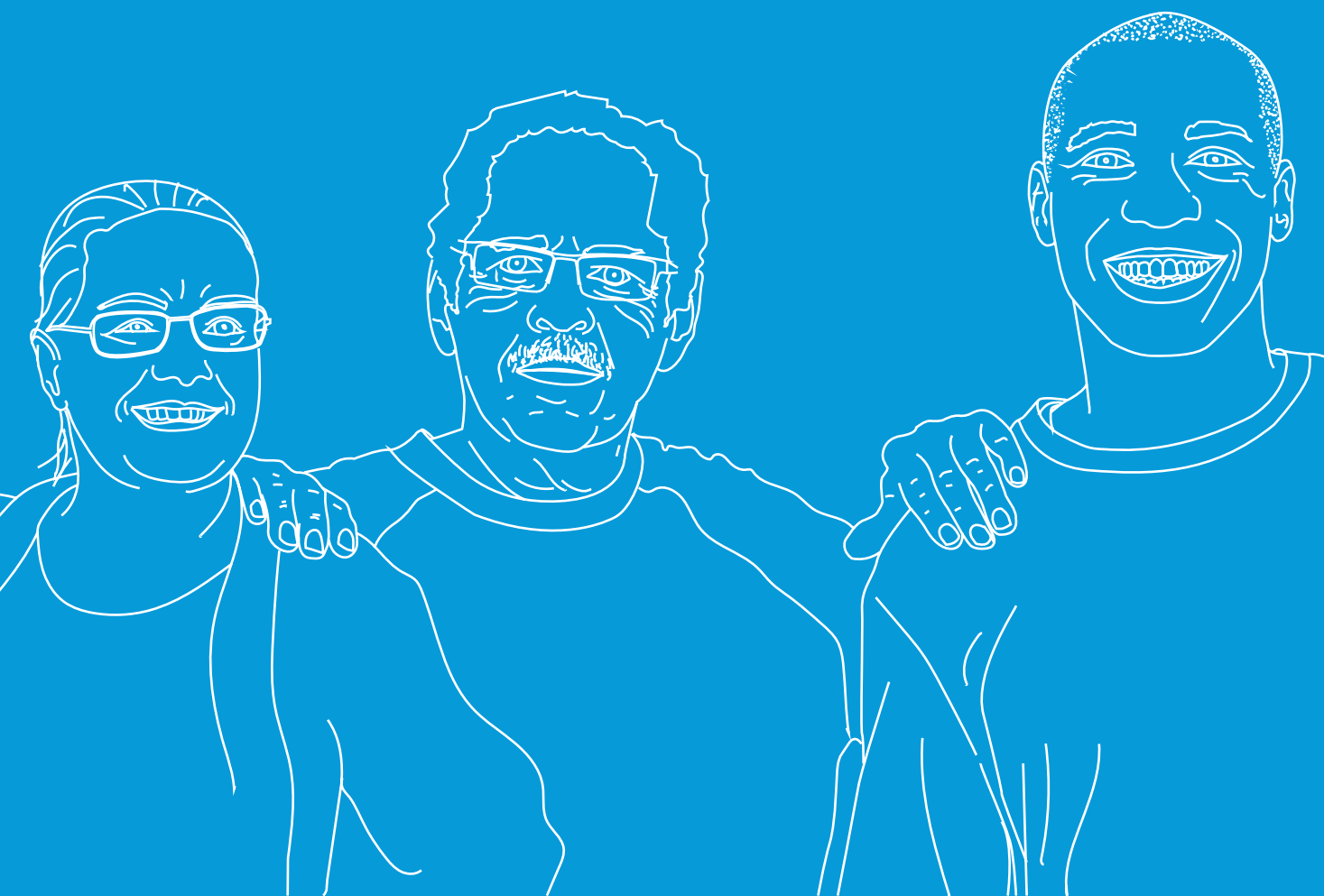


A common sense approach to working with defendants and offenders with mental health and wellbeing needs



Foreword

from the Rt Hon Lord Keith Bradley

My independent review (published in 2009) of people with mental health problems or learning disabilities in the criminal justice system identified a number of recommendations focusing on the need for criminal justice professionals to be equipped to identify vulnerable people at whatever point they come into contact with the justice system – the police officer on the street, probation officers at court, prison staff and a whole range of other professionals such as the Crown Prosecution Service (CPS), solicitors and the judiciary.

The complexity of need experienced by people in these criminal justice settings and the often fast pace of justice proceedings means that the identification of people in need of support and treatment can be a difficult and challenging task. The increasing involvement by health care professionals, as with the national Liaison and Diversion programme, is very much welcomed and necessary, but there is a continuing need for criminal justice professionals to play their part in recognising and responding to vulnerable individuals – particularly to support their diversion away from custody settings when appropriate.

This Guide supports professionals to do just that and I was delighted to be asked by Together for Mental Wellbeing to write the foreword for this updated version. I was at the launch of the original publication in 2011 and was struck by the straightforward approach to the giving of information on a range of problems, how they might affect a person's behaviour and importantly, invaluable suggestions and advice of how to respond to someone in need. The Guide recognises the multi-agency involvement often required in a person's ongoing care and support and includes references to national resources that can be used to help as well as guidance to navigate access to local health and social care services.

Rt Hon Lord Keith Bradley

36%

of prisoners are estimated to have some sort of disability

26%

 of women and

16%

 of men

said they had received treatment for a mental health problem in the year before custody

Suicide rates are significantly higher in custody than amongst the general population

Less than 1%

of ex-offenders living in the community are referred for mental health treatment

Sources:

Ministry of Justice (2013) Gender differences in substance misuse and mental health amongst prisoners, London: Ministry of Justice

Office for National Statistics (2015) Suicides in the United Kingdom, 2013 Registrations, Newport: Office for National Statistics

Ministry of Justice (2012) Estimating the prevalence of disability amongst prisoners: results from the Surveying Prisoner Crime Reduction (SPCR) survey, London: Ministry of Justice

Introduction

Too many people pass through the criminal justice system without their mental health and wellbeing needs being recognised. With more than 70 per cent of the prison population having some kind of mental health problem, and an estimated 20 to 30 per cent of people in prison having a learning disability or learning difficulty, it's crucial that specialist services exist to ensure that people get the care and support they need to break the cycle of offending.

‘I am still struggling with everything that has happened, but I have so many people helping me now, I have a long way to go but I don't feel alone any more, I'm so grateful’

Service user

For over twenty years, Together has worked with both service users and criminal justice professionals to break the cycle of offending for thousands of people with mental health needs and other vulnerabilities.

Our approach is underpinned by a thorough knowledge of clinical and psychological practice that focuses on building people's own resilience and resources. We see the whole person rather than a collection of discrete problems and embrace vulnerability as a starting point for recovery, growth and change.

‘No one in the courts wants to punish ineffectively, so it is vital that people with mental health issues are given the help and support they need’

District judge

We use a collaborative learning approach to bring about change for the service user, the services they come into contact with and the systems around them. We do this by sharing expertise from many years of first-hand experience in criminal justice settings. This guide is a reflection of that experience and aims to give you greater confidence

when dealing with people with mental health problems and a range of other needs, including learning disability, substance misuse and speech and communication problems.

Each of your organisations will have its own practices and protocols and you should always follow your own guidelines. The purpose of this guide is to share our knowledge and to offer you practical advice on what to do if you are concerned that an offender, defendant or somebody in your care might have a mental health problem or needs relating to other vulnerabilities. Importantly, the guide also refers to the agencies you can go to for help, and other resources that may support you in your role. **This guide complements another which focuses on approaches to working with women in the criminal justice system.**

Linda Bryant

Director of Criminal Justice Services, Together for Mental Wellbeing

Together for Mental Wellbeing is a national charity that supports people with mental health needs to lead fulfilling and independent lives. We value people as experts in what works best for them, and each individual we work with influences and shapes the support they and others receive from us.

We aim to support people of all ages at every point of the criminal justice pathway. We work alongside emergency and community services to provide help to individuals at the very earliest opportunity, when they are in danger of reaching crisis point or at risk of arrest. We work with people in court and probation settings so their needs are identified and managed, and help them to access and engage with relevant care and treatment.

We provide specialist advice and training to professionals working in criminal justice settings, to enable them to better support individuals with a range of vulnerabilities. Our expertise includes training around complex mental health problems, dual diagnosis, personality disorder and how to support vulnerable groups such as women.

The four-step process

1. **SPOT** the potential issue
2. **UNDERSTAND** the impact of the surroundings
3. **ASK** questions to find out more
4. **RESPOND**

STEP 1.

SPOT the potential issue

High and immediate risk

If you are concerned that a person under your care has a mental health issue and you think there could be immediate risks – risk to the person's own safety or a risk to others – turn to page 11 for the steps to immediately ensure everyone's safety.

The following are some common outward signs that someone is experiencing mental health problems (sometimes occurring in combination):

Seeming distressed, anxious or distracted

- Difficulty in expressing themselves coherently.
- Jumbled speech.
- Not trusting what you are saying to them.
- Convinced by beliefs that have no factual basis (believing, for instance, that they are related to the royal family or are in danger of being attacked).
- Thoughts jumping around very rapidly.
- Crying easily.

- Easily startled and panicked.
- Feeling hopeless and helpless.
- Difficulty eating or sleeping, sometimes for extended periods.
- Blaming themselves, expressing guilt unnecessarily, attempting to leave the situation to relieve feelings of discomfort.
- Over-sensitivity to rejection or abandonment by others.

Appearing uninterested

- Difficulty concentrating.
- Difficulty remembering things.
- Finding it hard to complete simple tasks and activities.
- Lacking interest in their surroundings.
- Difficulty expressing emotions, seeming cut off from their feelings, emotionally numb.
- Quiet, appearing tired, listless, lacking in energy.
- Lacking any interest in their appearance.

Panic

- Talking very fast.
- Sudden, intense feelings of anxiety, loss of control.
- Trouble breathing.
- Trembling, shaking.
- Over-sensitivity to noises or sudden movements.

IMPORTANT

This guidance should not replace the protocols and guidance set by your employers. It outlines approaches that we have found successful in dealing with hundreds of defendants and offenders with mental health problems, over many years. It focuses mainly on mental health, but it also recognises the complexity of need and other vulnerabilities that may be facing the person you are trying to help – such as learning disability or learning difficulty, substance misuse and speech and language difficulties. The 'Quick reference guides' starting on page 16 provide more detailed information.

