


Working across the criminal justice system and mental health services: interprofessional theory and practice



Dr Sarah Hean (shewan@bournemouth.ac.uk)
Vanessa Heaslip (vheaslip@bournemouth.ac.uk)
CENTRE FOR QUALITY OF LIFE AND WELLBEING

Dr Jerry Warr (jwarr@bournemouth.ac.uk)
CENTRE FOR PRACTICE DEVELOPMENT

Bournemouth University, UK

Sue Staddon (Sue.Staddon@southwest.nhs.uk)
Offender Health South West, UK

Aim of paper

- General Aims:
 - Case study of interprofessional working and the need for interprofessional education
 - Psychiatrists/mental health workers/ social workers but also police and court workers
- Specific aims:
 - Theoretical framework to visualise interagency working between the criminal justice system (CJS) and the mental health services (MHS)
 - Establish the existence of commonalities between these agencies: common values, common activity and common problems (rather than differences)
 - Highlight one particular commonality: poor self efficacy
 - Explore the current provision and need for interagency training



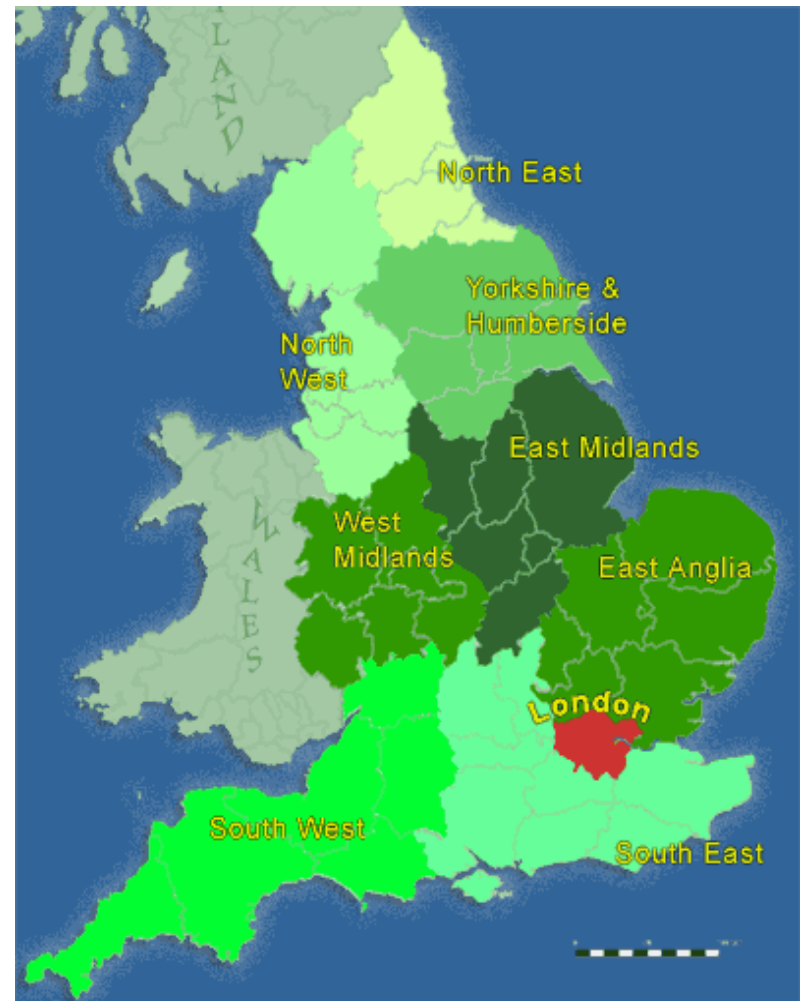
General Context

- High prevalence prisoners with mental illness
- Prisoners not screened effectively for mental illness during earlier contact with CJS.
- Cooperation between CJS and MHS required
- Information transfer on the defendants' mental health between agencies
- MHS write reports - facilitate treatment or inform decisions made by CJS on appropriate sentence/outcome (disposal).

