

Practical steps for a quality service for mentally disordered offenders / The Advisory Committee on Mentally Disordered Offenders.

Contributors

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The background of the page is a light teal color. Overlaid on this are several dark teal puzzle pieces. Two pieces at the top form a head-like shape. A larger piece in the center forms a torso. At the bottom, a piece forms a base, and another piece on the right forms a leg. The overall effect is a stylized, abstract human figure composed of interlocking puzzle pieces.

Practical steps for a quality service
for mentally disordered offenders

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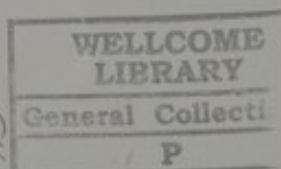
This pamphlet was produced by the Advisory Committee on Mentally Disordered Offenders.

The Committee advises Ministers in the Department of Health and the Home Office on the provision and co-ordination of services for mentally disordered offenders and others requiring similar services.

The Committee is composed of members from health and social services organisations, criminal justice agencies, the legal profession and voluntary organisations.



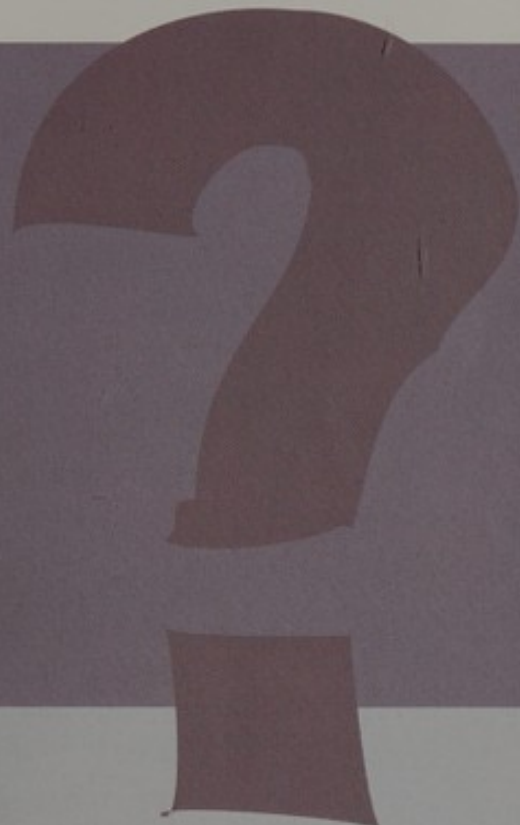
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Finding a working definition



A definition of the term 'Mentally Disordered Offender' must recognise two elements.

One: that individuals often require help from more than one source. Definitions should, therefore, be drawn broadly enough so as to reduce the risk of people falling between the services provided by different agencies.

Two: that there are wide variations in the state of mental health and in the seriousness of offending behaviours. Definitions which recognise this promote vital discussion of issues such as early intervention and public safety.

Some examples of definitions in current use are shown right.

"People with mental health problems who come into contact with the criminal justice system."

Revolving Doors Agency

"A mentally disordered person who has broken the law. In identifying broad service needs, this term is sometimes used loosely to include mentally disordered people who are alleged to have broken the law."

Reed Review: Final Summary

"A person who may have a mental disorder and who commits an offence and who requires assessment by health and social services in order to form decisions on whether diversion from the criminal justice system is appropriate."

Hertfordshire Probation Service

"Persons suffering from mental disorders and/or psychological problems and involved, or have been involved, with the state criminal/legal processes."

Dorset Community Forensic Teams

"Offenders 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 abuse, have mental health problems; and any who are suspected of falling into any of these groups. It includes those offenders where a degree of mental disturbance is recognised which may not be severe enough to meet criteria laid down by the Mental Health Act 1993. It also applies to those offenders who, even though they do not fall within this definition, for example some sex offenders and some aggressive offenders, may benefit from psychological treatments."

NACRO

"Mental disorder implies the existence of a clinically recognisable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions. Social deviance or conflict alone, without personal dysfunction, should not be included." (ICD 10)

Inner London Probation Service

Drawing the picture



1

Who are the people who need our services?
Where are they located?
What are their needs?
What are the special needs of women and minority groups?

2

What do we already provide in terms of staff, premises and services?
Where are these resources located?