Over-excited or extremely angry

- Over-active and excitable behaviour.
- Quickly and irrationally becoming irritable or extremely angry.
- Over-anxious, wanting to leave the situation.

Speaking to themselves or experiencing unusual things

- Claiming sensations that do not exist (something crawling on their skin, seeing bright colours or objects).
- Hearing voices or sounds that are not there.
- Flashbacks (related to a past trauma).
- Nightmares and disturbed sleep, intrusive thoughts and images.

Dressing flamboyantly, acting compulsively, spending excessively

- Appearing over-confident and self-important.
- Debt is an associated problem.
- Acting eccentrically, dramatically or erratically.
- Making inappropriate demands.
- Becoming very persuasive in order to be offered more than is realistic.

Difficulties in relationships

- Mistrustful of professionals and people in authority.
- Having unrealistic expectations of the help they can receive.
- Incapacity to maintain long-term relationships.
- Indifference to social relationships.

Physical symptoms

- Includes increased heart rate, rapid breathing, excessive sweating, tense muscles, headaches, nausea.
- Require frequent toilet visits.
- Trouble with breathing, shaking, trembling due to a panic attack.

Phobias

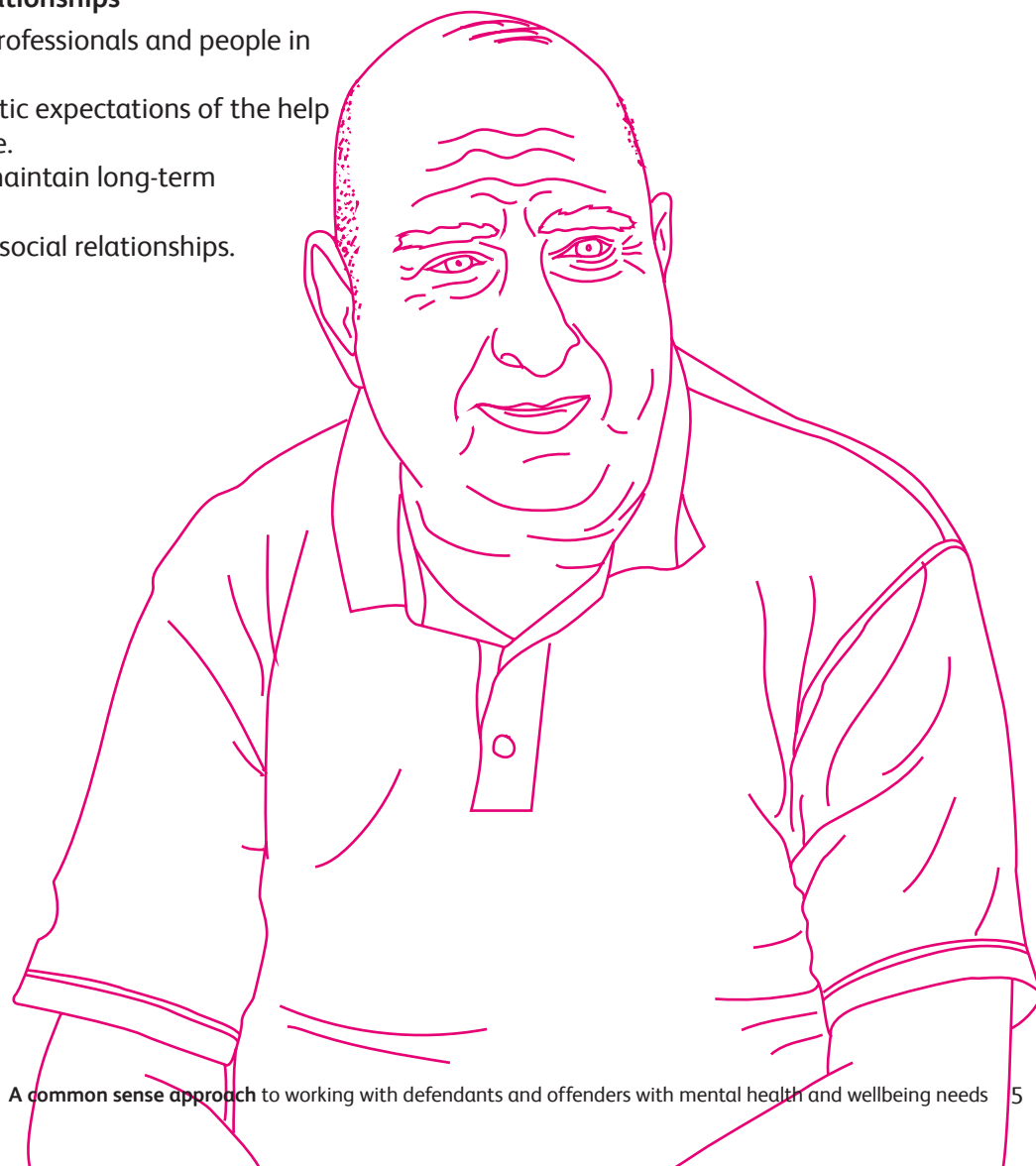
An extreme irrational fear, such as of:

- Going out.
- Social occasions.
- Crowded places.

Alcohol and use of illegal substances

Some of the behaviour mentioned above may also indicate that a person has been either using or is withdrawing from excessive use of illicit substances and/or alcohol.

For more information about common signs and symptoms relating to specific mental health conditions and information about addiction and dependency, go to the 'Quick reference guide' on page 16.



STEP 2.

UNDERSTAND the impact of the surroundings

A person's response to their surroundings will have an impact on their sense of emotional wellbeing and how they relate to others.

Stress exacerbates mental health problems

Contact with the criminal justice system is stressful for anyone. Coping with it is even more difficult for someone with a mental health problem, particularly if they are unwell at the time.

Increase in anxiety

Anxiety may increase if medication or a mental health appointment has been missed. Being in a police station or the cells at court is likely to make the person feel even worse and may make it harder for them to communicate with you.

Surroundings may trigger symptoms

People may find it difficult to cope with noisy, busy police stations, for example, with people sometimes behaving unpredictably and impulsively.

Something you are unaware of may have caused the person to become unwell or distressed.

For example, the person may have run out of medication, been involved in a quarrel or been the victim of a crime.

Unfamiliar criminal justice processes

A person may find it genuinely difficult to cooperate with you as you carry out your duties, because the procedures are unfamiliar and hard to make sense of.

Fear of stigma and discrimination

People with mental health problems often worry about other people's attitudes and how they will be treated if they admit to their problems. They may not want anyone, including their family, to know about their condition, and be reluctant to ask for help.



STEP 3.

ASK questions to find out more

When you think you have spotted a potential issue, it is important to find out more.

This may involve adapting your behaviour, asking sensitive questions and putting the person at their ease. Obtaining more information will enable you to deal with the situation more effectively.

How you behave can also make a huge difference to how the person is able to cope. It may also make doing your job, and ensuring their safety, much easier.

Give consistent and clear explanations

Explain who you are, what your role is and what's going on. Wear your ID. Keep the person informed about what you are doing when you leave them and who will be talking to them next. They are quite likely to be confused. They may not even realise who they have been speaking to.

Use the person's name when addressing them at the start of a question or comment.

Be consistent and repeat things if needed. Do not assume that they have been through the process before.

Ask short, simple and precise questions, sensitively

The person is likely to know more about their mental health problems than anyone else – ask them.

Use straightforward language and try not to use jargon. Listen without interrupting or implying that their replies are unreasonable or made up.

Avoid talking down to them or belittling them

If a person is not responding it may be due to their mental health problem, substance misuse and/or alcohol problem or other speech and communication factors, including English not being their first language.

Stay calm: try to maintain a reassuring tone of voice

Avoid confrontation or arguments. Let the

person express themselves if they are very distressed.

Persevere if the person does not want to talk to you

If someone is agitated and distressed it may be helpful to back off to allow the person or situation to calm down while you monitor the situation. If you do back off, return and try to begin again. Be careful that the person does not feel pressured into a response or that repeating questions does not imply that the person is giving wrong answers or is not believable.

Be honest

If the person does not accept what you are saying, for example if they say that one of your colleagues has told them something different, discuss the issue with both your colleague and the person present, if possible. Be clear about how much you or your organisation may be able to help them (or not).

Find someone they trust

If the conversation is becoming difficult try to find someone nearby or in the neighbourhood whom the person trusts and ask if it's OK for you to speak with them. It could be a family member or friend attending the court hearing; there may be a neighbour who knows the person well.

Avoid noise and crowded places

If possible take the person away from over-stimulating and distracting surroundings.

Be cautious about physical contact

Don't assume that a reassuring hand on their arm, or other contact meant to reassure, will necessarily make them feel better.

Observe the person and any changes in their behaviour

Tell the person that this is what you are doing and why, i.e. that you are concerned about their welfare.

Keep the person informed

It is sometimes difficult for people to absorb and retain information when they are stressed or anxious. It is important to give regular updates and to check that the person understands what is happening. Be prepared to repeat things. See overleaf for questions that you might ask.

Questions you might ask

When asking questions you need to think about what you are trying to achieve.

You may need to ask a question again, but in a different way if the person is finding it hard to understand you.

High and immediate risk

If you are concerned that someone is at risk of self-harm and/or suicidal behaviour, follow your own organisational policies to help keep that person safe.

These questions will help you assess risk. Asking the person questions about risk doesn't necessarily mean that they will then act on what they are telling you. They are more likely to experience a sense of relief and feel supported, particularly if they are having thoughts of hurting themselves.

Go to page 11 for the immediate steps you might take to ensure the safety of the person and those around them.

Engaging the person

- My name is and I am a I just wanted to check how you are doing. Can you tell me how you are feeling at the moment?
- Can I get you anything?
- Do you understand why you are here?
- Do you understand the situation you are in?
- Do you need some time alone or would you like me to stay? If you would like me to come back, my name is You can ask for me – I'm around.
- Is there anything you would find helpful at the moment?
- You seem a bit wound up and upset. If you can stay calm, we can find out how we might be able to help you.

Understanding the issues

- You seem really upset/irritated/down/restless. Are you OK? Can you tell me what's the matter?
- Can you think of anything that might help right now?
- Can you tell me if you are feeling unwell?
- How are you feeling at the moment? Is there anything troubling you at the moment?
- You seem a bit preoccupied and distracted. Is there something on your mind?

