway<sup>4</sup>. Data on police contact with people with mental health problems suggest that between 15-40% of police contacts are with people with mental health problems and related vulnerabilities<sup>5</sup>.

Clinical Commissioning Groups (CCGs) are responsible for commissioning services for people in contact with the CJS as members of the wider community. It is widely accepted that many of the health problems experienced by offenders are exacerbated by difficulties in accessing the services in place to help address their needs. The term 'offender' denotes an individual who has been convicted in a court of law as a result of committing a crime, violating a law or transgressing from a code of conduct.

**Aim: The report aims to provide an overview of the mental health and offending picture in Warwickshire, highlighting the prevalence of mental conditions/concerns amongst offenders in the Warwickshire population.**

Objectives:

- Provide the national and local strategic/policy context regarding mental health amongst offenders
- Provide an overview of mental health in Warwickshire, with comparisons to national figures
- Provide an overview of the offending profile in Warwickshire
- Provide an overview of criminal justice services in Warwickshire
- Using service level data, illustrate the mental health and well-being needs of Warwickshire adults in contact with CJS
- Identify data gaps and limitations

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<sup>1</sup> Centre for Mental Health (2012) Briefing 45: Probation services and mental health. London: Centre for Mental Health.

<sup>2</sup> Keene, J., J. Janacek and D. Howell (2003) 'Mental Health Patients in Criminal Justice Populations: Needs, Treatment and Criminal Behaviour', *Criminal Behaviour & Mental Health* 13(3): 168-78.

<sup>3</sup> Cattell, J., Mackie, A., Prestage, Y. and Wood, M. (2013) Results from the Offender Management Community Cohort Study (OMCCS): Assessment and sentence planning. London: Ministry of Justice

<sup>4</sup> Bradley K. (2009) The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the Criminal Justice System: London: Department of Health.

<sup>5</sup> Home Office (2014) Supporting vulnerable people who encounter the police: A strategic guide for police forces and their partners.



Groups that will be covered in this report include adults (aged 18 and over) in contact with the CJS, including people who are:

- In police custody
- Released from prison and in contact with Warwickshire National Probation Service (NPS)

As there are no prisons within Warwickshire, and the commissioning of healthcare within prison comes from NHS England, Warwickshire residents in prison will not be covered in this overview. Children and young people (aged 18 and under) are also not covered in this overview, nor are people who are in contact with the criminal justice system solely as the result of being a witness or victim.

### **3. Policy/ Strategic Context**

#### **3.1 The National Policy/ Strategic Context**

##### **The Offender Rehabilitation Act and Probation Service Reforms (2014)**

Prior to the **Offender Rehabilitation Act (ORA)**<sup>6</sup> post-release supervision was not provided to non-statutory offenders (offenders receiving a maximum custodial sentence of 12 months). However from 1<sup>st</sup> February 2015, all offenders receiving a custodial term of more than one day were to receive a minimum of 12 months supervision after release, resulting in an increase in the number of offenders being supervised.

The **Transforming Rehabilitation: A Strategy for Reform**<sup>7</sup> dissolved the previous 35 Probation Trusts in April 2014, and set up a single National Probation Service (NPS), responsible for the management of high-risk offenders (including those subject to Multi-Agency Public Protection Arrangements MAPPA) and 21 Community Rehabilitation Companies (CRCs) responsible for the management of low to medium risk offenders in their Contract Package Area. The NPS is a public sector organisation, whereas CRCs are private and are paid by results for delivering reductions in reoffending.

**Health and Social Care Act (2012):** The introduction of the Health and Social Care Act brought about major changes to health and social care commissioning. Under the revised system, the commissioning of community health services for offenders and mental health services (assessment at arrest, advice at court, intervention as part of the Mental Health Treatment Requirement) became the responsibility of CCGs, whereas local authorities are responsible for public health and the commissioning of drug and alcohol services.

The act also made it a statutory duty for Health & Wellbeing Boards to make sure the Joint Strategic Needs Assessment (JSNA) covers the needs of the entire population, highlighting offenders as a vulnerable group with multiple and complex needs.

**Lord Bradley's Review:** The Secretary of State for Justice requested Lord Bradley undertake an independent review of the diversion of offenders with mental health problems

<sup>6</sup> Available at <http://services.parliament.uk/bills/2013-14/offenderrehabilitation.html>

<sup>7</sup> Ministry of Justice (2013) Transforming Rehabilitation: A Strategy for Reform. London: The Stationary Office



or learning difficulties away from prisons, in 2007. The Bradley Report<sup>8</sup> which was published in 2009, made a series of recommendations for service improvement, leadership and governance arrangements. The report emphasised the need for an 'all stage diversion approach', and recommended a model of liaison and diversion be rolled-out nationally. The report highlighted the pivotal role of partnership working to ensure continuity and consistency of support through user involvement and data sharing. The report also noted that engagement with services was very challenging for offenders, due to their complex and multiple needs. Likewise, the same challenge exists when services try to engage with offenders. Services tend to focus on single diagnosis, and often offenders may not meet the entry threshold, despite having complex needs.

The Centre for Mental Health later set up an independent commission which carried out a five year review on the Bradley report.<sup>9</sup> This review considered evidence and developments following the Bradley report, and re-examined the recommendations in the new context, with consideration to the new commissioning and rehabilitation landscape, including the National Operating Model for Diversion and Liaison services, which was set up in 2013 following the Bradley report.

**Improving Health, Supporting Justice: the national delivery plan of the Health and Criminal Justice Board<sup>10</sup>** guided by the original Lord Bradley review developed a five year delivery plan which sought to improve the support offered to offenders with mental health and or learning difficulties. The plan set out to improve the efficiency and effectiveness of care pathways and continuity of care, and recognised the pivotal role of stronger partnership working in achieving these goals.

**The Crisis Care Concordat<sup>11</sup>** is a major policy driver for improved partnership working between the health and criminal justice services. The Concordat provides a 47 point action plan, which aims to deliver an improved and more efficient and consistent crisis response for individuals suffering from mental health difficulties. The action plan encompasses five key areas:

- Commissioning for early intervention and responsive crisis services
- Access to support before crisis point
- Access support in an emergency
- Quality of treatment when in crisis
- Recovery and prevention of future crises

The **No Health without Mental Health Strategy<sup>12</sup>** highlighted offenders as a vulnerable group and considered offender mental health as a key priority.

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<sup>8</sup> Bradley K. (2009) The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the Criminal Justice System: London: Department of Health.

<sup>9</sup> Durcan G et al (2013) The Bradley Report: 5 Years On. London: Centre for Mental Health

<sup>10</sup> Department of Health (2009)

<sup>11</sup> Department of Health (2014)

<sup>12</sup> Department of Health (2011)



**The National Personality Disorder Strategy**<sup>13</sup> seeks to better support offenders with personality disorders, and identifies the need for better identification and assessment of such offenders.

