

# The Needs of Mentally Disordered Offenders In Oxford City (1994)

Report  
commissioned by



**Elmore Community Support Team  
Research Project:**

**The Needs of  
Mentally Disordered Offenders  
in Oxford City**

**SECOND ANNUAL REPORT  
to the Mental Health Foundation**

June 1994

The Elmore Committee, 23 Park End St., Oxford OX1 1HU

# I. BACKGROUND

## Acknowledgements

I would like to record my thanks to the following people for their contributions to this project:

- All of the Elmore Team for sharing their experiences; Jon McLeavy, Co-ordinator of the Elmore Team, for supervision and advice; Mavis Lowe and Hilary Jordan for secretarial help;
- The Project Steering Group, especially Pat Goodwin and Peter Agulnik, for advice;
- David Millard, Chairman of the Elmore Team's Management Committee, for ideas on research;
- Staff at St Aldate's Police Station, especially the custody officers;
- The many other agency staff and clients who have given their time, advice, information and support.

Matt Berkley  
June 1994

## I. BACKGROUND

### A. National situation

Mentally disordered offenders (MDOs) are currently the subject of national policy shifts. The Department of Health/Home Office review of services for MDOs published in 1991-2 (the "Reed Report") highlighted the desirability of their being diverted from the criminal justice system to suitable care services.

The links between offending, mental health problems and homelessness are well known (see Jones, 1992). Concern has been expressed increasingly (especially since the closure of many long-stay psychiatric hospitals) that some individuals are being caught up in a "revolving door syndrome" in which they have repeated episodes of both psychiatric care and involvement with the criminal justice system, often with housing difficulties as well.

A number of psychiatric court liaison schemes have been set up since the mid-1980s, aiming to divert mentally disordered defendants (see Blumenthal and Wessely, 1992). The effectiveness of some schemes had been studied, with encouraging results (Joseph, 1992; James and Hamilton, 1991). The need has recently been recognised for diversion at the police station. A police station diversion scheme in Southampton started a few months before the present project, based on research indicating the possible roles of an MDO co-ordinator employed by Social Services (Frost, 1991)

Nationally, interest has also increased in the use of section 136 of the Mental Health Act to arrest people who are not suspected of an offence but are in need of a place of safety because of mental disorder. Some research has been undertaken indicating flaws in practice relating to section 136 (Bean, Bynoe, Faulkner, Rassaby and Rogers, 1992).



**B. Local situation in Oxford**

The Elmore Community Support Team is financed by the local Mental Health Unit, Probation, Social Services and the City Council Housing Department. It works in the city of Oxford with clients deemed "difficult to place", a significant number of whom have both mental health problems and a history of offending. The Team is managed through the Elmore Committee, a registered charity.

The Team was set up in 1988 following research in Oxford into the needs of difficult to place people (Vagg, 1987).

There is already diversion work at Oxford Magistrates' Court: Probation cell duty officers interview all defendants arriving through the court cells, and where they suspect mental disorder usually contact Elmore Team support workers with a view to arranging accommodation, care and/or support services.

A pilot scheme in 1991 provided a regular psychiatric service to Oxford Magistrates' Court and gave an indication of the number of mentally disordered people appearing there (Cobb, 1992). The prime focus of the present research project is on a broader group, those with mental disorders who are detained at the main city police station, St Aldate's.

Local research showed a high degree of morbidity of psychiatric illness among the homeless (Marshall, 1989, 1992).

## **II. ORIGINAL AIMS OF THE PROJECT**

The original aims of the project were 1) to research gaps in service and 2) to pilot a service taking referrals from the police station.

### **1. Research aims**

- a. To determine what referral procedures and long-term health and social services are appropriate for people with mental disorders who are arrested and held at a local police station.**

The subject group includes people with personality disorders or learning disabilities, as well as those with major psychiatric illnesses. Those whose primary problem is thought to be substance misuse are not included.

- b. To explore the potential role of the Elmore Community Support Team in working with this group.**

### **2. Action component**

- a. Service delivery**

The original proposal for the project envisaged the researcher as a person to whom referrals could be made, mostly from the police. People referred could then be assessed, diverted and re-referred as necessary to the other Elmore Team workers or to other agencies. It was hoped that this would have the additional benefit of providing a filter for potential subjects of the research.