- You're talking really quickly. Is everything OK for you?
- Can you tell me if there is anything disturbing you? How are you managing that? How can you help yourself with that?

Is the person at risk in any way?

- You're looking really down/low. Sometimes people who are feeling very low may be thinking of harming themselves. Are you having any thoughts like that?
- Are you feeling safe at the moment? Are you worried about yourself?
- What might you do?
- How certain are you that you will do something to harm yourself?
- Is there anything that would help at the moment?
- When was the last time you harmed yourself? What was happening at the time?
- We're concerned about your safety and will need to check that you're OK. This means that (explain the actions to be taken: for example, there will be someone sitting outside the door) and if you would like to talk to someone, then let us know.

You may need to ask a question again, but in a different way if the person is finding it hard to understand you

Illicit drugs and/or alcohol

It is very important to find out as soon as you can whether the person is suffering from the effects of illicit drug and/or alcohol use, or withdrawal from these substances, because these can significantly affect their health and behaviour.

You need to explain why you are asking about this – to increase the chance of them telling you.

Ask questions in steps

1. Have they been using drugs and/or alcohol?

- I need to ask you some questions in order to keep you safe and healthy while you are here.
- Can you tell me if you have taken any alcohol or illicit drugs in the last 24 hours?
- If so, can you tell me how much you have been using/taking?

- Is this usual for you?
- Do you feel you can handle what is happening to you?
- Can you tell me why you think that?

2. Are they on prescribed medication?

- Are you taking any medicines prescribed by a doctor?
- Do you take any non-prescribed medicines?
- Do you mind me asking what the medication is for?

3. Communicate your response (this will depend on any risk issues you have identified and your organisation's protocols)

- Now that you have told me this, would you like to see a doctor?
- Having told me this, I am concerned that you may need to see a doctor. Do you agree?
- I am concerned about your safety after what you have told me. I am going to call a doctor to see you.

4. Has the person had any contact with help before? Would they like help?

- Are you getting any support or help from anyone?
- Who is that?
- Have you ever talked to anyone about things that trouble you/about how you are feeling?
- Are you taking any medication for how you are feeling? Who is giving that to you?
- Do you talk to your GP about how you are feeling/about your problems?
- What has your GP/nurse/counsellor, etc, suggested?
- What kind of help do you feel you need?
- Would you like any help?
- Is there anyone you'd like me to contact?

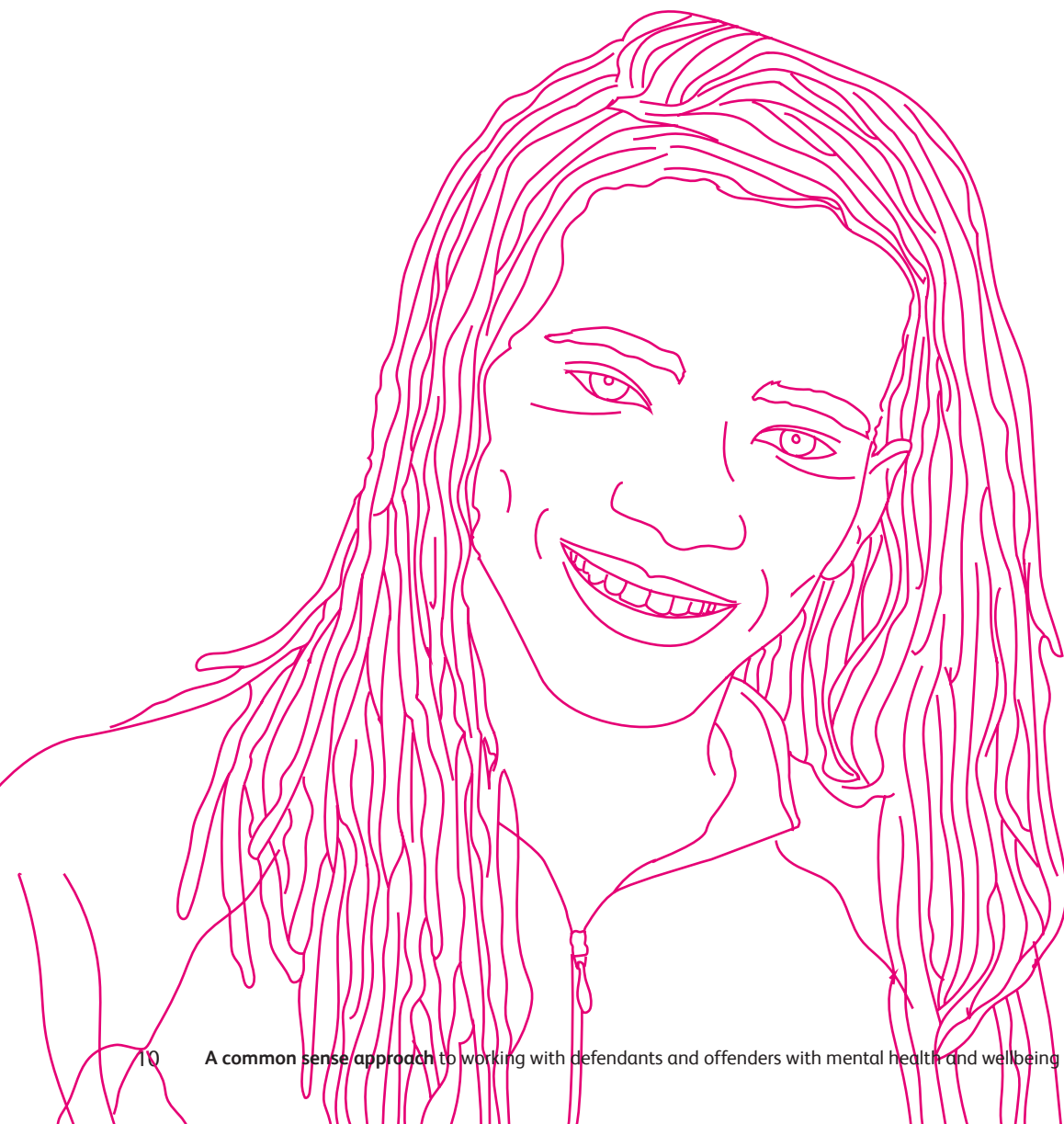


Explaining onward referral/criminal justice processes

This may be the first time the person has been in a police station, court or other criminal justice setting. Procedures may be unfamiliar and cause anxiety and distress. To help the person, and also to make your job easier, it will be important to try to put the person at ease and to explain what actions you may take and what may happen next for the person.

- I'm concerned about you because Does that make sense to you?
- I would like to contact Is that OK with you?
- I need to do that because and I think this will help you.

- OK – this is what's about to happen, this is what I'd like you to do, which means that will probably happen.
- Have you ever been in a police station or court before?
- Brief the person about what may happen next: 'It might help if you understand what is going to happen next – would you like me to tell you?' For example, explain what the court looks like, what they are likely to be asked (name, etc) and what behaviour is acceptable (avoid swearing, for example).
- I'm worried that if you carry on doing you might harm yourself. It might also mean that we will need to if you continue. We may not be able to get you up to court and your case may be put back.



STEP 4.

RESPOND You may now have a clearer understanding of what might be happening to the person in your care.

Important next steps

- **Write down the information** in your organisational records.
- **Check out your thinking with a colleague and seek their advice.**
- **Get in touch with other agencies.** Using your information and your organisational policies and procedures, consider which other professionals or agencies you need to get in touch with in order to better meet the person's needs and your own duty of care. For example, your local Liaison and Diversion service.
- **Consent.** In an emergency that requires immediate action (see right) and having followed your own organisation's protocols, you may need to contact external services, such as the person's GP or Community Mental Health Team and share information without seeking the person's consent. You should tell the person what you are doing.
- Be aware of your employer's procedures about sharing information. Are you aware of information-sharing protocols between your organisation and others relevant to the situation?

It is important that you are clear that you are acting in the person's best interests

Write up any action you have taken in the person's records so that this can be taken up either by your colleagues on the next duty or the agencies who next have contact with the person.

It is important that you are clear that you are acting in the person's best interests, based on the information available to you and the circumstances you are currently dealing with.

If you are concerned about somebody

Your action now will depend on two main factors:

1

You are concerned that the person's behaviour presents some immediate risks – to the person's own health and safety or to that of others (including you and immediate colleagues).

IMPORTANT

The following questions may also apply to someone who is experiencing the potentially harmful effects of excessive drug/alcohol use or withdrawal.

Consider the following

- Does the person have limited or no understanding of the situation they are in? You can ask them what their understanding of their current situation is.
- Is the person so distressed that they are not able to communicate with you clearly?
- Does the person seem at immediate risk of harming themselves or others?
- Are you clear that you are acting in the person's best interests based on the information available to you and the circumstances you are currently dealing with?
- Is there a health practitioner in the close vicinity who may be able to provide an immediate assessment of need and assistance to support your next actions – for example, a Liaison and Diversion practitioner.

If your answers to any of the above questions are 'YES', you may want to contact the following services for an immediate response:

Emergency services

If it is not clear exactly what help the person needs, but immediate assistance is required, contact the Ambulance Service (and the police if there are safety concerns).

Hospital Accident and Emergency (A&E) departments

These departments will be able to provide the most responsive medical treatment, particularly if the person has physically harmed themselves. An assessment will be made followed by a possible referral to a duty mental health professional, such as a psychiatrist or psychiatric nurse. Some A&E departments also have psychiatric crisis services (they may be called psychiatric liaison services or psychiatric emergency clinics).

Local Community Mental Health Team (CMHT) duty service

Each NHS Trust area has a duty service that can be accessed by the local Community Mental Health Teams. This team can help when it is suspected that a person is very unwell and needs to go to hospital for immediate treatment.

Out-of-hours services

Each NHS Trust area will also have a range of out-of-hours services that may be able to assist. This may include helplines that you can phone in order to get advice and assistance.

2

You are worried about the person's behaviour, but do not think there is immediate risk to the person's or others' safety.

Consider the following – is the person:

- Able to tell you about their emotional/ mental health problems or other vulnerabilities in a relatively understandable way?
- Able to identify supporting relationships that he or she has, such as family, friends, contact with services or a voluntary sector organisation?
- Not expressing any immediate intent to harm him or herself or anyone else?