**Other policy drivers include:**

- New Horizons: a shared vision for mental health (Department of Health, 2009)
- Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Prisoners (Ministry of Justice, 2010)
- Reducing Re-offending through Skills and Employment: Next steps (HM Government, 2005)
- Public Health and NHS outcomes frameworks (2012)
- Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012 (Ministry of Justice, HM Government)

**3.2 Local Policy/ Strategic Context**

**The Crisis Care Concordat**

In 2014 Partner organisations in Warwickshire signed a declaration on improving outcomes for peoples experiencing mental health crisis. Within the action plan for Warwickshire Partner organisations, were the following targets:

- Review 136/Place of Safety (PoS) policy to include: – police custody will only be used as PoS in exceptional circumstances e.g. unmanageably high risk to other patients, staff – If police custody used as PoS then this should be for shortest time possible (maximum 24 hrs) and assessment under the Mental Health Act should be prioritised.
- Police custody should not be used for children and young people.
- Review the current service specification for PoS to prevent people being excluded due to levels of intoxication. The service specification for PoS will need to be updated to reflect this.
- Review how often Health provided PoS is full and alternative PoS arrangements have to be sought.
- Increase awareness of alternative pathways to S136 for accessing urgent mental health care.
- Scope PoS capacity to determine how often there is insufficient capacity to meet S136 requirements and identify contingency arrangement.

**Warwickshire Health and Wellbeing Strategy** outlines a work programme aimed at providing and commissioning good information, evidence, support and resources to improve the mental health and wellbeing of people living in Warwickshire, working in partnership with key strategic groups and organisations across Warwickshire.

**4. Key Facts**

- Black and minority ethnic groups are 40% more likely to access mental health services via a criminal justice system gateway<sup>14</sup>.

<sup>13</sup> National Offender Management Service (2011) Working with Personality Disordered Offenders. London: Ministry of Justice

<sup>14</sup> Keene, J., Janacek, J., & Howell, D (2003) ..Mental health patients in criminal justice populations: needs, treatment and criminal behaviour. Criminal Behaviour & Mental Health 13.3 168-78



- 13.6 % of the total probation population were in contact with the local mental health trust, with the proportion higher amongst female offenders (19.6%)<sup>15</sup>.
- Mentally ill offenders receiving community supervision are frequently failed by services that are not geared towards the needs of this population<sup>16</sup>.
- Offenders with serious mental illness are twice as likely to fail in community supervision<sup>17</sup>.
- 49% of offenders had a previous psychiatric diagnosis and 19% had multiple diagnoses<sup>18</sup>.
- 40% of offenders on probation have a current mental health condition<sup>19</sup>.
- Data on police contact with people with mental health problems suggest that between 15-40% of police contacts are with people with mental health problems and related vulnerabilities<sup>20</sup>.

## **5. National and Local Context**

The following section provides an overview of the mental health and offending profile in Warwickshire, specifically this section will compare the levels of crimes in Warwickshire with the national average and also the level of mental health prevalence in Warwickshire, in comparison to national averages. The section will also look at what services are available, and provides an overview of such services.

### **5.1 Crime data**

In comparison to both the England and West Midlands Region figures, Warwickshire performs better on all of the crime related indicators listed in table 1. Noticeably, Warwickshire has a much lower rate of first time offenders per 100,000 populations when compared to the equivalent figures for England and the West Midlands region.

**Table 1 : Crime data**

Indicator	Period	England	West Midlands Region	Warwickshire
<b>Violent crime (including sexual violence) - rate of sexual offences per 1,000 population</b>	2015/16	1.7	1.7	1.6
<b>First time offenders per 100,000 population</b>	2015	242.4	238.6	195.4
<b>Re-offending levels- percentage of offenders who reoffend</b>	2014	25.4	25.0	21.4

*Source: PHE fingertips*

<sup>15</sup> Keene. J., Janacek. J., & Howell. D (2003) Mental health patients in criminal justice populations: needs, treatment and criminal behaviour. *Criminal Behaviour & Mental Health* 13.3 168-78

<sup>16</sup> Skeem. J.L & Louden J.E (2006) Toward Evidence-Based Practice for Probationers and Parolees Mandated to Mental Health Treatment *Psychiatric Services*.57, 3; p. 333-342

<sup>17</sup> Skeem. J.L & Louden J.E (2006) Toward Evidence-Based Practice for Probationers and Parolees Mandated to Mental Health Treatment *Psychiatric Services*.57, 3; p. 333-342

<sup>18</sup> Cohen et al (1999) Working in partnership with probation: the first 2 years of a mental health worker scheme in a probation service in Wandsworth *Psychiatric Bulletin* 23:405-408

<sup>19</sup> Centre for Mental Health (2012) Briefing 45: Probation services and mental health. London: Centre for Mental Health.

<sup>20</sup> Home Office (2014) Supporting vulnerable people who encounter the police: A strategic guide for police forces and their partners



## Crime Domain from the Indices of Multiple Deprivation 2015 (IMD)

The crime domain within the IMD measures the risk of personal and material victimisation per lower super output area (LSOA). At a county level, Warwickshire is ranked 103rd out of 152 upper-tier local authorities for this domain, meaning it is within the third least deprived areas for crime. There were 13 LSOAs from Warwickshire to feature in the top 10% most deprived areas nationally for this domain in the IMD 2015, 11 of these LSOAs are located within Nuneaton & Bedworth Borough, one within Warwick District and one within North Warwickshire Borough. Abbey Priory LSOA in Nuneaton & Bedworth Borough is ranked within the top 0.2% most deprived LSOAs for this domain.

**Table 2 Indices of Deprivation 2015- Top 10% most deprived LSOAs for the Crime domain**

LSOA Name	District	National Rank
Bar Pool North & Crescents	Nun & Bed	1,009
Hill Top	Nun & Bed	3,089
Camp Hill Village & West	Nun & Bed	2,315
Abbey Town Centre	Nun & Bed	591
Abbey Priory	Nun & Bed	56
Attleborough North West	Nun & Bed	2,690
Bar Pool West & Recreation Ground	Nun & Bed	2,374
Galley Common South East	Nun & Bed	1,188
Bar Pool East & Greenmoor	Nun & Bed	2,862
Abbey West	Nun & Bed	1,751
Poplar North West	Nun & Bed	2,541
Milverton South East	Warwick	2,328
Corley	North Warks	1,847

*Source: Department for Communities and Local Government*

## 5.2 Crime Services

### **National Probation Service (NPS)**

The NPS is a publicly owned service with the primary purpose of protecting the public through direct management of offenders who pose a high or very high risk of serious harm. The Warwickshire NPS Local Delivery Unit (LDU) works in partnership with CRC's, courts, prisons, police and private and voluntary sector organisations to effectively manage offenders. Together, the NPS and CRC's replaced the 35 former probation trusts in June 2014.

Currently, there are three NPS offender management teams located at Leamington and Nuneaton Justice Centres, with approximately 63 members of staff. The service works with offenders aged 18 and over. The NPS is responsible for:

- Initial risk assessment of all cases to determine allocation between CRC and NPS.
- All court work (incl. reports, breach work).
- Supervision of relevant offenders subject to court imposed community sentences and post release licences.



- Recalls back to custody for offenders subject to post release licences.
- Parole reports.
- Managing offenders assessed as presenting a high or very high risk of harm to the public.
- Victim Liaison work.
- Approved premises (McIntyre House in Nuneaton and Augustus House in Leamington).
- Specialist Accredited Programme group work for sex offenders and a local Personality Disorder Scheme.

The NPS also commission other services from local CRC's for the effective risk management of NPS offenders including unpaid work and the 'Through the Gate' services in custody.