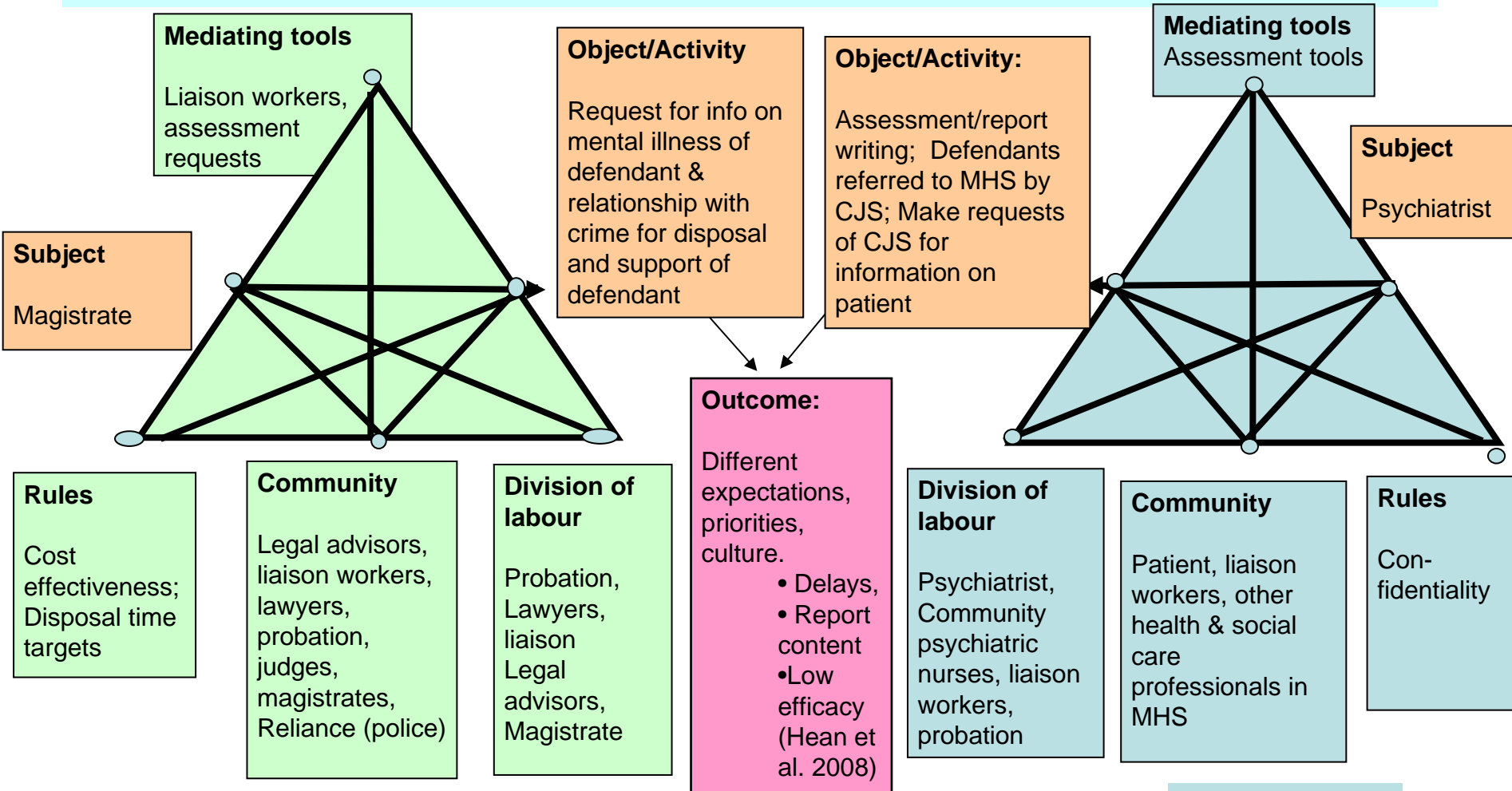


Specific context

- Partnership between CJS and MHS in SW of England.
- Project: South West Mental Health Assessment Pilot; (2007-2009):
 - to implement formal Service Level Agreement within liaison scheme
 - Multi → interagency working
- Evaluation
- Questionnaires to courts and mental health services participating in pilot
- Likert scales with some open ended questions



Common activity: knowledge transfer



Common values

COURT SERVICES

- **Mental health needs of defendant should be dealt with appropriately**

77.5% state this is very important (371, n=479)

MENTAL HEALTH SERVICES

- **Mental health needs of person in contact with CJS should be met**

69.2% state this is very important (103; n=146)

Common problem

COURT SERVICES

How frequently do you think people are disposed of without adequate advice on mental health?

43.7% of the sample rate this as occurring very frequently/frequently.

MENTAL HEALTH SERVICES

How frequently do you think people are disposed of without adequate advice on mental health?