If your answers to any of these questions are 'YES', you may consider contacting the following services:



Local Liaison and Diversion team

Liaison and Diversion practitioners may be available in your locality. They are able to assist in the screening and assessment of people who have a range of vulnerabilities in police and court settings. When a person has been assessed as having a single or multiple vulnerabilities by a practitioner, they will be referred to the appropriate treatment or support service and an appropriate package of care will be instigated. The practitioners are able to provide criminal justice colleagues with information that may be able to assist in the immediate safe management of the person and also to inform charging, sentencing and other decisions about the person.

Community Mental Health Teams (CMHTs)

CMHTs vary, but generally the team consists of several mental health professionals, including psychiatrists, social workers, mental health nurses, occupational therapists and support workers; they support people with more serious mental health concerns living in the community. The team is usually based in an office or clinic in the community and offers a range of treatments, including medication and counselling. Ask to speak to the duty worker, or if the person is already in the care of a CMHT, ask to speak to the person's Care Coordinator. There will be equivalent teams also within prison settings.

Drug and alcohol services

These services are provided by the NHS and also by the voluntary sector.

There may be specific services in your locality that support drug-misusing offenders as they go through the criminal justice system. They may offer a range of interventions, including an

assessment of need in order to refer the person into treatment and other support. Find the services in your area by contacting some of the organisations in the 'Useful resources' section on page 31.

GP/Primary Care services

The GP (General Practitioner) is generally the first professional that people with a mental health problem or other vulnerabilities go to – they can offer most people the support they need. When GPs diagnose a mental health problem, for example, they might suggest a number of things to help including:

- Referral to a community service for counselling or support at home; referral to IAPTs (Improving Access to Psychological Therapies services).
- Medication, such as anti-depressants.
- Referral to a specialist in a CMHT, such as a psychiatrist.

GPs are often a good point of contact if, with the person's consent, you need more information, particularly about the person's past care. All areas will also have a GP out-of-hours service.

Voluntary sector services

There will be a wide range of local voluntary sector services (they are generally charities) that can offer specialist support and expertise to help people with mental health problems and other vulnerabilities, such as learning disabilities.

There is often a directory of local services that can be found online; otherwise try the advice phone lines detailed in our 'Useful resources' section to find services in your area.

Key contacts

NHS Choices (www.nhs.uk) is the UK's biggest health website. It provides a comprehensive health information service including information and advice on a wide range of health issues as well as finding and using NHS services in England.

To find services in your locality, including urgent care services, go to:
www.nhs.uk/Service-Search

To find NHS Services in Wales, go to:
www.nhsdirect.wales.nhs.uk

Local borough council websites

Local councils are responsible for providing a wide range of services for their local population.

For a directory of council services go to the website for your area:
[www.\(insert name of area\).gov.uk](http://www.(insert name of area).gov.uk)

How to get the right services

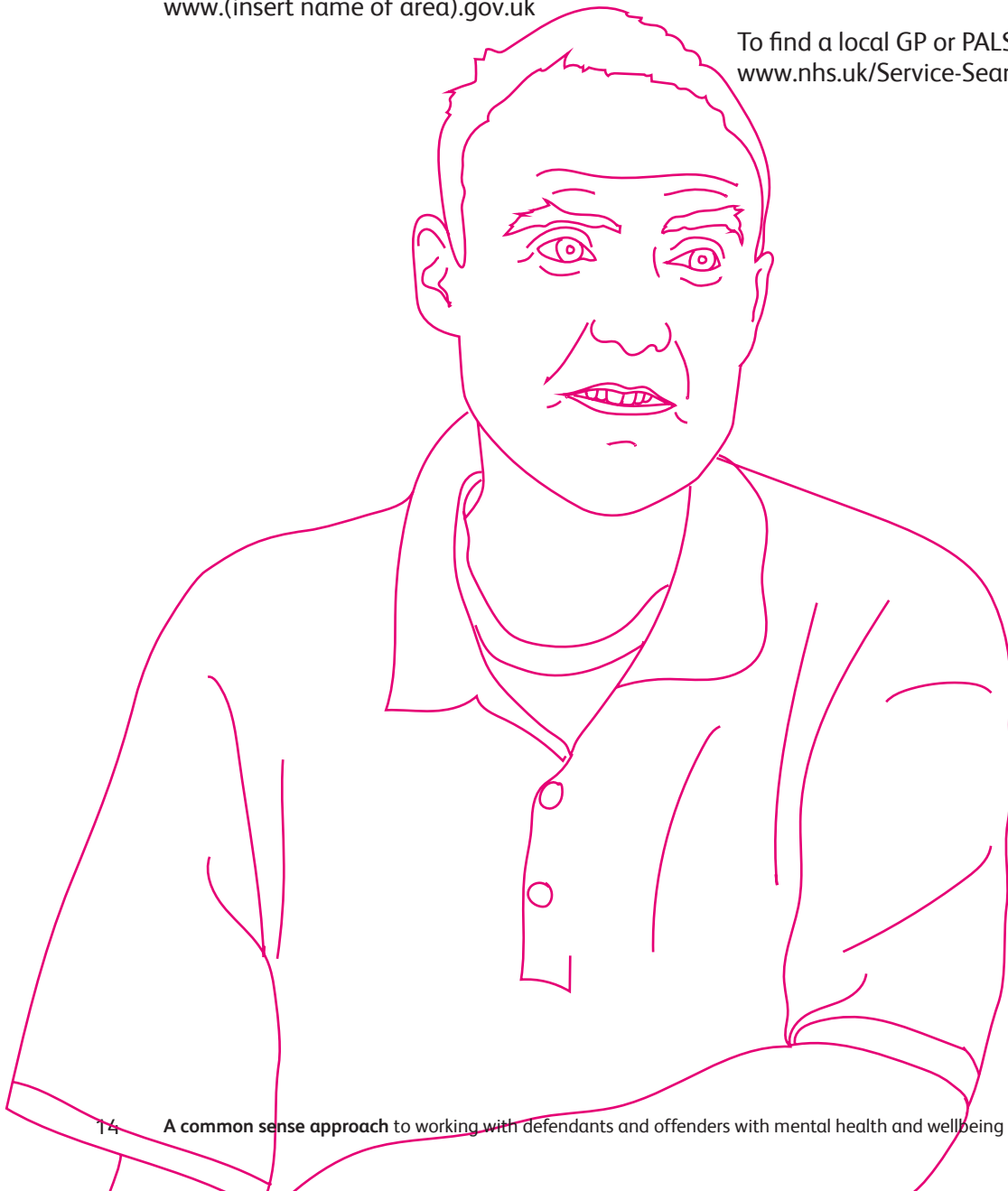
GP registration

As part of your response, you may need to find out if the person is registered with a GP or help the person to become registered.

GP services are often the gateway for people to access NHS services. GPs look after the health and wellbeing of people in their local community and deal with a whole range of health problems. They usually work in practices as part of a team, which includes nurses, healthcare assistants, practice managers, receptionists and other staff. Practices also work closely with other healthcare professionals, such as health visitors, midwives, mental health services and social care services.

PALS (Patient Advice and Liaison Service) can also help with any enquiry about the NHS and provide information on health-related matters

To find a local GP or PALS service, go to:
www.nhs.uk/Service-Search



Understanding funding arrangements

It may be important for you to know who is responsible for paying for a person's care. There have been significant changes in the way that services are commissioned and funded since the introduction of the Health and Social Care Act 2012. Changes include the shift of commissioning responsibilities from the Department of Health to an independent NHS Commissioning Board (now known as NHS England) and to Clinical Commissioning Groups (CCGs). CCGs are groups of GP practices that work together to plan, design and commission most of our local health services.

...you may need to find out if the person is registered with a GP or help the person to become registered

To understand which organisation may need to pay for a person's care, the general rules are:

- If a person is registered with a GP, the responsible commissioner will be the CCG of which the GP practice is a member.
- If the person is not registered, the responsible commissioner will be the CCG in whose geographic area the person is 'usually resident'.

For emergency care, the local CCG is responsible for anyone present in its geographic area, regardless of where the person in question is usually resident or which GP practice (if any) they are registered with.

There are some exceptions to this including people who are not ordinarily resident in the UK – they may be registered with a GP but they won't be entitled to free NHS treatment.

Funding arrangements for asylum seekers, individuals with no fixed abode (NFA) or in bail accommodation

There are some exceptions to the 'general rules' for funding for some groups of people, including: asylum seekers, 'over-stayers', failed asylum seekers and people who are classified as having 'no recourse to public funds'. There

are complex rules about eligibility for various services in relation to immigration status and interventions will be based on individual circumstances. A person who has made a formal application to take refuge in the UK is regarded at any stage in their application (including appeals recognised by the Home Office) as exempt from charges for hospital treatment. This is also the case for failed asylum seekers who are receiving support from the UK Border Agency. However, it is recommended to seek advice from your Local Authority.

The No Recourse to Public Funds Network (NRPF) is run on behalf of local authorities in England and Wales by London Borough of Islington. It provides advice and guidance on assessing and meeting the needs of people with NRPF: www.islington.gov.uk/nrpfnetwork.

Persons of 'no fixed abode' (NFA)

Where a person has 'no fixed abode' and is not registered with a GP practice, the responsible CCG should be determined by the terms of the 'usually resident' test. If the person considers themselves to be resident at an address, which is for example a hostel, then this should be accepted. The absence of a permanent address is not a barrier for a person with 'no fixed abode' to registering with a GP practice. In many instances, practices have used the practice address in order to register a homeless person. There may also be dedicated GP Practices in the area offering services to people who are NFA.

Approved premises and bail accommodation

CCGs are responsible for commissioning services for people residing in approved premises and bail accommodation as well as those serving community sentences or on probation. The 'general rules' also apply to these residents.

There is further information to help you in the 'Useful resources' section on page 31.

Quick reference guide:

Mental health, alcohol and substance misuse

This section outlines some of the signs and symptoms of the most common mental disorders, and the effects of alcohol and substance misuse. It suggests approaches that might help you in responding to people with these symptoms.

Mental health conditions

Anxiety

We all get anxious sometimes; for a short period anxiety may affect sleep, appetite and concentration but it usually eases when the cause of the anxiety has passed.

When anxiety persists, the feelings can become overwhelming and significantly affect a person's ability to cope. People with anxiety may also suffer with other mental health problems, such as depression.