A related aim was to discover whether the Elmore Team's expertise, methods of working and contacts could be adapted to good use with mentally disordered offenders in general.

- b. Liaison**

The project was to explore possibilities for inter-agency liaison and to set this up where appropriate. It was anticipated that this would be of use both for the service described above and for other aspects of long-term care.

### III. THE SCOPE OF THE INVESTIGATION

The research is examining both immediate options for local organisations and wider issues. It aims to cover the following areas:

**A. DIVERSION: What changes should be made to diversion arrangements?**

**B. THE POLICE STATION AS ENTRY POINT TO SERVICES: What changes should be made to arrangements for people with mental health problems who are arrested but not liable to be charged?**

**C. LONG-TERM SERVICE PROVISION: What should be the local strategy for providing services concerning MDOs, given current resources ?**

**D. IDEALS: What should be done concerning A, B and C if new resources become available?**

**E. BROADER POLICY QUESTIONS: What action should be taken by agents other than local organisations?**

(This includes comments on community care policy, public expectations, legal provisions).

## IV. RESEARCH METHOD

The methodology employed as the study progressed, and some important questions to be answered, were bound to be influenced by interim findings.

It had been originally anticipated that the process of taking referrals from the police would provide the main population of subjects for the research. However, the service delivery part of the post was dropped (see Progress below). Most of the original research aims could still be pursued, and other ways were found to

- 1) identify detainees at the police station as mentally disordered,
- 2) assess their needs and
- 3) carry out follow-up investigations.

The following are the main areas of the investigation:

### 1. Gathering views on unmet need

The early stages of the project involved interviewing practitioners and managers in relevant agencies, and also users of services, for their views on areas of need. This process will be repeated later in the project. Where the research points to unmet needs, these will be discussed with practitioners and managers in order to find constructive ways forward, prior to publication of the final report.

### 2. Collecting data from custody records

From March 1993 custody officers were asked to note cases where they thought a detainee might be mentally disordered. The researcher visited the police station to collect factual data on these cases. Access was sought to written custody records as well as to computer data on arrests.

### 3. Short-term follow-up investigation

Areas of need - in both referral arrangements and long-term services - have been highlighted by the basic data on those arrested. The researcher was to make further investigations, where appropriate, concerning a) the outcome in individual cases, and b) agency perceptions of the person's needs.

This included visiting the police station in order to interview police staff on procedures, problems and concerns in particular cases. This would give information about individuals who failed to get access to services or to assessment processes; and about the criteria used by the police for making decisions. The interviews



were semi-structured in order to give scope for unexpected areas of concern to emerge.

#### 4. Questionnaire survey of assessors

A questionnaire survey was planned of police surgeons, psychiatrists and approved social workers carrying out mental health assessments at St Aldate's police station. A questionnaire would be sent out every time an assessment was made for mental disorder. This part of the research was intended to provide information from several perspectives and to play an important part in quantifying unmet needs - helping to prioritise areas of concern and identify individuals to follow up in detail.

#### 5. Long-term case studies

These were to include some subjects who were clients of the Elmore Team and some who were not. The aim here was to examine subjects' careers over time, to gain an understanding of:

- i. factors influencing offending and antisocial behaviour
- ii. factors influencing mental health
- iii. gaps in service
- iv. the ways in which the quality of inter-agency liaison affected the lives of the individuals
- v. the costs involved

#### Selection criteria:

- i) Where there seem to be serious problems for the client, agencies or the public
- ii) Cases illustrating needs revealed by other parts of the research
- iii) Success stories

The research on custody staff on individual cases was conducted in an informal way. Although it was time-consuming (due in part to the shift system and in part to the need for the researcher to wait for quiet times in the custody office) the approach worked well and good relationships were established with the officers. The same applied to interviews with officers involved at other stages of an arrest.

The location of the researcher with the Elmore Team has enabled follow-up of many relevant cases, both very old clients and new referrals to the Team.

Procedure:

From existing case notes and interviews with key workers: Attempting to identify trigger points for major changes.

