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Court diversion: reducing re-offending with mental health treatment

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Annual Reducing Re-offending Conference

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Overview

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- Increased numbers of people with mental health problems in prison
- What leads to offending and re-offending in people with severe mental health problems
- Alternatives to custody - understanding the best approaches

Prevalence of diagnosed mental health problems

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	Prevalence among prisoners	Prevalence in general population
Psychosis	6-13%	0.4%
Personality disorder	50-78%	3.4-5.4%
Neurotic disorder	40-76%	17.3%
Drug dependency	34-52%	4.2%
Alcohol dependency	19-30%	8.1%
	Singleton et al (1998)	Singleton et al (2000)

Why so many?

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- Process of deinstitutionalisation
- Understanding risks, needs and responsivity
- Typical factors associated with offending include:
  - static risks
  - homelessness & unemployment
  - drug & alcohol use
  - thinking & behaviour

Relationship between mental illness & offending

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What should we target and *where*?

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- Important to identify appropriate interventions – treatment adherence
- Need to address other factors – homelessness, substance misuse, problematic behaviour…
- Ever more clear that prison is not an appropriate setting for treatment and other interventions

What's appropriate?

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- 15 recommendations in the Bradley report regarding Mental Health and Criminal Justice teams
- A national network of teams, with services available to every police station and court
- Services to include:
  - timely mental health assessments
  - appropriate referral of offenders to treatment
  - provision of mental health training to sentencers

Need for diversion

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- Well-designed arrangements for diversion can be strongly justified on value for money grounds:
  - Cost savings in the administration of justice; a good scheme will pay for itself
  - Reductions in re-offending
  - Improvements in mental health

Community sentences and the Mental Health Treatment Requirement

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- The MHTR is one of the twelve options available when constructing a Community Order or Suspended Sentence Order, and can:
  - Be an alternative to short custodial sentences
  - Engage offenders with community mental health services under the supervision of probation.
  - But less than 1% of requirements given with Community Orders or Suspended Sentence Orders are MHTRs

Overarching framework

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- Competent care
- Access to services
- Legal leverage

(Lamberti 2007)

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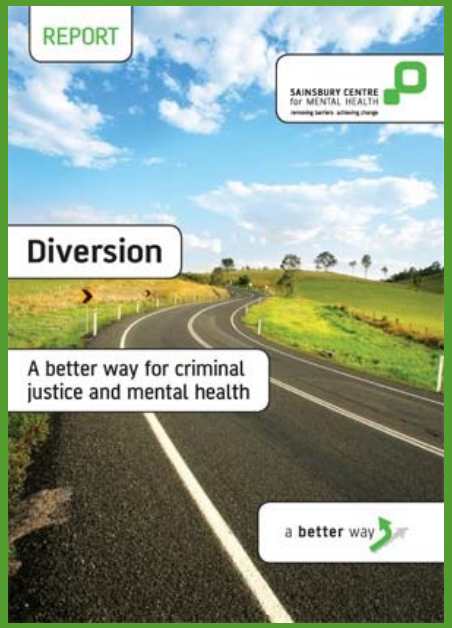

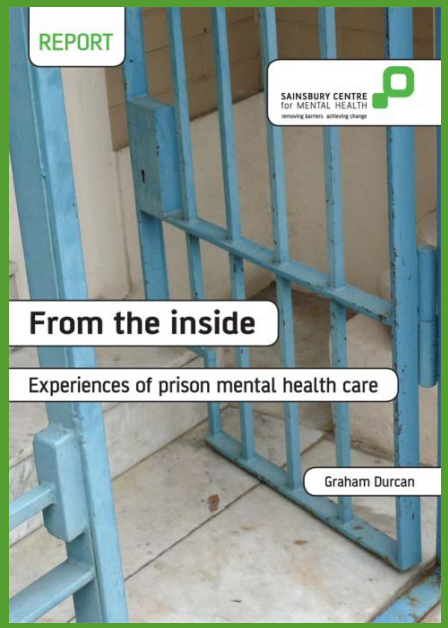

Thank you

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