Signs/symptoms

- Physical sensations including increased heart rate, rapid breathing, excessive sweating, tense muscles, headaches, nausea and needing to go to the toilet more often.
- Worrying thoughts that he or she may pass out or even die.
- Urges to escape a situation in order to relieve his or her physical sensations and reduce distressing thoughts.
- Sudden and intense feelings of anxiety – a 'panic attack' – can include feelings of losing control, trouble with breathing, trembling and shaking.

Effects on the person

- Agitated, restless and distressed.
- Avoids or leaves situations in order to relieve uncomfortable feelings.
- Difficulty concentrating.
- May develop a phobia about going out and may no longer want to see family and friends.

Key information

- **Allow the person to talk** about what is making them feel anxious.
- **It is unhelpful to tell the person to relax** without offering ways of doing this – for example, to take long and deep breaths.
- If the person is extremely agitated and distressed, you may need to **give them time and reassurance** to express themselves, such as being allowed to cry. This may help relieve the tension.



Bipolar disorder (manic depression)

Bipolar disorder is a serious but treatable medical illness. It is marked by extreme shifts in mood, energy, thinking and behaviour. There are 'highs' – periods of mania, greatly elated and excitable states and 'lows' – periods of depression.

There is a strong link between stress and this disorder, which can be triggered when someone finds themselves in surroundings that are stressful for them – for example, a police station or court – or by physical health problems and social factors, such as living in poor accommodation, losing a job and so on.

A person may be unaware of the changes in his or her behaviour or moods and the effect they have on others. However, they may also have long periods when they are well and not experiencing any symptoms.

Signs/symptoms

- Extreme swings in moods: severe depression to periods of feeling elated.
- Unpredictable or unexpected behaviour.
- Unusual beliefs not based in reality.
- Difficulties with eating and sleeping.
- Thoughts of self-harm or suicidal feelings.

Note: between the highs and lows the person may experience more emotional stability.

Effects on the person

In an elated mood the person may:

- Talk at a fast rate, appear overly confident and self-important.
- Be overactive and excitable in his or her behaviour.
- Become quickly angry or irritable.
- Dress flamboyantly, spend excessive amounts of money and end up with debts.

In a depressed mood the person may:

- Feel unmotivated and uninterested and find completing simple tasks difficult.
- Have difficulty concentrating and remembering things.

Key information

- **Keep questions as simple and as clear as possible** and repeat them in different ways if the person is not understanding you.
- **Be patient** if the person is speaking too fast and ask them to slow down.
- **Stay calm** if the person's behaviour is unpredictable and ask them to try to remain sitting.
- **Ask if they are aware that their behaviour is erratic** and whether they have a diagnosis of any kind.
- **Ask if they have any thoughts about harming themselves.**
- **Encourage them to talk** to you and focus on their feelings at the moment.
- **Be as clear as possible about your role** and why you are talking to them.

Depression

Anyone can feel unhappy and low at times in response to life events, such as illness, stress, bereavement and so on. For some people, however, depression may begin for no apparent reason and become a long-term condition. Sometimes depression comes and goes but is severe enough to disturb a person's day-to-day routine.

Health professionals tend to split the types of depression into three broad categories:

- **Psychological** – this is where a stressful or upsetting life event causes a persistent low mood, low self-esteem and feelings of hopelessness about the future.
- **Physical or chemical** – depression is caused by changes in levels of chemicals in the brain. For example, your mood can change as hormone levels go up and down. This is often seen in women as it is associated with the menstrual cycle, pregnancy, miscarriage, childbirth and the menopause.
- **Social** – doing fewer activities or having fewer interests can cause depression, or may happen because of depression.

People who are severely depressed sometimes want to harm themselves or to commit suicide. It is very important that you ask whether they have any thoughts or plans about harming themselves.

Signs/symptoms

- Feeling hopeless and helpless and with thoughts of harming themselves or committing suicide.
- Feeling very down and low in mood and becoming easily tearful.
- Blaming themselves and feeling unnecessarily guilty about things.
- Appearing quiet and taking no interest in their surroundings.
- Disturbed sleep, neglect of self-care, for example, their appearance, eating/appetite changes (either much more or much less than usual).

Effects on the person

- Tired and lacking in energy.
- Lacks motivation and finds it very difficult to complete normal everyday tasks.
- Difficulties concentrating and remembering things.
- Anxious and appears agitated and restless.
- Irritable and angry.
- May isolate themselves and avoid contact with others.
- Finds it extremely difficult to express how they are feeling to others.

Key information

- **Encourage the person to talk** and show that you are listening to them.
- **Try to be positive and avoid being critical** or minimising the person's feelings by saying things like 'cheer up', 'it might never happen'.
- **Be reassuring** that it is possible for them to change their situation and that help is available.
- **If they are talking about wanting to hurt themselves you need to take this seriously** – find out if they have actual plans. Ask:
'Can you tell me about how you are thinking about hurting yourself?
'How often do you think this?'
'Do you have any plans?'
By asking you are not putting the idea in the person's head and they may be relieved that you asked them.
- **Ask about the person's social support** and where they might be going/what they might be doing when they leave you.

Psychosis

The term psychosis refers to experiences such as seeing or hearing things others might not, or holding unusual beliefs that other people do not share. A person suffering from a psychotic illness may have lost touch with some aspects of reality. It is generally considered the most serious form of mental illness. Schizophrenia is a form of psychosis and is ten times more common in the prison population than in the community in general. Forty per cent of people with schizophrenia will attempt suicide at least once. Schizophrenia can be highly disruptive to a person's everyday life, affecting their abilities to maintain relationships, find accommodation, keep a job and so on. Symptoms can often be managed by medication and psychiatric help, without too many side effects.

Schizophrenia can be highly disruptive to a person's everyday life, affecting their abilities to maintain relationships, find accommodation, keep a job and so on

It is important to note that it is not unusual for people to have heard voices during the normal course of life, as a result of a particularly stressful experience. For example, due to a bereavement or the breakdown of a relationship. This can be short lived and without the need for contact with mental health services. People withdrawing from using drugs or alcohol may also experience some of the signs and symptoms associated with psychosis. Specialist drug and alcohol services will be able to offer advice and assistance.

Signs/symptoms

- Hearing voices and/or sounds that do not relate to reality.
- Experiencing sensations that do not exist (for example, seeing bright colours, objects, or people, or feeling things crawling on the skin).
- Thoughts that may jump around quickly.
- Strongly holding beliefs that others do not share and have no basis in reality (for example, that they are related to the royal family or that someone is out to hurt them). These are commonly referred to as delusions.

Effects on the person

- Finds it difficult to express him or herself in a way that others clearly understand.
- Ideas and conversation may appear jumbled.
- Distressed, anxious and distracted.
- Has difficulty concentrating during a conversation and may not trust what you are saying to them.
- Acts strangely or dangerously as a result of delusional beliefs or ideas.

Key information

- **Don't argue.** If someone is seeing or hearing things you aren't, arguing with them or pretending you can also hear/see the same things will not be helpful and may block further communication.
- **Acknowledge what they are saying** but that it is not your experience ('I understand that is how you see things, but maybe we could focus on your current situation').
- **Encourage them to talk to you.**
- **Be alert to the possibility that those who are experiencing psychotic symptoms may act on unreal experiences and can put themselves and others (including you) at risk.**



Personality disorder

'Personality' is the pattern of thoughts, feelings and behaviours that makes us different from each other. Although surroundings and experiences affect how we behave, our responses are generally predictable and consistent. Most people can adapt their behaviour to cope with the more challenging aspects of life. For someone suffering from personality disorder this is often not the case.

A person with a personality disorder may find coping with demanding situations difficult. Some are likely to have experienced abuse (physical, emotional, sexual), trauma and severe neglect in earlier life, which seriously interrupted their normal development. They often find it difficult to establish and maintain positive relationships with others.

Your response to people with personality difficulties is particularly important as they often find interactions with others very difficult

People with a personality disorder are three times more likely to be at risk of harming themselves through self-harm and/or suicide than average. Most people with personality disorders are not violent. However, when violent behaviour occurs it is more likely to be associated with a person with antisocial personality disorder.

Key information

- **Be clear about your role** and the extent that you/your agency may be able to help them – explain how agencies work together.
- If the person is distressed and agitated **stay calm** and ask them what has happened.
- **Be reasonable** in your tone and, if necessary, ensure that the person understands what might happen if you are unable to ensure their safety or that of others.
- **Be transparent and honest** in your communication – for example, if the person does not accept what you are saying and tells you that your colleague has told them something different, discuss the issue with

Your response to people with personality difficulties is particularly important as they often find interactions with others very difficult.

There are different types of personality disorder but generally the person's traits (whether that be their thoughts, feelings or behaviour) are extreme or unusual in some way. They are likely to experience a range of problems in many different areas of their life, or quite severe problems in a few areas. There are four major patterns of personality disorder.

The following provides a brief overview of the main symptoms.

Anxious/inhibited

- Tends to feel uncomfortable in social settings.
- Fears being thought of in a negative way.
- Feels inadequate.
- Believes they are socially inferior and inept.
- Avoids activities and involvement with others as a result of a fear of criticism or rejection.

Dissocial (antisocial)

- Irresponsible and antisocial behaviour.
- Disregards and violates the rights of others.
- Unable to maintain enduring relationships.
- Easily frustrated and angered.
- Unable to feel guilt.

Emotional dysregulation (borderline/impulsive)

- Acts impulsively without considering the consequences.
- Emotionally unstable.
- Unstable relationships with others.
- Disturbed self-image.

- both your colleague and them present, if possible.
- **Be consistent** in the information you are giving.
- **Be cautious about making physical contact with the person.**
- **Be aware of how you might experience someone with personality disorder** – they may stir up extreme feelings in you; you may feel abused and/or deceived; you may be treated as either godlike or as a demon. You may be left feeling responsible if the person is threatening suicide.
- **Avoid taking comments and behaviours personally.**

- Responds negatively to stress, sometimes with self-harming behaviour.

Schizoid

- Indifferent to social relationships.
- Limited range of emotional expressions.
- Tends to be emotionally cold or detached, with a limited ability to express feelings of warmth or anger towards others.
- Prefers solitary activities, with few activities giving any enjoyment or pleasure.

Post-traumatic stress disorder (PTSD)

After a traumatic event in which somebody has been afraid that their life was under threat people can experience a range of psychological symptoms, known together as PTSD.