Obtaining agencies' assessment both of the client's needs and of risks to the client and others.

Interviewing the individual if agency staff think this appropriate, in order to gain the client's perspective on their needs, and on factors influencing their mental health, social functioning and offending.

- 6. An overview of mentally disordered offenders from Oxford who are in prison and secure hospitals

This was to include the tracing back of decisions leading to custodial disposals.

- 7. Observation of procedures in the police station

- 8. Observation from position as member of the Elmore Team

- 9. Comparison with needs and arrangements in other towns

- 10. Comparison with aspects of provision for other groups in Oxford

## V. PROGRESS OF THE PROJECT

### A. Research component

- Collaboration from other agencies for research purposes has been generally very good. Setbacks have included persistent malfunction of the police custody computer and the late realisation that the local Psychiatric Research Ethics Committee would need time to consider the project's access to medical records.

#### 1. Gathering views

Staff at all levels of local agencies have been happy to discuss their perceptions of priority needs. Links were also established early on with organisations in other geographical areas involved in diversion and research on MDOs. These links are especially important given the pace of change as regards diversion work. See Appendix for a list of agencies consulted.

#### 2. Collecting data from custody records

The system for custody staff to note cases where they suspected mental disorder has worked well, despite problems over several months caused by breakdown of the custody computer system. The computer was eventually very useful in providing a wide range of data which would otherwise have had to be collected by a lengthy manual process.

Information gathered included personal details, reasons for arrest, disposal, and where possible details of professionals who visited the detainee. A large number of written custody records were read in order to obtain detailed information concerning the progress of cases.

#### 3. Short-term follow-up investigation

The process of interviewing custody staff on individual cases was conducted in an informal way. Although it was time-consuming (due in part to the shift system and in part to the need for the researcher to wait for quiet times in the custody office) the approach worked well and good relationships were established with the officers. The same applied to interviews with officers involved at other stages of an arrest.

The location of the researcher with the Elmore Team has enabled follow-up of many relevant cases, both current clients and new referrals to the Team.

The researcher has been able to take advantage of the proximity of the Probation Day Centre Team (who are based in the same building) for gathering information on relevant court cases. Some of these have been cases where the defendant was seen by cell duty staff while held in the magistrates' court cells, and some have been clients on whom Probation pre-sentence reports were written. An overview of cases in which reports have been written and the author considered mental health problems relevant has been provided by the Probation Research and Information Department.

Verification of mental disorder has been possible through medical records held by what is now the Mental Health Trust. These have also been useful for discovering processes of assessment and referral in particular cases.

Social Services have also provided information on current and past clients.

The Crown Prosecution Service is providing information on discontinued cases.

Other sources of information have included the Night Shelter, the Luther Street Centre (GP surgery for homeless people) and other organisations for the purpose of ascertaining the detainee's involvement with agencies.

#### 4. Questionnaire survey of assessors

A survey of police surgeons, using questionnaires to obtain their views on individual cases which they had dealt with at the police station, produced an excellent return rate. The process was facilitated by the researcher's regular attendance at practice meetings, which had the added advantage of providing an opportunity for discussion of the responses.

A similar survey of psychiatrists and approved social workers had been planned for the same time period. However it was not possible to carry this out as the timing coincided with a delay in clearing technical details with the local Psychiatric Research Ethics Committee. The views of psychiatrists and approved social workers will be incorporated into the findings in a more general way.

#### 5. Long-term case studies

The Elmore Team has provided the most comprehensive and easily-accessible information for these: the researcher has received regular updates on Elmore Team MDO clients.



**6. An overview of mentally disordered offenders from Oxford who are in prison and secure hospitals**

The researcher has visited the Regional Secure Unit at Fairmile Hospital and also Bullingdon Prison to gather information on individuals. For practical reasons the research is currently concentrating on prisoners diagnosed as mentally ill rather than personality disordered.

**7. Observation of procedures in the police station**

This has provided a valuable insight into the nature of the task of assessing people in the police station, and some of the practical problems faced by assessors.