### **Warwickshire & West Mercia Community Rehabilitation Company (WMM CRC)**

The Warwickshire & West Mercia CRC Head Office is located in Worcester and organised into four local delivery units (LDU's): Worcestershire, Warwickshire, Telford & Shropshire and Herefordshire. The Warwickshire LDU comprises of three specific locations: Nuneaton (incl. North Warwickshire and Bedworth), Leamington (incl. Warwick and Stratford) and Rugby. WMM CRC also provides the 'Through the Gate Resettlement Service' to HMP's Featherstone and Hewell. There are approximately 60 members of staff within the Warwickshire LDU. The service works with low and medium risk offenders aged 18 years and over, who have been sentenced by the Court to a Community Order. They also work with offenders released from prison. Other services provided by WMM CRC include:

- Individual cases referred back to the NPS where the risk of harm has increased to high
- Delivery of Community Payback and Accredited Programmes
- Rehabilitation Activity Requirement
- Supporting Victims

The CRC is focused on reducing re-offending and the contract with the Ministry of Justice incorporates a payment by results element as an incentive to achieve this. WMM CRC also provides a range of activities which aim to tackle the root causes of re-offending and changing people's behaviour. These accredited offender behaviour programme address specific offending behaviour including:

- Building better relationships (domestic abuse related)
- Drink Impaired Driver Programme
- RESOLVE (violent offender programme)
- Thinking Skills Programme

### **Office of the Police and Crime Commissioner For Warwickshire**

The Commissioner's role is to hold the Chief Constable to account, and listen to the views of the public on policing matters. The PCC also provides a Grant Scheme which aims to fund projects that will deliver "A safer, more secure Warwickshire".



## Warwickshire Police

Within Warwickshire, policing is organised into two policing areas, North Warwickshire (covering North Warwickshire, Nuneaton, Bedworth and Rugby Borough Council areas) and South Warwickshire (covering Warwick and Stratford District Council areas); each led by a local Superintendent who is responsible for Safer Neighbourhood Teams, response teams, local investigation and harm reduction. In Q4 January-March 2016 the force had 852 Police Officers, 633 Police Staff, 93 PCOs, 277 Special Constables and 57 Volunteers.

Warwickshire has two designated custody facilities across the force area, the largest is in Nuneaton. This facility has 24 cells, separated into two wings. The second custody facility is in Leamington, and has 14 cells separated into two wings. Warwickshire Police and West Mercia Police have been working together in a strategic alliance since 2012. The alliance is not a merger, since the inauguration of Police and Crime Commissioners (PCCs) in November 2012, the governance structure for both forces remains with individual PCCs, Chief Constable and Deputy Chief Constables and separate financial accounts for each force. Mental health services provided by Warwickshire Police include:

- Criminal Justice Liaison Nurse (CJLN).
- The Criminal Justice Mental Health Liaison Team (CJLN). The CJLN may assess a detainee whilst in custody and where appropriate will seek opportunities for diversion away from the CJS. They will also seek to ensure that relevant information about an offender's mental condition is made available to the courts.

A report on an unannounced inspection visit to police custody suites in Warwickshire and West Mercia by HM Inspectorate of Prisons and HM Inspectorate of Constabulary in October 2014 found that:

*'There were several providers of mental health services to the custody suites in West Mercia and Warwickshire. Only detainees in the custody suites at Leamington Spa, Nuneaton and Telford had access to mental health criminal justice workers.'*

*'In our custody record analysis, 25% of detainees said they had entered custody with mental health problems and 15% with current or previous self-harm or suicide issues. Custody staff had received training in mental health awareness as part of their induction and had access to National Centre for Applied Learning Technologies (NCALT)5 training thereafter. There were mixed views on the effectiveness of the NCALT in learning. Custody staff indicated their wish to be better briefed to help detainees. There were good links at operational level between sergeants, inspectors and nurses working in the custody suites. This good practice was replicated at a strategic level with the custody manager and managers of mental health, local authorities and ambulance services.'*

## Community Safety Partnerships (CSPs)

There are four CSPs in Warwickshire (South Warwickshire, Rugby, Nuneaton & Bedworth and North Warwickshire), which bring together a number of public services including the County Council, District and Borough Councils, Health, the Fire and Rescue Service, Probation services, the Youth Justice Service and the Police. In many cases voluntary agencies are also involved. CSPs deal with local issues like anti-social behaviour, drug or



alcohol misuse and re-offending. They annually assess local crime priorities and consult partners and the local community about how to deal with them.

### **Integrated Offender Management Scheme**

Cross-agency response to the crime and re-offending threats faced by local communities. The most persistent and problematic offenders are identified and managed jointly by partner agencies, working together to improve the quality of life in communities.

### **5.3 Mental Health Data**

Mental health incidence appears less prevalent in Warwickshire in comparison to the West Midlands region, and the England average. However, the suicide rate in Warwickshire is higher than equivalent figures for both England and the West Midlands region. This may suggest a high number of residents experience mental health difficulties but do not engage in services, and therefore are not diagnosed and consequently not captured in the data.

**Table 3 Overview of Mental Health in Warwickshire**

Indicator	Period	England	West Midlands Region	Warwickshire
Depression recorded prevalence (QOF): % of practice register aged 18+	2015/16	8.3	8.5	8.0
Concurrent contact with mental health services and substance misuse services for drug misuse: % people accessing substance misuse service	2015/16	22.1	21.4	14.2
Concurrent contact with mental health services and substance misuse services for alcohol misuse: % people accessing alcohol misuse service	2015/16	20.8	21.0	15.9
Admission for mental and behavioural disorders due to use of alcohol (rate per 100,000)	2014/15	390	350	298
Suicide (age standardised rate per 100,000 population, 3 year average)	2013-15	10.1	10.3	11.8
% Reporting long-term mental health problem (GP patient survey)	2015/16	5.2	5.4	4.4
Severe mental illness recorded prevalence (QOF): % of practice register all ages	2015/16	0.90	0.87	0.70
New cases of psychosis: estimated incidence rate per 100,000 population aged 16-64	2011	24.2	25.0	18.1
Depression and anxiety among social care uses %	2013/14	52.8	54.6	50.4
Contact with mental health or learning disability services: rate per 1,000 patients on GP practice list age 18+	2014/15	38.7	40.8	30.7
Mixed anxiety and depressive disorder: estimated % population aged 16-74	2012	8.92	8.83	7.21
Depression and anxiety prevalence (GP Patient Survey): % of respondents aged 18+	2015/16	12.7	13.3	11.0

Source: PHE Fingertips



## Mental Health Data by Clinical Commissioning Group (CCG)

- NHS Coventry & Rugby CCG (C&R)
- NHS South Warwickshire CCG (SW)
- NHS Warwickshire North CCG (WN)

Data at CCG levels allows us to compare different areas of need across the county. When considering the percentage of admissions to secondary mental health services, under the Mental Health Act both Coventry and Rugby CCG and Warwickshire North CCG had proportions higher than the England and West Midlands average. Likewise, Coventry and Rugby CCG and North Warwickshire CCG had higher rates of Mental Health Act detention on admission to hospital than England and the West Midlands. Moreover, all of the CCGs in Warwickshire had a higher rate (per 100,000) of new cases of psychosis served by early intervention when compared to the equivalent figures for England and the West Midlands Region. All of the CCGs in Warwickshire have a lower ratio of QOF and estimated prevalence of severe mental health illness when compared to the England average; this suggests diagnosis rates are higher in Warwickshire than the national average.

