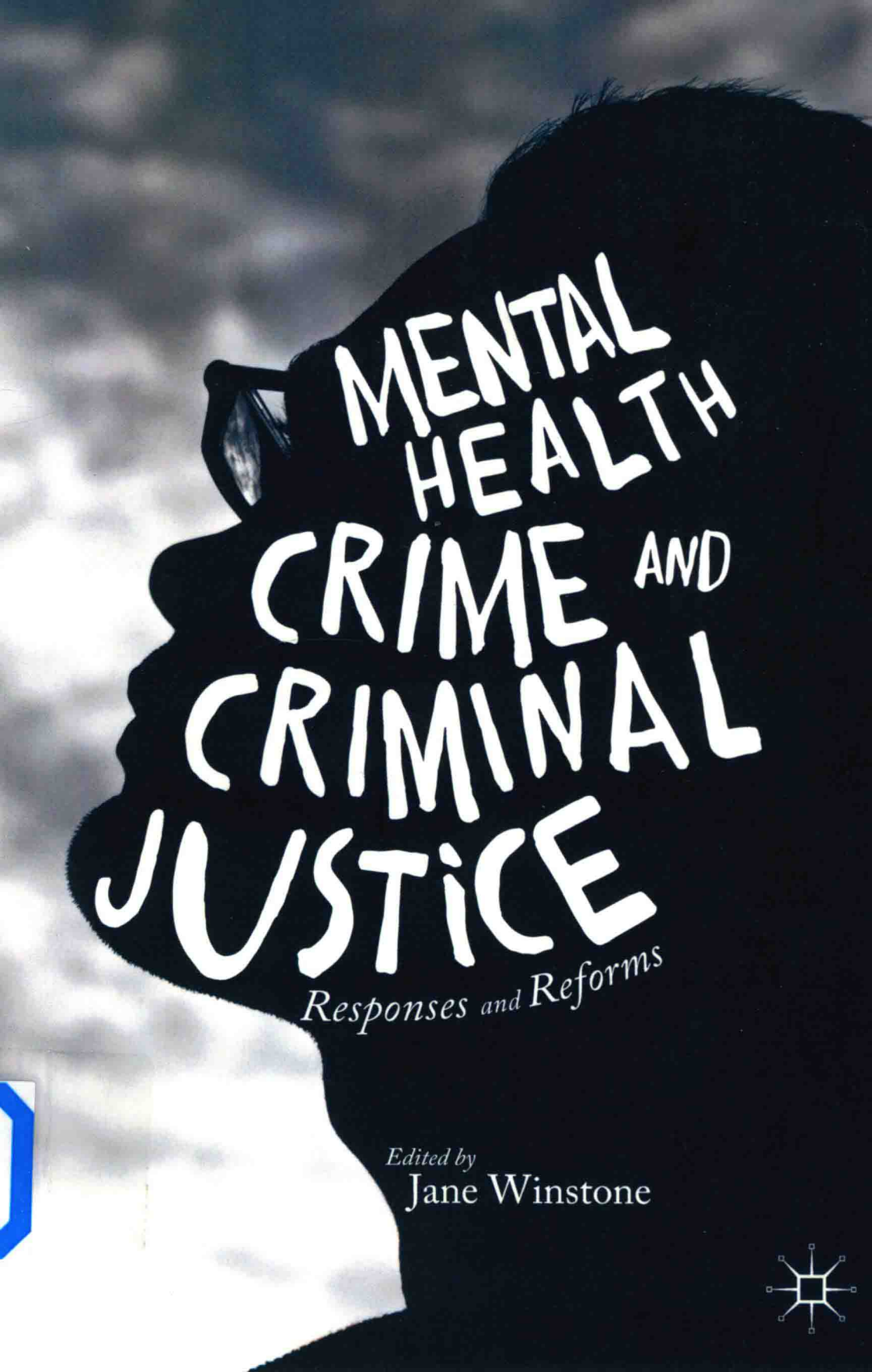
MENTAL HEALTH CRIME AND CRIMINAL JUSTICE
Responses and Reforms
Edited by
Jane Winstone

Mental Health, Crime and Criminal Justice

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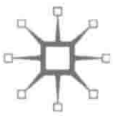

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This book is dedicated to my mother in memory of all the years she loved and supported me. And to my family, Jon, Andrew, Lizzy, Beth, Steven and Rosa, who never cease to amaze me with how wonderful they are.