3

Could there be gaps in our provision of care and treatment for mentally disordered offenders?
If so, where?

The three key questions - WHO, WHAT, WHERE - help service providers draw a picture of the standards and effectiveness of care and treatment for MDOs.

Agencies involved in local service provision must pool their knowledge and experience in the process of finding answers to these questions.

Working together

While the key test of success is measured by whether individuals get a better service, experience suggests that some high level committee framework is helpful to lead and focus co-operation.

Such a body will need:

- representation from all key agencies
- representatives senior enough to carry weight and commitment
- clear channels of communication
- agreed objectives and priorities
- agreed protocols for the exchange of information
- clearly defined delineation of individual responsibility for action
- joint policies on training
- agreed criteria for monitoring services.

Joint planning by agencies and joint working by professionals provide the warp and weft of a good service.

A successful service combines the efforts of individual agencies to meet the needs of people whose problems do not rest neatly within any one authority's sphere. Joint working must extend beyond discussion to action and must move from planning to implementation.

If it is to be successful - and better meet the needs of those it serves - it is likely to have these characteristics:

- sharing of information
- agreed priorities based on a common understanding of what is needed
- joint provision of services making the best use of all available resources
- working together, from different agencies and professions, to care for individuals' needs
- joint monitoring of the services provided.

Real participation based on these principles will mean influencing and altering each agency's strategy to accommodate joint priorities.

Is it working?

How well do services for mentally disordered offenders meet their needs? Are resources being targeted effectively?

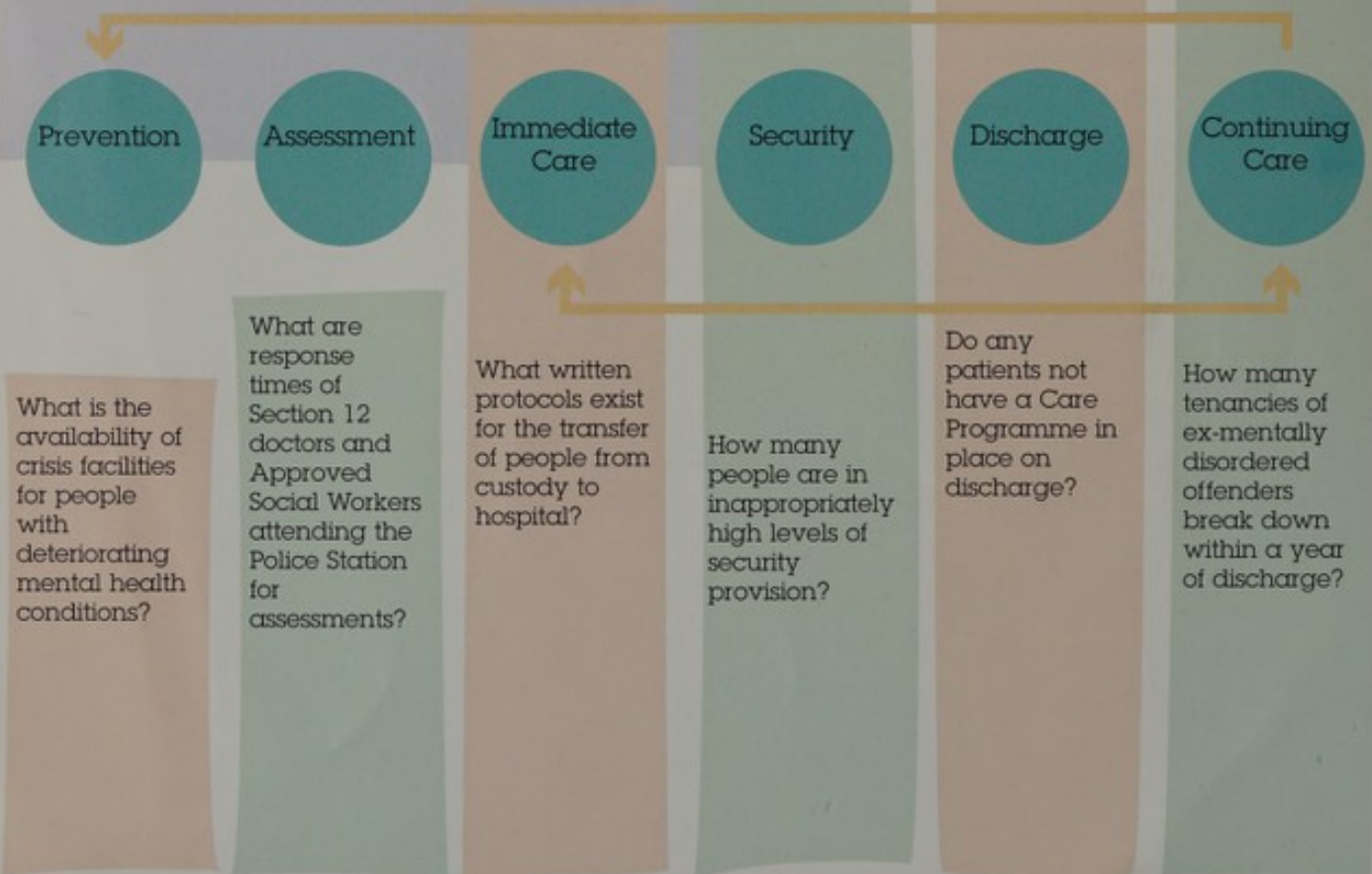
Evaluating progress across agency boundaries requires agreement on performance targets and indicators. These fall broadly into two categories:

- The quality of services provided by individual agencies
- The quality of coordination and information exchange between different agencies.

Performance measures need to be specific and quantifiable. There also needs to be a comprehensive set of measures covering the whole process of managing.

Specific attention will need to be paid to the provision of a race and gender sensitive service.

Examples of Performance Measures
SERVICES



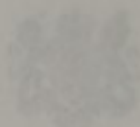


DEPARTMENT OF HEALTH - HOME OFFICE
**ADVISORY COMMITTEE ON
MENTALLY DISORDERED OFFENDERS**

Chairman: Dr John Reed CB

This pamphlet has been produced by the Advisory Committee on Mentally Disordered Offenders to promote development of services for mentally disordered offenders. It is intended for use by people in criminal justice, health and social care agencies who have responsibility for funding, managing and providing services for this group.

Copies have been sent to the Courts, Police, Probation and Prison Services, Social Services, Health Authorities and Mental Health Trusts.



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Is it working?

Effective information exchange is central to the successful meeting of the complex needs of mentally disordered offenders. People in each agency need to know about other services and how to access them. Shared information is also crucial to the proper assessment of the full range of the individual's needs and planning of integrated care programmes.

Inter-agency protocols for the monitoring and exchange of information, which contain appropriate safeguards concerning confidentiality, need to cover:

- evidence of the overall demand for specific services (eg. secure beds, mental health assessments at the police station)
- information about individual cases. In both cases, managers can apply specific performance measurements to assess how far good practices are being implemented.

Examples of Performance Measures

● INFORMATION EXCHANGE

Individual Agencies

How many mentally disordered people does each agency see in a year who become involved with the criminal justice system?

How many people were seen more than once?

Inter-agency Sharing

Is there a multi-agency strategy group with agreed aims and specific objectives?

What written protocols exist for the exchange of information?

How do staff in individual agencies know what has been agreed?

Planning and Purchasing

How is information from the Police and courts fed into health and community care

Which services require joint commissioning between more than one purchaser?

From the receiving end



Do the people receiving the service feel that their needs are being met?

This question is a good test of how well multi-agency co-ordination and services are working. One way of measuring this is to use criteria developed with mental health service users as the basis for 'customer satisfaction' surveys. A set of criteria based on the principles set out in the Reed Review might look like this:

In providing services for people with mental health problems in contact with the criminal justice system we aim to:



1

Assess and address the full range of your health, social and other needs.

2

Listen to what you and others tell us about the services you need.

3

Make the services you use work smoothly together.

4

Impose the minimum security necessary for your safety and that of the public.

5

Review your needs regularly and respond as they change.

6

Help you to learn to live as independently as possible.

7

Help you to make a home that suits your needs.

8

Encourage you to develop positive relationships.

9

Consult you about decisions we make and ensure you are legally or otherwise represented if required.

10

Respect your rights as a citizen.



Produced by
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