**Table 4 Mental Health Indicators by CCG**

Indicator	Period	England	West Midlands Region	C&R	SW	WN
<b>Mental health admissions to hospital: rate (quarterly) per 100,000 population aged 18+</b>	2015/1 6 Q2	69.8	63.1	55.9	45.0	45.4
<b>People subject to Mental Health Act: rate per 100,000 population aged 18+ (end of quarter snapshot)</b>	2015/1 6 Q2	37.9	35.7	30.6	19.0	16.7
<b>Admissions under Mental Health Act: % of (quarterly) admissions to secondary mental health services</b>	2015/1 6 Q2	25.4	28.7	32.0	25.0	44.4
<b>Ratio of QOF and estimated prevalence of severe mental illness (SMI): QOF register prevalence of SMI as a ratio of estimated prevalence of SMI*</b>	2014/1 5	2.22		2.03	1.92	1.34
<b>New cases of psychosis served by Early Intervention Teams: rate (annual) per 100,000 population aged 18+</b>	2015/1 6 Q1	26.7	28.0	58.3	29.0	36.8
<b>Mental Health QOF Prevalence: all ages</b>	2015/1 6	0.90	0.87	0.90	0.76	0.65
<b>Mental Health Act detentions on admission to hospital: rate (quarterly) of Mental Health Act detentions on admission to hospital per 100,000 population aged 18+</b>	2014/1 5 Q2	17.7	18.3	17.9	10.7	20.2

Source: PHE Fingertips

\*This is a comparison between the percentage of people registered with GPs who are on the mental health Quality and Outcomes Framework (QOF) register for mental health (schizophrenia, bipolar disorder or other psychoses or on lithium therapy) and the estimated prevalence of psychotic disorders (weighted for age, sex, need and service variables). It is expressed as a ratio which divides the QOF prevalence by the estimated prevalence.



## **5.4 Mental Health Services**

There are a number of mental health services and initiatives available in Warwickshire, including but not limited to:

### **Wellbeing for Warwickshire**

This service is delivered through a partnership between Coventry & Warwickshire Mind and Springfield Mind. Support is provided in Bedworth, Leamington, North Warwickshire, Nuneaton, Rugby, Stratford and Warwick with outreach services throughout Warwickshire. Wellbeing for Warwickshire Wellbeing Hubs provide low level/early intervention support services aiming to enhance the mental health and wellbeing of individuals aged 16 years and over and support people with on-going mental health issues living in Warwickshire. The service provides free one to one support, walk-in sessions, drop-in sessions, community outreach and workshops.

### **Warwickshire Employment Service**

Rethink delivers an Individual Placement Support (IPS) employment support service for people with mental health conditions across Warwickshire.

### **Coventry & Warwickshire Partnership NHS Trust**

Provides a range of age-independent mental health services for adults, across Coventry and Warwickshire, in both community and acute settings. Offenders may be excluded from community mental health services following risk assessment. Secure services are based at Brooklands Hospital in Marston Green, Birmingham. Most service users have a mild to moderate learning disability and are detained under a Section of the Mental Health Act. Service users will have planned, risk managed access to the community and other activities available on the Brooklands site. There are two health based PoS under Coventry & Warwickshire Partnership Trust, these are St. Michael's in Warwick, and the Caludon Centre in Coventry. St. Michael's has five wards, comprising of two acute admission wards, a psychiatric intensive care wards, health based PoS, and long stay forensic secure wards. The Caludon Centre has eight wards, including a PoS suit, four acute admission wards and one ward for people with a learning disability.

### **IAPT**

Services are available for people with mild, moderate and moderate to severe, symptoms of anxiety or depression, living in Coventry, Solihull or Warwickshire. Offenders are eligible for IAPT community counselling services; however these services are only commissioned to support people up to a certain level of risk. Therefore offenders who are known to have a history of violence will be excluded. Individuals with concurrent substance misuse are not eligible for this service. A recent study demonstrated that the presence of co-morbid personality difficulties negatively affects treatment outcomes in IAPT, with the presence of such difficulties independently predicting reduced absolute change on all outcomes<sup>21</sup>. It has been estimated that around 48% of offenders have personality disorder difficulties.

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<sup>21</sup> The impact of comorbid personality difficulties on response to IAPT treatment for depression and anxiety. Goddard, Elizabeth; Wingrove, Janet; Moran, Paul. In: Behaviour Research and Therapy, Vol. 73, 01.10.2015, p. 1-7.



## 6. Service level data

The following section looks at service level data obtained for the purpose of this report. It should be noted that there are a number of gaps in the data provided, and some of the agencies were unable to provide data due to lack of capacity and/or inconsistent recording. For contextual information Figure 1 provides an overview of the offender pathway and what sentencing options are available within the CJS.

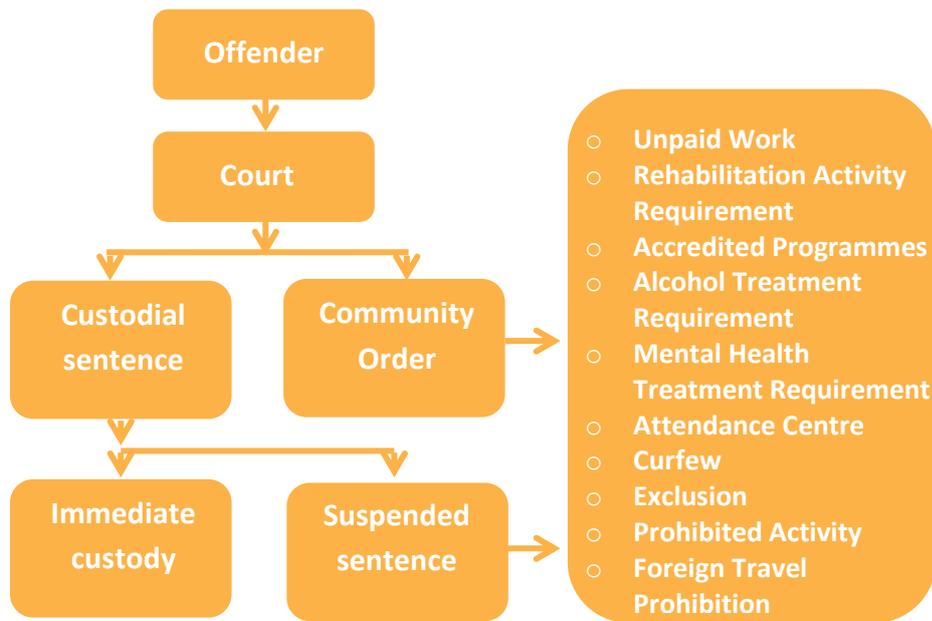


Figure 1 Offender Pathway

### 6.1 Warwickshire Police Data

#### 6.1.1 Police detentions under section 136

Individuals with a mental disorder often come into contact with the police when they are in a public place and are considered to be in need of 'immediate care and control'. In these situations the individual may be detained by the police under section 136 of the Mental Health Act 1983 and taken to a place of safety (PoS). A PoS can be a hospital, police station, mental nursing home, residential care or any other suitable place. Police officers are required to consult health professionals before detaining someone under the Act's provisions. Individuals with mental health difficulties are often in need of further support whilst in police custody, if an individual is considered mentally disordered or mentally vulnerable then an appropriate adult must be requested to provide support to the individual. A medical examination is also required. Following this, the custody officer will discuss and agree with partner agencies (including an Approved Mental Health Professional-AMHP) an exit and aftercare plan for the individual upon release from custody; this should include referral to appropriate services. The purpose of detaining a person under S.136 MHA is to assess whether they need to be detained under section 2 or 3 of the MHA for further assessment or treatment. Police custody is not considered a suitable place of safety, it criminalises vulnerable people who are in need of professional support and can heighten their anxiety and have a negative impact on their mental state. It is government policy that police custody should only be used as a PoS when all other options are unavailable.