Acknowledgements

This book, which was a glimmer of an idea in 2012, has taken a number of years to come to fruition. Over this period I owe a huge debt of thanks to my colleagues, professional and academic, who not only contributed chapters, but also their collaboration and unwavering support. I would like to thank the peer reviewers for their helpful comments and also Julia Willan, Harriet Barker and Dominic Walker for their encouragement and skilful guidance. Last, but by no means least, thank you to my family for their steadfast confidence in my ability to bring this project to completion.

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Lucy Jo Mathews has been a service user for 20 years. She completed her final years of education under home-schooled conditions achieving excellent results in her GCSEs and further education. However, her attempt to attend a full-time campus-based university course to qualify to be a primary school teacher was thwarted by her mental health needs. Her effort to address these through the mental health services is documented in her chapter. Lucy lives independently with the support of her family and friends, her GP and psychiatrist. Under supervision she has managed without daily medication for the past year, but keeps this decision under regular review. Lucy has contributed a chapter to this book in a spirit of hope that it will bring home to readers what it is like to live with the mental health needs that academics and professionals have debated.

James McGuire is Professor of Forensic Clinical Psychology at the University of Liverpool, where he was Director of the Doctorate in Clinical Psychology

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Jemma Tyson is Lecturer in Criminology and Criminal Justice at the Institute of Criminal Justice Studies, University of Portsmouth. She is researching issues relating to disability hate crime for her PhD. In particular, her research examines criminal justice service provision for victims of learning disability hate crime, and builds upon the findings of her Master's thesis on a related topic. The latter research was conducted in partnership with the Cross Government Hate Crime Programme, with whom she worked as an intern for a number of years. Jemma is an IAG member for Hampshire Constabulary, sits on the Constabulary's Fairness and Equality Delivery Group (Disability) and has also represented the UK government at hate crime events overseas.

Elizabeth Walsh is Associate Professor of Offender Health at the University of Leeds. She is a registered general nurse who has worked both for and with HM Prison Service in clinical, educational and practice development roles since 1995. Much of her work is centred on the support and development of professionals caring for those in contact with the criminal justice system. Her research interests include emotional labour of prison nurses, clinical supervision, managing pain in prison and the health and social care of older prisoners. She is the elected Chair of the Nursing in Criminal Justice Services Forum at the Royal College of Nursing, a visiting professor at the University of Ottawa and a member of the editorial board of the *Journal of Forensic Nursing*.

Tony Ward is Professor of Clinical Psychology at Victoria University of Wellington, New Zealand. He has taught forensic and clinical psychology at the Universities of Canterbury, Melbourne, Deakin and Victoria. Ward is the creator of the Good Lives Model of Offender Rehabilitation and has written numerous articles, books and book chapters on this model. He has over 370 academic publications and his research interests include offender rehabilitation, forensic and correctional ethics, evolutionary criminology, and cognition in sex offenders.

Jane Winstone is a principal lecturer in community justice in the Institute of Criminal Justice Studies, University of Portsmouth. She has drawn on her professional training and experience of working as a probation officer to contribute to the probation officer qualification and currently supports the Professional Doctorate in Criminal Justice. Winstone chairs the Faculty Ethics Committee and has a keen interest in developing evidence-based and ethical practice for youth and adult offenders, with a particular focus on mental disorder. She has conducted a number of evaluations in this area, including a national evaluation of liaison and diversion provision which contributed to the Bradley Report, the Mental Health Court initiative (Brighton and Stratford MC) and the Mental Health Liaison Pilot at the Central Criminal Court.