Such events can include natural disasters, experiences as part of someone's job (for example, fighting in a war) or events witnessed as part of everyday life (for example, a traffic accident, being a victim of violent assault). People may also develop PTSD as a persistent reaction to ongoing trauma (for example, survivors of domestic abuse). People often use alcohol or drugs to deal with uncomfortable and distressing feelings as a result of experiencing trauma. In many cases this leads to dependency problems.

We are including PTSD in this guide because custodial surroundings, such as police cells, court custody suites and prison (noise, overcrowding, lack of personal control) can make symptoms much worse.

Signs/symptoms

- Intrusive thoughts and images, which can cause irritability.
- Flashbacks – feeling as though the trauma is happening again.
- Disturbed sleep, including nightmares.
- Intense distress in response to real or symbolic reminders of the trauma.
- Depression associated with the trauma.

Effects on the person

- Can seriously affect the person's lifestyle: for example, socialising, holding down a job.
- Being easily startled and experiencing panic if reminded of the trauma.
- Irritability and aggressive behaviour.
- Difficulty expressing affection, cut off from feelings and emotionally numb.
- Difficulty concentrating.
- Avoiding situations that remind the person of the trauma.

Key information

- **PTSD can seriously affect a person's life** and it can take a long time with specialist help to overcome the most disabling aspects of the disorder. The person can't just be talked out of it.
- **Refer to specialist help.** People suffering with PTSD often need psychological treatment.
- **PTSD is often linked with other problems**, such as anxiety, depression, drugs or alcohol use. Support and treatment for these associated problems often require trauma-informed approaches in order to acknowledge and deal with the underlying causes of the trauma.

Alcohol and substance misuse

Many people use alcohol or drugs to the extent that it affects their ability to manage daily life. An estimated 30–50 per cent of such people also have a mental health problem.

People often fail to recognise they have a substance misuse problem and, as a result, do not get in touch with support services. This means that their addiction can become worse and their lifestyle more chaotic. People with mental health needs may use alcohol and drugs excessively to make themselves feel better and to cope with stressful experiences.

The use of alcohol and drugs can pose significant risks to physical and mental health. However, for people with a drink or drug addiction, the process of reducing or eliminating their substance misuse needs to be managed carefully. Withdrawing from drink or drug dependency can result in life-threatening conditions if not dealt with carefully.

Key information

The following symptoms may indicate the need for an immediate response using your organisation's emergency procedures:

- Blue lips and pale clammy skin.
- Collapse/unconsciousness/unresponsiveness.
- Breathing difficulties.
- Airway obstruction – unusual snoring or grunting noises.
- Seizures (fitting).
- Hallucinations/shakes.

It is important to ask the person what they have been using, when and how much, and to find out whether they are undergoing any treatment.

Mental health and alcohol

Mental health problems are often combined with alcohol problems. Depression often causes excessive drinking as people can feel it helps them deal with issues such as the inability to sleep. However, alcohol is a depressant and often makes the person feel worse. Alcohol can temporarily relieve anxiety but this may also lead to repeated use and dependency.

Binge drinking

Binge drinking is when too much alcohol is consumed over a short period of time, such as in one evening. It generally involves younger people and it is typically this type of drinking that leads to drunkenness.

People who are drunk are more likely to be involved in an accident or assault and be charged with a criminal offence.

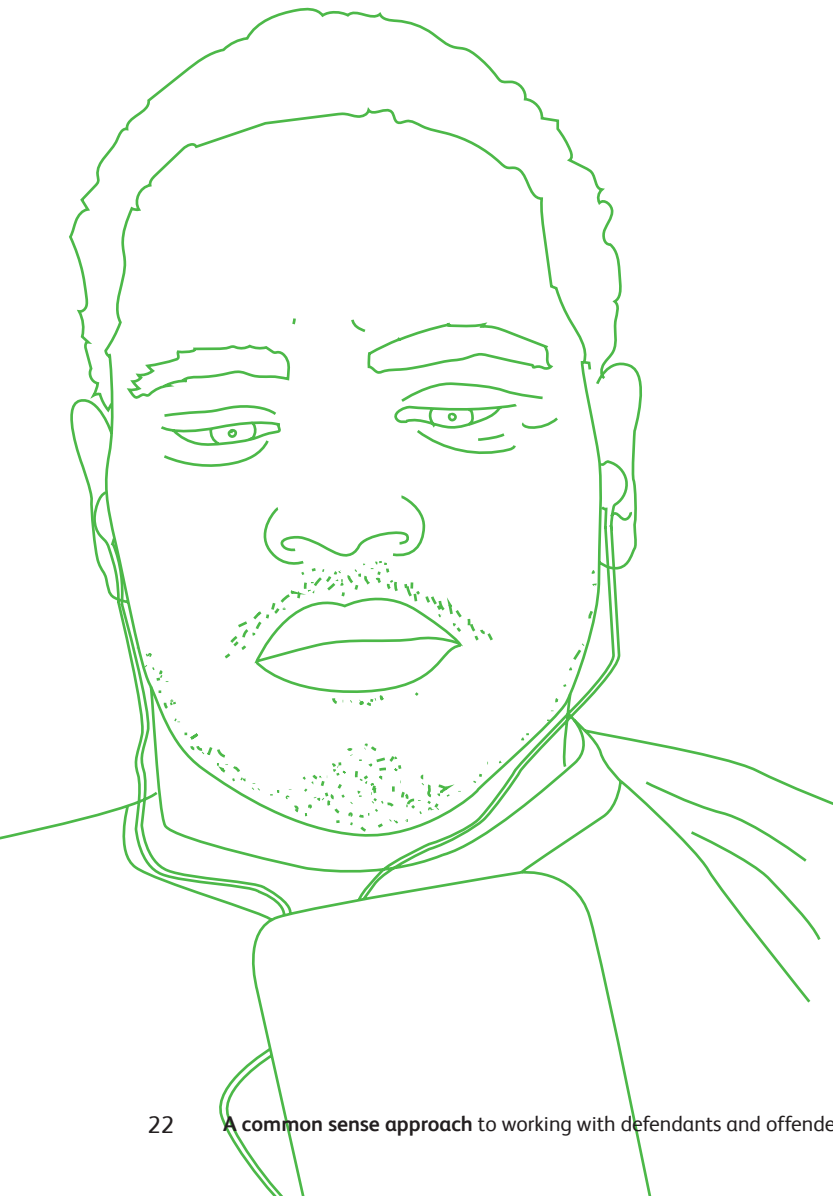
Harmful and hazardous drinking

Hazardous drinking is consuming more than the recommended weekly limits of alcohol (21 units for men; 14 units for women).

Harmful drinking is a pattern of drinking that results in the person experiencing health problems that are directly related to alcohol – not only to the drinker's physical and mental health, such as liver damage and dependence on alcohol, but also with the potential to harm other people, such as violence and aggression in the family or towards partners.

Alcohol dependency

Alcohol dependence is experienced as a number of physical, behavioural and cognitive symptoms in which the use of alcohol takes on



a much higher priority for a given individual compared to other behaviours that once had greater value. A central characteristic is the desire (often strong, sometimes perceived as overpowering) to drink alcohol.

Signs/symptoms

- Tolerance develops and it takes more alcohol to produce drunkenness or the desired effect the person is seeking.
- After a short period without a drink or when alcohol use is reduced withdrawal symptoms develop.
- The person is aware of the clear evidence of the harmful consequences to them but they continue to use alcohol to the same level.
- Preoccupation with alcohol use that's reflected by the person giving up important alternative pleasures or interests or spending a great deal of time on activities necessary to obtain alcohol, consume it or recover from its effects.
- A strong desire or sense of compulsion to use alcohol.

Alcohol withdrawal

In order to prevent longer-term and potentially fatal complications of alcohol withdrawal, it is important that a person receives immediate treatment.

Signs/symptoms

The person is likely to be very anxious and may also have feelings/thoughts of paranoia (intense fear or suspicion which is usually unfounded), as well as some of the following symptoms:

- Tremors – shaking hands and/or body.
- Sweating.
- Nausea/vomiting – including vomiting blood.
- Hallucinations – including experiencing frightening images and a physical sensation of something on their body, for example, insects crawling on their skin.
- Convulsions.
- Seizures.
- Impaired judgement relating to their behaviour and decision-making.
- Unusual behaviour.
- Insomnia.
- In more serious cases confusion, fever, severe depression, disorientation with visual hallucinations can occur.

Mental health and drugs

Among people with mental health needs, substance misuse problems can be common particularly when they are very unwell.

Information you may find helpful:

- People with both mental health problems and substance misuse problems probably have other difficulties, such as keeping their accommodation or job and maintaining positive relationships. As their lifestyle deteriorates, the risk of falling out of contact with support services increases, as does the risk of coming into contact with the criminal justice system.
- Around three-quarters of male and female prisoners have two or more mental disorders and more than half (55 per cent) are problem drug users. There is an increased risk of violent incidents (both as victim and perpetrator).
- Psychotic illnesses may be caused by drugs such as cocaine and speed. Some research suggests that prolonged or heavy use of cannabis can trigger mental health problems or make them worse. Using drugs may also make a person's mental health problems worse. For example, they may feel more anxious or depressed. Some people use drugs to make them feel better or calmer, but gradually they will need more of the drug to achieve the same effect.
- New Psychoactive Substances (NPS) are substances used like illegal drugs such as cocaine or cannabis, but not covered by current misuse of drugs laws. They are also called 'legal highs' or 'club drugs'. These substances can carry serious health risks. The chemicals they contain have in most cases never been used in drugs for human consumption before. This means they haven't been tested to show that they are safe, and the risks are unpredictable. Effects of NPS can include reduced inhibitions, drowsiness, excited or paranoid states, coma, seizures and, in a few cases, death. The Home Office published a resource pack in 2015 to raise awareness amongst frontline staff (see bibliography section).

Drug dependency

Dependence describes a compulsion to continue taking a drug in order to feel good or avoid feeling bad. When people do this to avoid physical discomfort or withdrawal, it is known as physical dependence. When there is a need for stimulation or pleasure or to escape reality, it is known as psychological dependence.

People can develop a physical dependence to substances such as alcohol or heroin, as well as to tranquillisers such as benzodiazepines. They can become psychologically dependent on drugs such as cocaine, amphetamines, ecstasy and cannabis.