There were 250 detentions in Warwickshire by police using s.136 in 2015/16, this was split relatively evenly between the north (124) and south (126) of the county. Of the 250 detentions, 96% were first taken to a health-based PoS. This figure has reduced by almost half (45%), when compared to the previous year. Moreover, no children or young people under 18 were detained in police custody under s.136 during 2015/16. Warwickshire Police had a higher proportion of s136 offenders taken to a health based PoS, when compared to Gloucestershire and Wiltshire Police Forces, but lower in comparison to four other Most Similar Groups (MSGs)\*.

**Table 5: Use of Section 136 of the Mental Health Act 1983 in 2015/16- Warwickshire and MSGs\***

Police Force Area	Total use of s136	Total s136 to police cells	Total s136 to health based PoS	% to police cells	% to health based PoS
Cambridgeshire	300	7	293	2.30%	97.70%
Gloucestershire	485	46	439	9.50%	90.50%
North Wales	323	10	313	3.10%	96.90%
Suffolk	358	3	355	0.80%	99.20%
Warwickshire	250	11	239	4.40%	95.60%
West Mercia	911	15	896	1.60%	98.40%

\*MSGs are groups of police force areas that are most similar to each other based on demographic, social and economic characteristics which relate to crime.

Source: Warwickshire Police

### 6.1.2 Police data for the period August-October 2016

Between August 2016-October 2016, an appropriate adult was recommended for 20 individuals detained in police custody in Warwickshire; this represents 1% of the total cohort for that time period. Moreover, assessments taken in custody during this time period show that almost one in four detainees reported to trying to harm themselves in the past. Furthermore, a health care professional was required for 345 detainees (14%), whilst just under a third of detainees reported having mental health problems (28%). It should be noted that completion of this risk assessment is not compulsory, an individual can refuse to partake which means the figures may be different if the entire detainee population was included. Moreover, this assessment is a self-assessment; actual prevalence of mental conditions may be much higher or potentially lower. Nonetheless, table 6 gives an indication of the level of mental health need in police custody.

**Table 6: Responses to risk assessment carried out in police custody in Warwickshire August-October 2016**

Month	Detention Authorised		Records where appropriate adult recommended		Records where self-harm question answered Yes		Records where health care professional required answered Yes		Records where mental health question answered Yes	
	Count	%	Count	%	Count	%	Count	%	Count	%
August	823	100%	11	1%	205	25%	131	16%	245	30%
September	824	100%	3	0%	179	22%	93	11%	215	26%
October	829	100%	6	1%	187	23%	121	15%	241	29%
TOTAL	2476	100%	20	1%	571	23%	345	14%	701	28%

\* Count of custody records

\*\*% of custody records

Source: Warwickshire Police

### 6.1.3 Snapshot police data for the period 01/08/16- 07/08/16

Table 7 provides a detailed look at the responses of detainees who answered 'yes' to the question 'do you have any mental health problems' on the risk assessment in custody,



during a one week period in August 2016. None of the text has been changed and is reported exactly as was recorded. The majority of detainees report to having depression and anxiety problems, though a number also have more severe problems such as schizophrenia. A number of detainees also reported to having Aspergers. It is evident that many offenders also have concurrent substance/alcohol misuse issues. Table 7, provides an insight into the type of issues police in the custody suites have to deal with. When we consider that table 7 provides data only covering a one week period, this highlights that mental health issues are highly prevalent amongst offenders and that the police come into contact with such offenders frequently.

**Table 7 Risk assessment free text response and HCP requested reason for detainees reporting to having mental health problems in the period 01/08/16- 07/08/16.**

Risk Assessment Free Text Response	Healthcare Professional Requested Reason
Autism and Asperger's	fitness for detention and i/v
Anxiety and Depression	Cut to side of neck that Dp has superglued
depression	
Schizophrenic Disorder - Mood Swings	schizophrenia, due various meds tonight, hasn't took
Psychosis (caused by Cannabis misuse)	dp being sick in the cell, dp has been injured during being restrained by officers, he wants to make a complaint, DP has medication that needs prescribing
depression, anxiety and having psychiatric assessment	dp states he overdosed two weeks ago and is feeling very low at the moment. FFR-medication needs to be given, anxiety and depression.
schizophrenia	dp is alcoholic, asthmatic
depression takes medication	
Bi - polar. Schizophrenia.	Mental health difficulties. need for appropriate adult
Bi - Polar.	Fit for detention (Bi-Polar) Check for seat belt bruising following single vehicle RTC
depression and anxiety	FFR- stated he sat on a railway bridge and thought about jumping off, weeks ago
Depression	Alcohol withdrawal and potential mental health issues
Depression	FFD
Asperger's	
Schizophrenia	fitness for detention after dp being taken to hospital after having possible fit
Depression	Fitness for transfer due depression and threatening to jump off a roof
Depression, anxiety and agoraphobia	MH and release
personality disorder, bi-polar, OCD	dp on various meds, heroin dependant, smoked 30 mins ago
anxiety and schizophrenia	heart problem
Depression	asthma
Depression.	
Various medical conditions, mental health issues.	full mental health assessment, dp on various meds. has hyper mania
Depression.	DP complaining of pain on wrists from handcuffs and says he needs a sleeping tablet for tonight. Dp suspected of being unfit through drugs whilst driving, DR required for Blood procedure at the Station
Depression / ADHD.	
Anxiety and depression.	taken magic mushrooms, ffd & ffi
Paranoid schizophrenia	fitness for i/v PoSsible mental health issues
im just not right,	fitness to detain fitness to interview
Anxiety	anxiety and states he has had a recent heart complaint
Anxiety	Suffers from anxiety, also various meds in locker. The DP is suspected of a