45.2% (n=66) of respondents felt that this occurred frequently/very frequently



- Unable to identify/unaware defendant's mental illness.
 - Inadequate information on defendant's mental state.
 - Especially difficult in less severe conditions (e.g. depression) or masked by alcohol, learning difficulty
- Lack of knowledge on mental illness leads to
 - inability to gauge appropriate means of disposal.
 - Inability to judge potential impact of sentence on defendant and/or ability of defendant to comply with disposal if a community order is issued.
 - a compromise in a balanced understanding of treatment, punishment and public safety.

Low self efficacy of court workers



Poor understanding by CJS of mental health services confirmed by respondents from MHS. Leads to:

- inappropriate requests and referrals from the CJS.
- inappropriate disposals and at other times a lack of prosecutions
- Inappropriate focus on psychiatrists without focussing on other health and social care professionals available,



Low self efficacy health services

Lack of knowledge

- *“Lack of knowledge”*
- *“Don’t really know what goes on, on the other side”*
- *“It seems a complex system”*

Lack of knowledge may come from lack of contact

Training

Have you received training on dealing with defendants with mental health issues?

Majority of the sample (78.9%; n=479) have never received training on how to deal with defendants with mental health issues.

Have you any Training on dealing with patients in contact with CJS

Majority of the sample (67.8%; n=146) have never received training on how to support service users in contact with the CJS.



Requests for training

COURT SERVICES

- CJS respondents, particularly magistrates, call for training on:
 - interpreting reports,
 - Services available that offer advice and when and how to access them.
 - the nature of mental illness
 - the impact on defendant
 - appropriate means of disposal to deal with these types of cases.
- **Generally, a “problem solving/outcome based” culture?**

MENTAL HEALTH SERVICES

- Mental health practitioners call for training on:
 - Court processes in order to increase understanding of CJS.
 - MH training for CJS (but not v.v).
 - Interprofessional training
 - To facilitate understanding of each other’s roles.
 - Provide opportunities to get to know court practitioners.
 - Provide opportunities to produce joint guidelines
 - **Generally, a “relationship forming/process driven” culture?**

Conclusions and discussion points

- Cultural differences, yes, but similarities are:
 - Common values
 - Recognition of common problem
 - Recognition of poor self efficacy
 - Little training reported
 - Minimal interagency training reported
 - Training requested
- Something to learn from CJS /MHS interactions, rather than current focus on health and social care domains: cultures are so very distinct.
- Is there a distinction between interprofessional and interagency education?
- Mental health awareness or interprofessional awareness: issues of the generic worker.

Questions?

Contact:

Dr Sarah Hean

Centre for Quality of Life and Wellbeing

School of Health and Social Care,

Bournemouth University

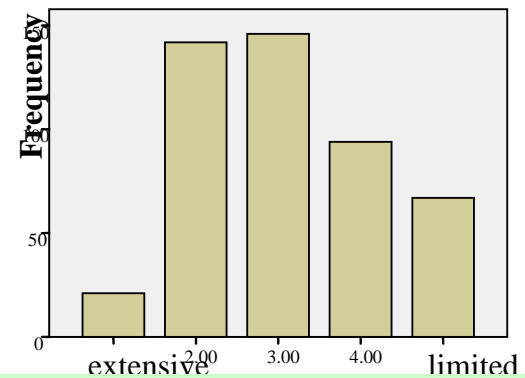
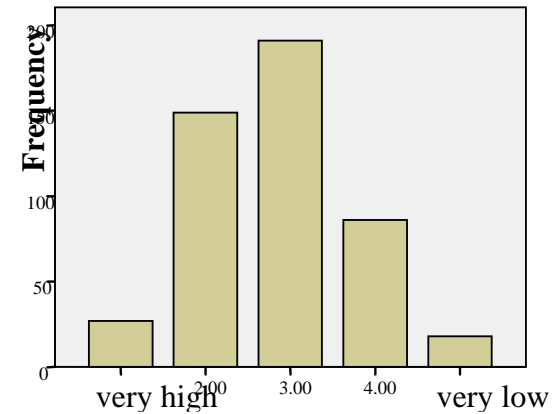
United Kingdom