The effects of withdrawal can sometimes produce mental health problems or symptoms similar to a mental illness

Drug withdrawal

It is important to find out if someone has been using substances. The effects of withdrawal can sometimes produce mental health problems or symptoms similar to a mental illness.

Withdrawal is the body's reaction to the sudden absence of a drug on which the user is physically dependent. Users can develop physical dependence to substances such as alcohol, heroin, other opiates and tranquillisers, such as benzodiazepines.

Signs/symptoms

People withdrawing from drugs do not all react in the same way.

Opiates withdrawal (including heroin):

- Flu-like symptoms, such as aches and pains,

hot and cold sweats, shivering.

- Nausea/vomiting.
- Diarrhoea.
- Insomnia.
- Rushes of emotions.
- Feeling tired or 'spaced out'.
- Feeling anxious.

Opiate withdrawal is rarely fatal. It is often, however, highly distressing and the person is likely to become depressed and/or anxious.

Overdose, particularly when the drug is taken with alcohol and additional substances, is the main risk from opiate use and can be fatal. If a person has been free of the drug for a period of time and uses again there is an increased likelihood of overdose, because the body has a reduced tolerance.

People withdrawing from methadone, which is commonly prescribed in the treatment of heroin addiction, experience the same symptoms as for opiate withdrawal.

Cocaine and crack-cocaine withdrawal:

- Depressed mood.
- Irritability.
- Agitation and anxiety.
- Tiredness.
- Feeling physically unwell.

As with opiates, direct withdrawal is seldom fatal.

However if the drug has been taken in combination with alcohol and additional substances this increases the likelihood of a fatal overdose.

The experience of withdrawing from substances may make the person want to use them again.

Quick reference guide:

Learning disabilities and learning difficulties

People with mild or moderate learning disabilities and learning difficulties are as likely to find themselves in contact with the criminal justice system as the general population.

It is estimated that between 20 and 30 per cent of prisoners have learning disabilities or difficulties that interfere with their ability to cope within the criminal justice system. This group are also at risk of reoffending because of unidentified needs and consequent lack of support or services. They are unlikely to benefit from programmes designed to address offending behaviour and are often targeted by other prisoners when in custody.

A learning disability is a life-long condition which cannot be 'treated', but is still likely to require the person to receive the support of services

As a vulnerable group of people who may not be able to fully understand or participate in what is happening to them without additional help, it is important that criminal justice staff are able to identify who may need support and which agencies to contact. This may include arranging for an Appropriate Adult to be present (see information about the National Appropriate Adult Network in the 'Useful resources' section on page 32).

It is also important to understand the differences between someone experiencing mental health problems and someone with a learning disability. Generally mental health problems can develop at any time in someone's life, can be as a response to specific events and can change over time. Treatment can usually help to reduce or stop symptoms. A learning disability is a life-long condition which cannot be 'treated', but is still likely to require the person to receive the support of services.

What is a learning disability?

A learning disability is defined as:

- A significantly reduced ability to understand complex information or learn new skills.
- A reduced ability to cope independently.
- A condition which started before adulthood (18 years of age) and has a lasting effect.

(Department of Health, Valuing People White Paper, 2001).

Signs/symptoms

People with learning disabilities will have different, individual experiences that affect their abilities to understand, manage and cope with different situations.

This may include:

- Being slower to understand information.
- Finding certain tasks difficult such as filling in forms, following instructions or directions, concentrating for long periods of time and keeping appointments.
- Needing extra support to cope with everyday activities.
- Experiencing difficulties in communicating and expressing themselves.

What is a learning difficulty?

A learning difficulty refers to specific problems that a person experiences when processing certain types of information. The term learning difficulty includes a number of different conditions and people often have more than one type of learning difficulty or condition. These include autistic spectrum disorders, dyslexia and attention deficit (hyperactivity) disorder (ADHD). As around 1 in 100 people have some form of autism, more detailed information about the condition now follows. The 'Useful resources' section at the end of the guide provides references for finding out more about other conditions you may come across.

Autistic spectrum disorders

Autism and Asperger syndrome are closely related and are lifelong developmental disabilities that affect:

- How a person communicates with, and relates to, other people.
- How they make sense of the world around them.
- How they interact with people. Some people are able to live relatively independently; others may need a lifetime of specialist support.

Signs/symptoms

There are many common features between autism and Asperger syndrome but one important difference is that people with Asperger syndrome tend to have average or above average intelligence whilst people with autism generally have an average or low IQ. This means that they are likely to need and receive more support.

An individual with an autistic spectrum disorder is likely to show some of the following characteristics in three main areas:

Social interaction

He or she may:

- Appear to be indifferent to others or socially isolated.
- Behave in what may seem an inappropriate or odd manner.
- Avoid eye contact when under pressure.

Social communication

He or she may:

- Have difficulty in understanding tone of voice, intonation, facial expression.
- Find it difficult to hold a two-way conversation.
- Become agitated in responses or come across as argumentative or stubborn.
- Come across as over-compliant, agreeing to things that are not true.
- Have poor concentration and listening skills.
- Use very formal language and be honest to the extent of bluntness or rudeness.

Social imagination

He or she may:

- Have difficulty in foreseeing the consequences of their actions.
- Become extremely anxious because of unexpected events or changes in routine.
- Like set rules, and overreact to other people's infringement of them.
- Often have particular special interests, which may become obsessions.
- Find it difficult to imagine or empathise with another person's point of view.

Effects on the person

The effects on a person with a learning disability or learning difficulties may include the following:

- Coping with some situations may be particularly difficult and stressful.
- When feeling more stressed, the person may find tasks even more difficult to complete.
- Find it more difficult to learn new information.
- Do not always understand the implications of their actions, the motivations of others and may not learn from past experience.
- Difficulty coping with unexpected events, particularly in more risky situations, which may create anxiety for the person and cause them to behave unusually.
- Inability to understand or be aware of the consequences of their actions or the effect of their behaviour on others.
- Misunderstanding social cues, such as staring at people or avoiding eye contact altogether. Inappropriate social interactions such as standing too close to others.
- Inability to understand others' motives – this may lead the person into criminal activity, such as theft and robbery, through being duped by others.
- Social isolation that leaves the person vulnerable to bullying.
- Acting in a single-minded way in the pursuit of a particular interest. As a result, they may have broken the law without realising it or put themselves in danger.

Key reference

'Positive Practice, Positive Outcomes: A Handbook for Professionals in the Criminal Justice System Working with Offenders with Learning Disabilities (2010)', Department of Health

Key information

- **Be aware** that people with learning disabilities/difficulties are at risk of not receiving fair treatment by criminal justice agencies if they do not have the necessary support – for example, being unable to complete a required form or reading and understanding conditions imposed by a court.
- **Ask sensitive questions** as some people with a learning disability/difficulty may not tell you they have a learning disability/difficulty due to previous discrimination or negative responses. Some people with learning difficulties may experience more than one associated condition. It is important that you find out the nature of their specific condition(s).
- **Finding out** about support that they have received previously or are currently receiving will also help you to find out more about the actual condition(s).
- **Understand** that unfamiliar surroundings, unexpected events and circumstances, such as being in a police station, will cause anxiety and place the person under particular stress.
- **Be aware** that some people are very sensitive to noise and light as well as fearful of being in crowds.
- **Acknowledge** that the person may not understand usual social rules such as having

to wait for a court hearing for example, and may become increasingly anxious.

- **Don't** continue to ask questions of the person if they are clearly becoming more distressed and upset.
- **Be clear and straightforward** – the person may take what you say literally and may not understand when you are joking or using figures of speech, particularly when they are under stress.
- **Be alert** for the need to get health services involved – without the right kind of support and help, people with autism often become victims or repeat the behaviour which brings them into contact with criminal justice services.
- **Autism recognition cards** – the person with autism may be in possession of a card which indicates and explains their condition.
- **Be aware** that people with learning disabilities are covered by the Disability Discrimination Act 2005. This means that as a public sector provider you have to make 'reasonable adjustments' to your services and goods. This could mean providing information in an accessible format that is easier to read.
- **Do make contact** with your local Community Learning Disability Team. They are a valuable resource of information and could help with training.

Speech, language and communication difficulties

Young people with speech, language and communication needs are over-represented within the criminal justice system. Over 65 per cent of young offenders have speech, language and communication needs (Gregory and Bryan, 2010) and most of these are unidentified and unmet needs. Undetected or untreated speech, language and communication problems can lead to low levels of literacy, poor educational attainment and difficulties finding employment.

Young people with speech, language and communication needs often have poor conversational skills, poor non-verbal skills and poor social perception, all of which can hinder their ability to form friendships with their peers and may lead to them becoming marginalised. Those who become isolated in this way often experience anxiety and depression which can affect their mental health.

Speech, language and communication needs are strongly linked to deprivation and poverty in the early years. Up to 55 per cent of children in deprived areas experience difficulties at age five and do not have the basic skills required to read and write.

Work by the Royal College of Speech and Language has been highlighting the impact of speech, language and communication difficulties on those who offend. It emphasises the importance of identifying speech, language and communication difficulties amongst children and young people in contact with the youth justice system early on and addressing them through specialist support to help prevent further antisocial and offending behaviour. Without support, it is likely the young person will continue to experience problems in adulthood.

Signs

People with communication problems may have problems with the following:

- **Articulation:** the ability for an individual to express himself or herself effectively through speaking, writing or non-verbal communication.
- **Perception:** being able to recognise and understand the spoken or written word, body language and facial expressions.

- **Listening skills:** the ability to listen carefully to what is being said.
- **Recall:** being capable of remembering information that has previously been given.
- **Expression:** being competent at expressing feelings and emotions in an acceptable manner.
- **Interaction:** the capacity to relate to others in a socially acceptable manner.

Effects on the person

- Poor conversational skills, poor non-verbal skills and poor social perception, all of which can hinder their ability to form friendships with their peers.
- Isolation that may lead to experiencing anxiety and depression which can affect overall mental wellbeing.
- Lack of self-esteem affecting educational achievement (including early disengagement from school), social integration and general pro-social behaviour.
- Unmet needs increasing the probability of offending and re-offending behaviour.
- Difficulties understanding and processing complex information in stressful circumstances including the use of jargon or legal terminology.
- Find it difficult to report information in a logical and sequential way as required in police interviews and court processes.
- Express frustration or become disruptive as a means of covering up their difficulties.