	serious offence involving children, the DP already suffers from mental health issues for which he takes the numerous meds listed on his R/A. Assessment of fitness to interview req'd.
Anxiety, depression, psychotic blackouts - brought on when he gets angry	Mental health assessment
Depression	
anxiety and depression	fitness to be detained for drug withdrawal and alcoholic and for injury crushed arm ,depression ,hypertension,angina,asthma
Depression and anxiety	Fit for Detention
Male states that he has suffered from anxiety and depression in the past. Also states that he does not like confined spaces	
Depression	
anxiety - not on any meds and no definitive diagnosis made yet	DP suffers Anxiety - DP was sick whilst being booked into custody due to anxiety - HCP to assess FFI / FFD and any anxiety meds
anxiety -	DP suffers blood disorder / Heroin user / Anxiety - Takes diazepam - States suffers fits and seizures on withdrawals from alcohol and drug withdrawal
Aspergers, depression and anxiety	Alcoholic Care Plan, Pain Relief. Alcohol Withdrawal - needs to be medicated
Schizophrenia	for fitness to detain /interview and for initial mental health assessment
Bi-Polar with psychotic tendencies Aspergers	DP arrested on a warrant and here till morning so will require meds as dp suffers Bi polar / Psychotic tendencies / Asperger's - Takes meds
PTSD	
Depression	
emotional disorder, borderline personality disorder, depression, Short term memory loss	DP suffers epilepsy and takes meds / Suffers emotional disorder / Borderline personality disorder / depression / short term memory loss / Previous for overdose / Admitted to hospital last week for attempt suicide by jumping from dridge / FFD / FFI / FFR
Anxiety/ depression - suffered with this since I was a child	Complaining of chest pain and anxiety
ALANZAPINE 20 MG Had one earlier today. anxiety and depression.	for alcoholic withdrawal and drug withdrawal
Anxiety and depression	A medical review, fitness for interview, for fitness to be detained, bruising to left elbow, small scratches to left arm, reddening to forehead for depression and anxiety
Depression	
Anxiety/ depression - on the sick for a while with this.	fit to detain/ drug withdrawal
ANXIETY / DEPRESSION	fitness to be detained and for alcoholic withdrawal, drug withdrawal, mental health assessment as well
HAS SELF HARM - SLASH TO INNER R/ARM	For his own medication for epilepsy and rash around mouth and self-harm issues
Anxiety depression. Dr declined	Alcohol care plan. For court Monday. Blood sample, alcohol to medicate - 22.00hrs appt
Depression/ anxiety	Mental health issues - fitness for detention and charge.
Anxiety	
Psychosis, depression & anxiety	MH Meds that are not with DP and fit for detention
Depression and anxiety	DP is alcohol dependent, drug dependent and has chronic lung disease, fit for courts, meds
Currently under examination by forensic psychiatrist/psychologist for mental health condition(s).	

Source: Warwickshire Police

#### 6.1.4 Mental Health Triage Pilot Scheme

A street triage pilot scheme between Warwickshire Police and West Mercia Police is currently underway; the scheme which began in October 2016, involves a senior mental



health profession (MHP) working in direct contact with the police, assessing individuals at first point of contact (street level). This has been operating under differing guises, structures and names across many regions of the UK. The Operational Command and Control Centre was considered the most appropriate location to place a MPH due to the geography of Warwickshire and West Mercia Police forces. The MHP is therefore readily available at the earliest point when the police become aware of the need for information to be shared, at the first point of contact. This set up allows for an intervention at the earliest opportunity, as people are made aware of most incidents by phone in the Command and Control Centre, enabling the MHP to be made aware of incidents either during or immediately after the phone call. The next part of the process involves information sharing between Health and Police. Following information sharing, the most appropriate care pathway can be determined for that individual, which may involve conducting an initial mental health assessment. The last part of the process involves making sure that the health agencies that have been made aware of the police incident, continue to support the care pathway and that all updates are passed on to the relevant agencies. This pilot scheme involves Coventry & Warwickshire NHS Trust and Worcestershire NHS Trust. Each trust has employed a MHP who is based Hindlip. For incidents in these areas, the practitioner will be able to access NHS records; if they are known to the service. The scheme aims to:

- Reduce Police time spent dealing with persons in crisis.
- Save Lives (other pilots have shown that the intervention of Street Triage has directly stopped a person in crisis from successfully committing suicide).
- Reduce S.136 MHA detentions in Police Custody Units.
- Reduce repeat incidents (evidence suggests access to services at an early stage, receiving appropriate care and treatment and remaining engaged with services decreases repeat incidence of crisis).

Interim data for January 2017 highlights that over half of the individuals suspected of having mental health difficulties were known the mental health services. The pilot scheme is currently in the very early stages and later evaluations/data collection will include the following specific outcome choices:

- Drug / Alcohol referral
- Request for secondary service follow up
- Signpost to primary care MH services
- S136
- Refer to Crisis

**Table 8 Street pilot scheme data January 2017**

	Yes	Yes %	No	No %	Blank	Blank %
<b>Did triage prevent further police involvement?</b>	19	4%	395	92%	16	4%
<b>S136 considered</b>	13	3%	398	92%	20	5%
<b>S136 used</b>	11	3%	400	92%	20	5%
<b>Person known to mental health services</b>	249	58%	170	39%	12	3%

*\*figures may not sum due to rounding*

*Source: Warwickshire Police*



## 6.2 National Probation Service Data (NPS)

At 18<sup>th</sup> November 2016, there were two female offenders and 34 males offenders on community sentences with mental health concerns, this represents 33% of the total NPS caseload for females on community sentences, and 19% of males on community sentences (table 9). For post release offenders, there were five females and 40 males with mental health concerns, making up 63% and 18% respectively, of the cohort for that caseload. In custody, 11 females were identified with mental health concerns (69% of that cohort), and a further 112 (28%) males were also characterised as having mental health concerns. Overall, 60% of females in the NPS Warwickshire caseload had a history of mental health difficulties or mental health concerns, and just under a quarter of males were also identified in this way. There does not appear to be a strong influence of age on mental health difficulties within this cohort. When looking at ethnicity, over a quarter of White offenders in the NPS Warwickshire caseload were identified as having a mental health difficulty, conversely the equivalent figures for Black offenders and offenders of Mixed ethnicity was 10% in both cases. For Asian offenders, 16% of the total caseload was identified as having a mental health difficulty (table 10).

**Table 9 Current adult offenders with a history of mental health difficulties or mental health concerns or suicide/self-harm risk as at 18 Nov 2016 – NPS Warwickshire by age and gender**

	Age Band	Total with mental health concerns		Total NPS Warwickshire caseload	
		Female	Male	Female	Male
Community sentences	18-21	1	3	1	14
	22-25		7	1	21
	26-35		13	1	63
	Over 35	1	11	3	81
	<b>Total</b>	<b>2</b>	<b>34</b>	<b>6</b>	<b>179</b>
	<b>% of Caseload</b>	<b>33.3%</b>	<b>19.0%</b>		
Post release	18-21		3	1	10
	22-25		7		37
	26-35		12		74
	Over 35	5	18	7	104
	<b>Total</b>	<b>5</b>	<b>40</b>	<b>8</b>	<b>225</b>
	<b>% of Caseload</b>	<b>62.5%</b>	<b>17.8%</b>		
In custody	18-21		9		23
	22-25	1	25	2	52
	26-35	5	27	8	122
	Over 35	5	51	6	199
	<b>Total</b>	<b>11</b>	<b>112</b>	<b>16</b>	<b>396</b>
	<b>% of caseload</b>	<b>68.8%</b>	<b>28.3%</b>		
<b>Grand total</b>		<b>18</b>	<b>186</b>	<b>30</b>	<b>800</b>
<b>% of total caseload</b>		<b>60.0%</b>	<b>23.3%</b>		