shean@bournemouth.ac.uk

Low self efficacy of court workers

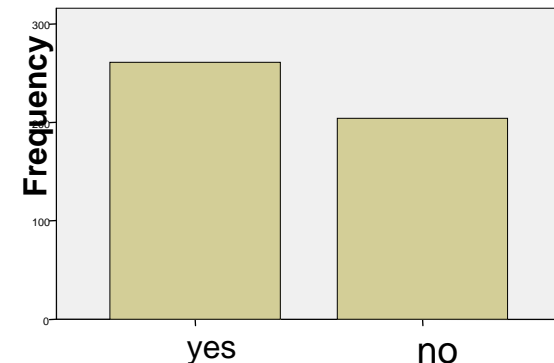
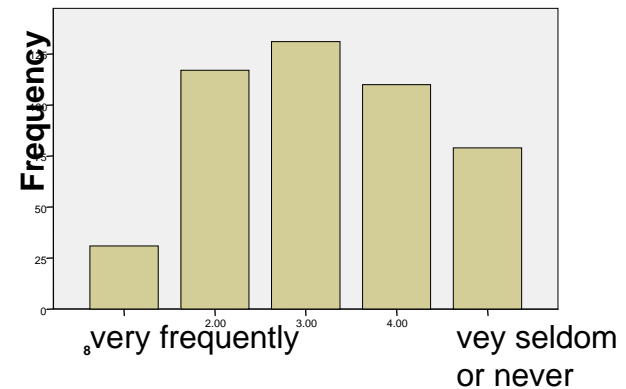
Variable and ambivalent self ratings on:

- **“Ability to identify a defendant with a mental health issue”**
(median of 3).
- **“Ability to find an assessment”**
(median 3),



Respondents are not overly confident but do not feel they lack any knowledge at all.

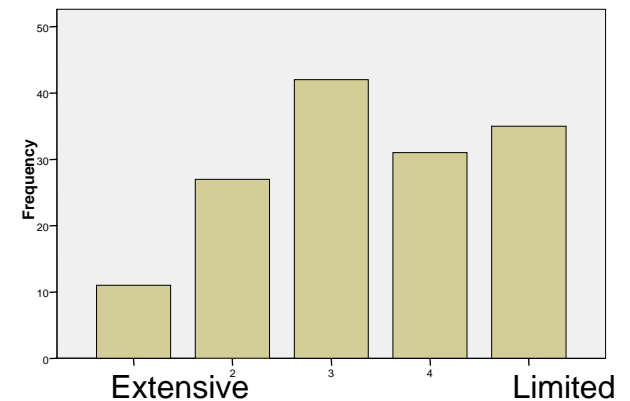
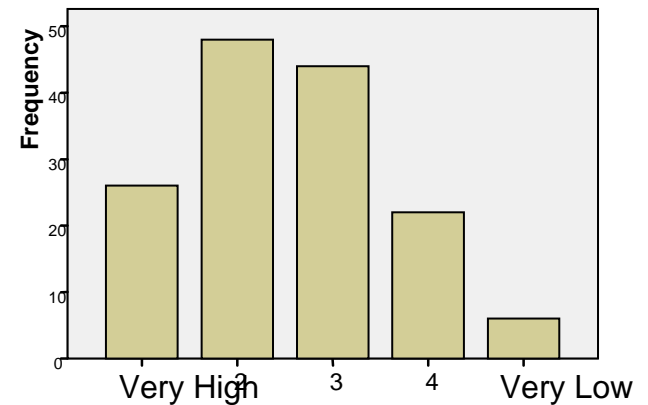
- How frequently respondents needed mental health advice about a defendant but unsure whom to approach? (Median 3).
- Awareness by respondents of a service they could approach for advice. (42.6% of sample were not aware of a service available to them)



Low self efficacy health services

Self rated:

- Ability to work with a service user who is in contact with the CJS (Median =2; n=146)
- Knowledge of CJS (Median=3; n=146)
- Ability to work with patient but not service?



Nature of Training

COURT SERVICES

Formal training

- In house training,
- Training obtained through their role outside of the court services.
- Highly variable
- Described as limited
- Training often part of wider training programmes , e.g. magistrate induction

Informal learning:

Own reading or experience of working with mentally ill defendants, MH services

MENTAL HEALTH SERVICES

Formal training

- Part of a pre qualifying programme as HSC professional, occasionally as post qualification formal training.
- In house training provided but largely focussed upon dealing with violent behaviour

Informal learning

- Through experience of working with the offenders/defendants
- participating in shadowing, within the courts but also other colleagues.
- Largely ad hoc with few formal opportunities for mental health staff to develop understanding of CJS roles or processes involved.

Interagency Training

COURT SERVICES

- None between mental health services and members of criminal justice system.
- Exceptions:
 - One individual mentioned multiagency training (but between police and magistrates, no mention of health service involvement)
 - Health professionals have delivered training to the CJS. Usually members of liaison services wishing to raise awareness of service.
 - No evidence of CJS running course for mental health services

MENTAL HEALTH SERVICES

- Little interagency training but, where quoted, occurred with police or between health and social care services rather than with the court services