Key information

- Be aware that speech, language and communication difficulties are not always easily identifiable.
- Be aware of the potential impact on the person's ability to engage in criminal justice and legal processes.
- Ask sensitive questions to find out about support that they have received and if anyone has talked to them before about possible difficulties in these areas.
- Refer the person to a Liaison and Diversion practitioner if there is one available in your police station or court.
- If it is a child or young adult, also talk to your local Youth Offending Team to see if the person is known to them.

Quick reference guide:

Self-harming and suicidal behaviour

On average 13 people a day die from suicide and nine out of ten suicides involve people with a mental health problem. People suffering with severe depression and schizophrenia are at greatest risk.

In 2013 there were 75 self-inflicted deaths in custody across the prison estate in England, with the majority occurring relatively soon after a prisoner's entry into the current prison. White male prisoners between the ages of 50 and 59 years were more likely to take their own lives. In 2014, there were 25,775 self-harm incidents in English prisons with 1,749 requiring a hospital attendance. Women accounted for 26 per cent of all incidents of self-harm in 2014 despite representing just 5 per cent of the total prison population.

Self-harming is more common among people experiencing mental health problems, those who are dependent on alcohol or drugs and/or experiencing significant distress (which may be due to past traumatic experiences or current stressful life events). The person is likely to be experiencing feelings of hopelessness and a sense that he or she is unable to cope with their own distress.

Self-harm may feel helpful to the person in the short term and takes many forms, including the cutting of parts of the body, burning, bruising, hair-pulling, breaking bones and swallowing poisonous substances.

Suicide can be described as a response to intolerable pain (usually emotional, not physical pain) that appears to have no end. There are a number of risk factors, apart from mental illness, associated with suicide, including substance misuse, bereavement, unemployment, family history of suicide, homelessness and poor social networks.

Reasons why a person may self-harm or attempt suicide include to:

- Relieve emotional pain and distress.
- Cope with difficult and painful feelings.
- Communicate their feelings to another person.
- Punish themselves.

Signs of self-harm

- Increasing isolation; withdrawn behaviour.
- Hoarding unusual items.
- Covering scar tissue (for example, wearing long-sleeved garments in warm weather).
- Avoiding changing clothes in front of others.

Signs of suicidal thoughts

- Change in behaviour – low spirited, withdrawn, severely agitated.
- Taking less care of physical appearance, immediate surroundings.
- Making a will, giving away possessions.
- Statements such as 'I won't be around for much longer'; 'there is nothing left for me'.

If you are concerned that a person is at risk of self-harm and/or suicidal behaviour, to help keep that person safe you should follow your own organisational guidance. This should include guidance on when you can share information with other organisations (with and without the person's consent). The questions on page 8 will help you assess the risk.

Key information

- Use the questions on page 8 'Is the person at risk in any way?' to help you find out how the person might be feeling and thinking and if there is any immediate risk.
- By asking questions sensitively, it is unlikely that you will increase the person's risk. People are often relieved to have someone to talk to.
- Listen to and acknowledge what they are saying and approach each case with an open mind – people harm themselves for a number of different reasons.
- Be non-judgemental and avoid showing disgust.
- Try to focus on the individual and not just on the self-harm or suicidal thoughts – this kind of thinking and behaviour are signs of an underlying problem.
- Refer for specialist help at the earliest opportunity, for example, the Liaison and Diversion team if one is available in your area.

Bibliography and useful resources

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Together for Mental Wellbeing (2013) A Common Sense Approach to Working with Women with Health and Wellbeing Needs in the Criminal Justice System

Alcohol Concern (2015) www.alcoholconcern.org.uk/help-and-advice/

London Pathways Partnership website – the website is designed to offer easy to access information about personality disorder and offending to practitioners and service users. It provides information that is of benefit for organisations nationally. <http://lpp-pd.co.uk/>

Mental Health Foundation website (2015) www.mentalhealth.org.uk

MIND website (2015) www.mind.org.uk

National Autistic Society (2010) www.nas.org.uk

NHS Choices (2015) www.nhs.uk

NHS England (2015) www.england.nhs.uk/tag/liaison-and-diversion/

Prison Reform Trust (2007) No-one Knows Report, www.prisonreformtrust.org.uk

The Centre for Suicide Prevention, University of Manchester www.manchester.ac.uk/research/Louis.appleby/publications

Useful resources

Organisations that can help

You can use this information to find out about services and organisations in your area. There are blank pages at the end of the guide, under 'Local contacts', for you to make notes.

Alcohol Concern

Tel : 020 7566 9800
Email: contact@alcoholconcern.org.uk
Web: www.alcoholconcern.org.uk
Confidential helpline: Freephone 0300 123 1110

Alcohol Concern provides expertise, information and guidance on alcohol issues to professionals and organisations. It is a membership body working at a national level to influence alcohol policy and champion best practice locally.

The British Dyslexia Association

Tel: 0333 405 4555
0333 405 4567 (National Helpline)
Email: admin@bdadyslexia.org.uk
Web: www.bdadyslexia.org.uk

The British Dyslexia Association provides impartial and objective advice and support to dyslexic people and those with whom they come into contact.

Clinks

Tel: 020 7383 0966
Email: info@clinks.org
Web: www.clinks.org

Clinks supports, represents and campaigns for the voluntary sector working with offenders in England and Wales.

Its Directory of Offender Services is an online database listing hundreds of voluntary and community organisations working with offenders and their families. The online search function allows you to find services through a search term, organisation or place name; see: www.clinks.org/directory.

Crisis

Tel: 0300 636 1967
Email: enquiries@crisis.org.uk
Web: www.crisis.org.uk

Crisis is the national charity for single homeless people. Support is provided in a number of ways including through their Skylight Crisis Centres which are located across the county. For more information see: www.crisis.org.uk/pages/health-wellbeing.html.

Directgov

Web: www.direct.gov.uk

This government website provides a wide range of general information as well as allowing a search for information on local services.

Frank

Tel: 0300 123 6600 (Advice line)
Web: www.talktofrank.com

The website provides advice and information on all issues related to substance misuse. The advice line is free, and is available 24 hours, 365 days a year and provides confidential, impartial help and advice.

Homeless Link

Tel: 020 7840 4430
Email: info@homelesslink.org.uk
Web: www.homeless.org.uk

Homeless Link is national membership charity for organisations working directly with people who become homeless in England.

It provides guidance and toolkits for supporting people affected by homelessness, including those with mental health needs and other vulnerabilities at: www.homeless.org.uk/our-work/resources.

Mencap

Tel: 020 7454 0454
Email: information@mencap.org.uk
Web: www.mencap.org.uk

Mencap is a national organisation that supports people with a learning disability and their families and carers. Mencap Direct is its advice and information service: 0808 808 1111.

Mind

Tel: 0845 766 0163
Email: info@mind.org.uk
Web: www.mind.org.uk

Mind is a national mental health charity. It offers two information services: Mind Infoline provides information on a range of topics including types of mental health problems and where to get help: 0300 123 3393. Legal Line provides legal information and general advice on mental health law: legal@mind.org.uk.

Nacro

Tel: 0300 123 1889
Email: mentalhealth@nacro.org.uk
Web: www.nacro.org.uk

Nacro is a leading criminal justice charity in England and Wales. Freephone Resettlement Helpline for ex-offenders, their families and friends: 0300 123 1999.

NAPAC (National Association for People Abused in Childhood)

Tel: 020 3176 0560
Email: info@napac.org.uk
Web: napac.org.uk

NAPAC provides a range of services which offer direct support to survivors of childhood abuse.

It also runs a support line, staffed by trained volunteers: Freephone 0808 801 0331.

National Appropriate Adult Network (NAAN)

Web: www.appropriateadult.org.uk

NAAN is a registered charity and a membership organisation that works to ensure the rights and welfare of vulnerable people by developing effective appropriate adults.

Appropriate Adults support people arrested and/or interviewed by police who are:

- Children and young people (aged 10 to 17).
- Adults who are mentally vulnerable (including but not exclusively): mental health, learning disabilities and difficulties, autistic spectrum disorders, severe dyslexia).

The network manages a membership of Appropriate Adult schemes (local authorities, private sector, charities), details of which can be found on the website.

National Autistic Society

Tel: 020 7833 2299
Email: nas@nas.org.uk
Web: www.autism.org.uk

The helpline provides impartial, confidential information, advice and support for people with autism spectrum disorders, their families, professionals, researchers and students: 0808 800 4104.

The National Autistic Society promotes the rights and interests of all people with autism and aims to provide individuals with autism and their families with help, support and services.

The Society has also produced a guide for criminal justice professionals containing essential information about autism. The guide, called 'Autism: an at-a-glance guide for criminal justice professionals', outlines the key signs that may indicate whether a person has autism and the most important steps you should take in order to deal with them appropriately when they come into contact with the criminal justice system.

NHS Choices

NHS Choices (www.nhs.uk) is the UK's biggest health website. It provides a comprehensive health information service including information and advice on a wide range of health issues as well as finding and using NHS services in England.

Rethink Mental Illness

Tel: 0121 522 7007
Email: info@rethink.org
Web: www.rethink.org

Advice and Information service
Tel: 0300 5000 927
Email: advice@rethink.org

Rethink is a national mental health charity that provides information and advice, including a dedicated Criminal Justice Officer who is an expert in the criminal justice system for people with mental health needs. It also provides local services, such as advocacy projects.

Samaritans

Tel: 116 123
Email: jo@samaritans.org.uk
Web: www.samaritans.org.uk

The Samaritans provide confidential and non-judgemental support to people who are feeling overwhelmed by emotions or distress and/or who may be feeling suicidal. They are available 24 hours a day by telephone, email, letter and face to face.

Together for Mental Wellbeing

Tel: 020 7780 7300
Email: contact-us@together-uk.org
Web: www.together-uk.org

Together for Mental Wellbeing is a national charity that supports people with mental health issues to lead fulfilling and independent lives. We value people as experts in what works best for them, and each individual we work with influences and shapes the support they and others receive from us.

We work with approximately 4,000 adults every month in around 70 locations and our services include support in the community, accommodation-based support, advocacy and criminal justice services. For more information, visit www.together-uk.org.

Local contacts

Use these pages to note agencies and support services in your area.

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For further information about our criminal justice services please contact us by emailing: criminal-justice@together-uk.org or call 0207 780 7300

This guide is available to download at: www.together-uk.org/criminal-justice



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