Source: NPS Warwickshire



**Table 10 Current adult offenders with a history of mental health difficulties or mental health concerns or suicide/self-harm risk as at 18 Nov 2016 – NPS Warwickshire by ethnicity and gender**

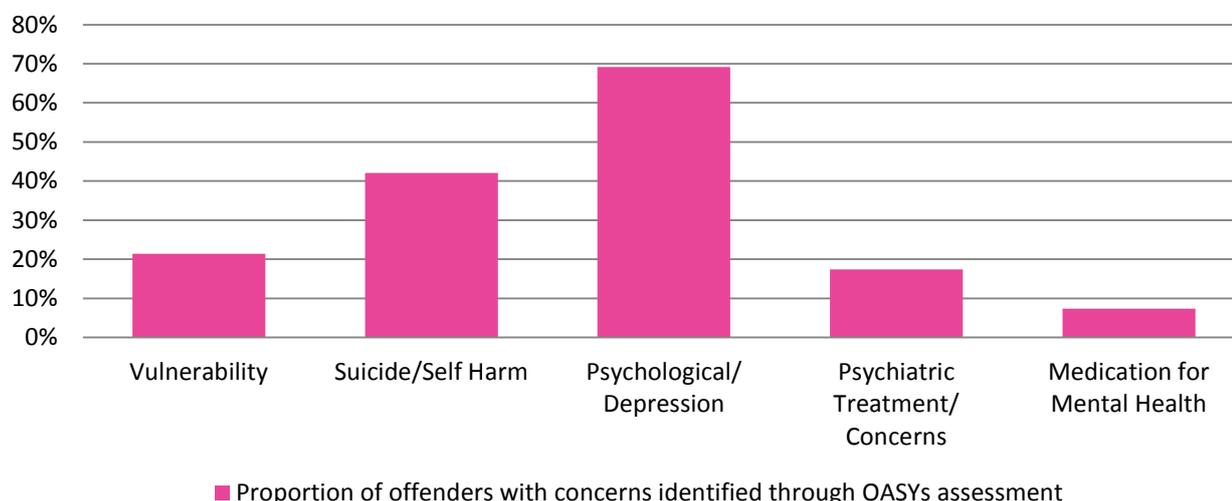
	Ethnicity	Total with mental health concerns		Total NPS Warwickshire caseload	
		Female	Male	Female	Male
<b>Community sentences</b>	Asian/Asian British		2	3	17
	Black/Black British		1		9
	Mixed				2
	Other				3
	White	1	28	3	134
	Refused		2		2
	Not known	1			12
	<b>Total</b>	<b>2</b>	<b>34</b>	<b>6</b>	<b>179</b>
<b>% of Caseload</b>	<b>33.3%</b>	<b>19.0%</b>			
<b>Post release</b>	Asian/Asian British		1		2
	Black/Black British				6
	Mixed				9
	Other				9
	White	5	38	8	189
	Refused		1		3
	Not known				7
	<b>Total</b>	<b>5</b>	<b>40</b>	<b>8</b>	<b>225</b>
<b>% of Caseload</b>	<b>62.5%</b>	<b>17.8%</b>			
<b>In custody</b>	Asian/Asian British		4		21
	Black/Black British	1	1		
	Mixed		3	2	18
	Other				12
	White	10	95	14	298
	Refused		6		3
	Not known		3		29
	<b>Total</b>	<b>11</b>	<b>112</b>	<b>16</b>	<b>396</b>
<b>% of caseload</b>	<b>9.8%</b>	<b>28.3%</b>			
<b>Grand total</b>		<b>18</b>	<b>186</b>	<b>30</b>	<b>800</b>
<b>% of total caseload</b>		<b>60.0%</b>	<b>23.3%</b>		

Source: NPS Warwickshire

OASys is a national system used by both probation and prison services to undertake analysis of offences, risks and needs. The system calculates the likelihood of reconviction and is used to assess risk. The system also records offending-related social and individual needs. It should be noted the information is self-reported and levels of need estimated from OASys analysis is likely to underestimate the actual level of need. Nonetheless, figure 2 highlights that almost half (49.2%) of offenders in the caseload (299 offenders) were



identified as having psychological/depression concerns, with a further 17% having psychiatric treatments/concerns. However, only 7.4% of the cohort were on medication for their mental health problem and this may indicate there is an unmet need and that not enough offenders have been formally diagnosed or given an appropriate treatment plans. Concerns about suicide and self-harm is also alarmingly high in this cohort (42%). Moreover, out of 314 offenders allocated to the NPS from April 15 to March 16, 34% were identified as having personality difficulties.



\*Offender counted once under every category where they have a concern recorded

**Figure 2 Current adult offenders who have an OASYS assessment for start of sentence or post release licence/parole completed by NPS Warwickshire-Current as at 18 November 2016**

Sources: NPS Warwickshire

### 6.3 Clear Counselling

Clear Counselling is a privately run counselling service that provides support to offenders on probation. There was an increase in the number of clients referred to the service from 2014/15 to 2015/16, increasing by 75%. Across both years, the breakdown by gender has remained consistent, with males making up about three quarters of the total caseload. The mean/average age of clients is 35 years.

**Table 11 Demographic breakdown of clients**

	Count 2014/15	Count 2015/16	% of Cohort 2014/15	% of Cohort 2015/16	Age Range 2014/15	Age Range 2015/16	Mean Age 2014/15	Mean Age 2015/16
Female	13	24	25%	26%	19-45	20-63	36.4	35.9
Male	40	69	75%	74%	19-53	20-55	33.9	34.5
<b>Total</b>	<b>53</b>	<b>93</b>	<b>100%</b>	<b>100%</b>			<b>34.6</b>	<b>34.9</b>

Source: Clear Counselling

Table 12 demonstrates that three quarters of the caseload for 2015/16 were from the Leamington Probation Area, this compares with just 22% from Nuneaton, and only 3% from Rugby. Previously (2014/15), the proportion of clients coming from Leamington and



Nuneaton probation areas was more evenly split, 40% and 51% respectively, whilst the proportion of clients from the Rugby probation area has always remained low.

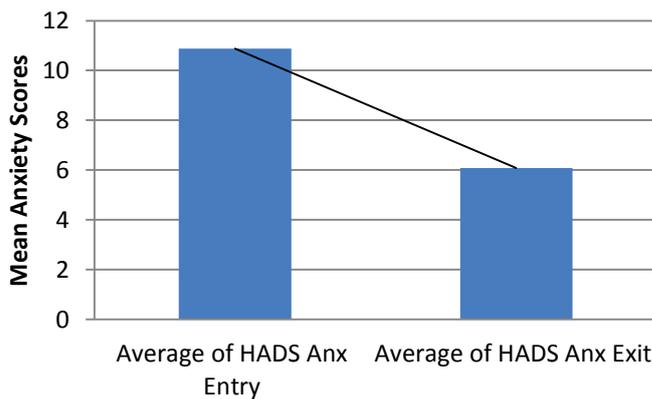
**Table 12 Probation area of Clear Counselling Clients**

Probation Area	2014/15 Count	2014/15 % of Cohort	2015/16 Count	2015/16 % of Cohort
<b>Leamington</b>	21	40%	70	75%
<b>Nuneaton</b>	27	51%	20	22%
<b>Rugby</b>	5	9%	3	3%