**8. Observation from the researcher's position as a member of the Elmore Team**

The researcher has taken part in the day-to-day activities of the Team - helping deal with clients where necessary and being involved in organisational and inter-agency matters - and so has gained experience relevant to the interpretation of the research results.

**9. Comparison with needs and arrangements in other towns**

It has become clear that as regards diversion each geographical area has its own particular needs and local arrangements need to reflect this. However, there is still scope for comparison of approaches taken. To this end, links have been built up with other projects through conferences and other channels.

**10. Comparison with aspects of provision for other groups in Oxford**

This will be carried out later in the project: it will be vital information for managers of local services.

**B. Action component**

**1. Service delivery**

At an early stage in the project it became clear that for the researcher to take referrals would be problematic. The reasons for this were:

- a) providing a service could jeopardise the position of the researcher as an independent agent (to whom all parties would hopefully be honest in their assessment of current practice);
- b) a workable service could not be provided which was only staffed by one person and so only available at some times of the day, particularly in view of the large number of relevant cases arising during the evening and night;
- c) it was necessary to gain a clear picture of how the system was already operating, particularly in respect of agencies' statutory duties.

This aspect of the work was therefore dropped. Elmore resources have not been sufficient to allow an expansion of the service using the existing support workers. It is difficult to see how this could be viable without 24-hour cover.

The Co-ordinator of the Elmore Team has visited the police surgeons to clarify what the team can offer at present but this has not resulted in referrals from the police surgeons.

## 2. Training and liaison

### a. Custody staff training

This was identified as a need by the researcher. It is being taken forward by the researcher and the co-ordinator of the Elmore Team, together with a training sergeant from the police and the head of the local Mental Health Resource Centre.

The training will include contributions from custody staff, a police surgeon, an approved social worker and a psychiatrist. The aim is to help the various groups to understand each others' responsibilities both in respect of long-term care for mentally disordered people and in respect of their assessment at the police station. An initial half-day session is planned for the autumn. This is expected to identify the needs for further training and also to explore possibilities for regular liaison sessions between the assessors.

The researcher has also been in contact with organisations elsewhere involved in training for custody staff, in particular with a group connected to the Thames Valley Partnership which is outlining a proposal for police training on mental health throughout the region.

### b. Input into local agencies' planning

The researcher has been able to contribute to meetings of the local Strategic Forum on Mentally Disordered Offenders, and Social Services meetings concerning the need for more ASWs.

## VIII. REFERENCES

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## IX. APPENDICES

### A. STEERING COMMITTEE

The Steering Committee for the project consists of:

Jon McLeavy, Elmore Team Co-ordinator  
 Peter Agulnik, Consultant Psychiatrist  
 Pat Goodwin, independent  
 Tim Skinner, Team Manager, Social Services  
 Dorothy Wilson, independent  
 Stuart Barsby, Inspector, Oxford Police  
 Matt Berkley, researcher

### B. LIST OF AGENCIES CONSULTED

#### a. Mental Health Trust

Chief Executive  
 Clinical Directors  
 Consultant, McKnight Unit  
 Community Nurse  
 Clinical Psychologist  
 Senior Registrars

#### b. Social Services

Team Managers, Disability  
 Approved Social Workers  
 Care Management Team Leader  
 Mental Health Specialist Social Workers

#### c. Elmore Community Support Team

Support Workers  
 Clients



- d. Police**
  - Chief Superintendent, Oxford
  - Custody Sergeants
  - Gaolers
  
- e. Police surgeons**
  
- f. Crown Prosecution Service**
  
- g. Courts**
  - Deputy Clerk to the Justices, Oxford City Magistrates' Court
  
- h. Prison**
  - Medical Officer
  
- i. Regional Secure Unit**
  - Consultant Psychiatrist
  - Community Psychiatric Nurse
  - Social Worker
  
- j. Probation Service**
  - Day Centre Team
  - Assistant Chief Probation Officer with responsibility for MDOs
  
- k. Luther Street GP Surgery for homeless people**
  
- l. Oxford Survivors**
  - (group for users and ex-users of mental health services)
  
- m. Housing**
  - Oxford Night Shelter Manager
  
- n. Home Office**
  - C3 Division





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