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Crime, Exclusion and Mental Health: Current Realities and Future Responses

Jane Winstone

When Simon Stevens took up his role as CEO of NHS England, an executive, non-departmental body established in 2012, he announced the NHS five year forward view with seven models of care (Kings Fund, 2015). In response, Laurence Moulin posted the following comment:

> Unless we redesign structure and services from the 'bottom up', starting with what will be offered for people receiving services, and ensure that the 'offer' is a single physical/mental health service, we may find at the end of the five year plan we have only succeeded in moving the deckchairs into a different pattern. (Laurence Moulin Consulting in Mental Health and Learning Disability, 2015)

This book arguably reflects both positions – positive and forward looking, identifying strategies that work, and suggesting that efforts and resources should be targeted to these. Plus, a twinge of 'moving deckchairs' pessimism. There have been many initiatives with little recognisable long-term impact. These have been well-meaning and intended to address what seems to have become an intractable problem of adequately supporting people with mental health needs, especially those who offend (Winstone and Pakes, 2007). These initiatives started with Reed (1992) and include, in the intervening decades, the Dangerous Severe Personality Disorder (DSPD) endeavour (see Scally, this volume) and various legislative policies and guidelines, including a revision of the Mental Health Act in 2007. Now, with an energising burst, the Bradley Report (2009), which was wholeheartedly welcomed, and the establishment of NHS England (2012), whose five year view was greeted with cautious enthusiasm.

In the spirit of transparency, accountability and evidence-based evaluation of publicly funded initiatives, an independent commission was set up to review the five years of progress on the 82 recommendations arising out of the Bradley Report (Durcan et al., 2014; see also Rogers and Ormston, this

volume). This reports that steady progress is being made, especially in the development of increased provision of liaison and diversion teams for adults, children and young people and that early intervention is being offered in police stations and courts across the country (Durcan et al., 2014, p. 3). This is certainly encouraging given that the final recommendations of the Bradley Report were, somewhat depressingly, extraordinarily similar to the conclusions drawn by Reed nearly two decades before (Reed, 1992; see Pakes and Winstone, 2008, 2009). Reed had also concluded that a coherent framework of liaison and diversion services was required for those entering the criminal justice system with mental health needs; although in the intervening decades there was little progress to show for the, arguably sporadic, efforts of policy makers to realise this. However, there is some evidence that we live in more enlightened times, where joined-up thinking and the top-down energies and resources of Health and Justice may finally be targeting the multiple, complex needs of the same populations with equal determination and that the initiatives arising out of the Bradley Report and NHS England will have concrete, sustainable outcomes. There is certainly, both then and now, a spirit of willingness to succeed from those delivering the services. A survey of professionals working within 101 liaison and diversion schemes demonstrated their commitment and tireless efforts towards supporting this group (Winstone and Pakes, 2008; Pakes and Winstone, 2010). Some of these professionals have contributed to this volume, and many are currently participating across multi-agency settings to drive forward the new agendas in Health and Justice (see Rogers and Ormston, this volume).

Staying one day ahead of yesterday

Looking to the past helps us to understand the potential hurdles and provides learning to carry into the future. The need for change has been couched in a range of political agendas over the last two to three decades. 'Tough on crime and tough on the causes of crime' and the 'Public Protection Agenda' were the flagships of the Labour government years, whilst the coalition government forged its initiatives under the label of the 'Big Society'. The focus of these agendas can be summarised as the requirement to reduce costs (economic imperative) and to improve the ratio of costs to intended outcomes (individual, social and community impact). These broad thrusts can be identified in the current restructuring and focus of Health and Justice strategies.

The Five Year Plan set out by NHS England (Kings Fund, 2015) has attracted a good deal of attention, not least because it is a strategy to resolve the problems that have beset the service, one of which, as Simon Stevens stated, is health inequalities (Stevens, 2014). Health inequality particularly impacts on those who have mental disorders and also offend (Winstone and Pakes, 2005;