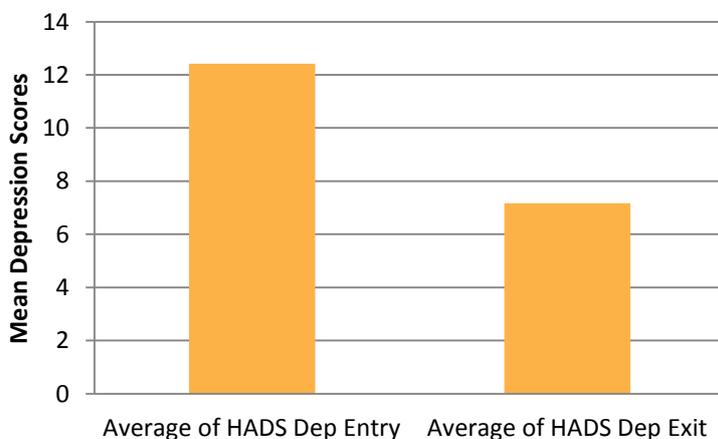
Source: Clear Counselling

The service uses the Hospital Anxiety Scale (HAD) to assess patient’s anxiety and depression levels. Assessment takes place during the first session and again at the last session. Moreover, patients’ self-esteem is assessed using the Rosenberg questionnaire.

Figures 3-5 illustrate that offender’s anxiety and depression levels decreased following counselling across both years. Moreover, following treatment offenders had improved self-esteem. These findings highlight the utility of providing counselling to offenders, by demonstrating quantifiable clinical outcomes.

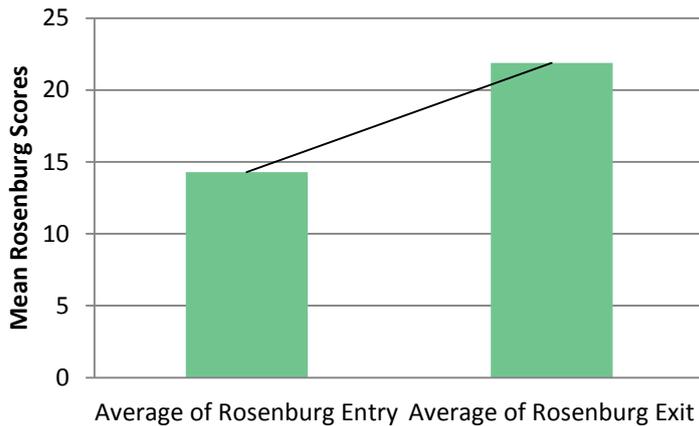


**Figure 3 Mean Anxiety Scores Pre and Post Treatment 2015/16**



**Figure 4 Mean Depression Scores Pre and Post Treatment 2015/16**





**Figure 5 Mean Self-Esteem Scores Pre and Post Treatment 2015/16**

*Source for all figures 3-5 Clear Counselling*

### Clear Counselling Case Studies

The following case studies are from clients who have received counselling from Clear Counselling. These case studies highlight the benefits of providing support to offenders with mental health difficulties, and provide a rich insight into client's experience of the service, the techniques used and the views of the offender manager. In addition to providing clinical change, the studies also demonstrate other benefits obtained through counselling, such as clients no longer offending.

**Client 1:** Male, age 50, multiple offences, voluntary engagement in counselling. Attended 19 sessions.

Presenting issues: Anger management, bereavement.

Techniques Used: Exploration of childhood. Work around bereavement, Kubler-Ross Cycle of Grief. Historic exploration of expression of emotions. Mindfulness and relaxation techniques.

Outcome: Positive. No further offending.

Client feedback: "I found it very helpful in understanding and working out some of my problems"

Offender Manager Feedback: It is my professional opinion of the counselling service that it has proven to be an invaluable tool to aid the management of both the risk of harm and the likelihood of reoffending. Offenders that have accessed the counselling, including R, have spoken positively of their experiences. The service managed on more than one occasion to have a very engaging effect on cases where this engagement has proven to be very challenging in the past. Offender engagement is a base line for all progress within probation supervision, and a vital building block for effective changes in offending behaviour. Frequently offenders have spoken to be about the service as something that they wish they had been able to access without offending and as one of the factors most helpful to them in changing their behaviour going forward.



**Client 2:** Male, age 43, sexual offence. Voluntary engagement in counselling. Attended 16 sessions.

Presenting issues: Stress, depression, isolation, coming to terms with family separation.

Techniques used: Exploration of past, family dynamics, relationships with others. Identified maintenance of negative cycles of behaviour. Creative expression of emotion and reflective thinking.

Outcome: Positive. No further offending.

Client Feedback: Counselling has helped "To explore my upbringing, beliefs, relationships, perspectives., my history, my experiences, the events leading to my offending. I was able to vocalise my concerns and my worries, orientating and ordering my thought processes to enable me to cope with all that occurred.

In a relaxed and non-judgmental way I have been both supported and encouraged to discuss many, many aspects of my life. It has been an invaluable experience and has helped me to understand more about myself, on different levels. Many many thanks for your support.

Offender Manager feedback: Feedback from the offender was VERY positive. The offender valued the counselling enormously and took the sessions very seriously in order to address some significant childhood issues.

**Client 3:** Female. First offence. Voluntary engagement, attended all 10 sessions.

Presenting Issues: Anger with every system; justice, NHS, Housing, Social Services. M had been violent towards her partner and was living in a hostel with her children who were about to be taken into foster care. She came to her first appointment with me in a very angry state demanding a diagnosis, of which she had received many and claimed not to know who she was or how she was supposed to behave and didn't know what 'normal' meant. She refused to sit down for the first 15 minutes and paced the room shouting.

Techniques Used: Brutal Honesty and Humour; by sharing with M how I was experiencing her. I worked with her about how she could enable herself to be heard and how she might expect people to treat and speak to her when she was like this. Explored childhood issues and identified desensitisation to violence. Worked with Cycle of Development theory and explored M's choices.

Outcome: M permitted to keep her children (with conditions). She arranged a meeting with the council re: housing and was able to get this solved very quickly. Her dream was to work in schools and help young people learn to cook, this is something she said she knew she could now make happen and I was to look out for her on Masterchef! No further offences.

Client feedback: 'Counselling has made me see things from a different perspective; Thank you for listening to me ramble on, I appreciate everything you have done for me.'

Offender Manager feedback: A positive experience for M; she feels she has benefitted greatly from Counselling.



## **7. Limitations/ Gaps**

The current work provides an overview of the mental health and offending profile in Warwickshire, however when carrying out the work it became apparent that there was:

- No joined up approach between CJS services in terms of the data collected and sharing of this data.
- Much of the data regarding the mental health of offenders was held by probation managers in the offenders' case files, which meant any large scale analysis would be difficult and time consuming.
- Offender related outcomes seem to relate primarily to re-offending, as opposed to the wellbeing of the offender.
- Many of the CJS services who contributed data to this report felt that offenders were being bounced around services if they had both a mental health condition and a alcohol/drug issue, with services refusing to take ownership if an offender presented both problems. However, this is not captured in the data, and therefore it would be beneficial to carry out qualitative analysis with staff to capture these views.
- The data used within this report varies by time period; it would be beneficial to have longitudinal data across services for the same period.

