

Mental health in criminal justice: presentations, provision and possibilities

Andrew Forrester 

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Division of Psychological Medicine and Clinical Neurosciences, School of Medicine, Cardiff University, UK

Correspondence to Andrew Forrester (ForresterA1@cardiff.ac.uk)

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This article summarises the *BJPsych Bulletin* 2024 special edition on mental health in criminal justice and correctional settings. The edition considers issues across a range of settings, including police custody, the courts and prisons, as well as considering wider international questions and systems within the field. In this edition, we assert the right of the individual to healthcare services that should be available, accessible, acceptable and of good quality. Psychiatry must play a significant role in shaping this debate as it moves forward.

Keywords Criminal justice; prison; courts; police; complexity.

Welcome to this special edition in which we focus on mental health in criminal justice and correctional systems, with a focus on how people present clinically, the range of services that are and could be provided and limitations and possibilities within the field.

It is immediately apparent that this area is complex. From a clinical perspective, presentations are often multiple and serious, with over-representation of illness across domains of physical health, mental health and substance misuse.¹ From the perspective of service provision, healthcare services must operate alongside and within other systems – such as prisons, courts and police custody – that they do not directly manage or run but nonetheless also provide a vital public service. How best to do this has historically been the subject of considerable discussion, yet at a time when the global prison population continues to rise, and seems set to rise further, we must continue to seek solutions. The current global prison population is likely in excess of 11 million people, albeit with considerable inter-regional and international variation.²

The special edition

In this edition, Andrew Carroll and Adam Brett deal with this issue head-on, argue that ‘Jailing is failing’³ and describe a key role for psychiatry in a revised system through tiered models of prevention. While it is the case that we as psychiatrists have much to offer in the onward management of people with offending behaviour and mental illness, there is an abiding sense that we are not as fully engaged, or used as effectively, as we might be. How to solve this issue is likely

as much about testing new service models working across health and justice areas as it is about our willingness to engage and become part of the solution.

Lara Arsuffi et al⁴ go on to describe one such model – Mental Health Treatment Requirements (MHTRs) – which we know can be successful when applied to people who have primary care-level mental health needs. Yet despite this, there is much to learn, and although MHTRs offer an alternative to imprisonment for appropriate cases – providing a framework through which onward care and supervision can be applied – there are some abiding questions. How and when should we apply them to people with severe and enduring mental illness, what barriers might prevent their proper use and how might such recommendations best sit within existing liaison and diversion services?^{5,6} Here, there is a clear role for future research.

A further model is described by Manuela Jarrett et al,⁷ who have evaluated the application of screening and brief interventions for alcohol-related conditions in police custody. While the use of health screening in police custody has significant support within the literature,⁸ the authors found that considerable challenges apply when attempting to implement a public health intervention model in these settings, and that any further changes are likely to require a significant training investment.

In further work aimed at improvements on a public health scale, Rebecca Crook et al⁹ have described a logic model with implementation strategies, as part of their project that aims to reduce and prevent suicide in prisons. Here, again, the complexity of clinical work in prisons is apparent, with a range of outer or environmental considerations (e.g. environmental instability, or the prioritisation of

security concerns over the delivery of healthcare services) and internal, or individual, factors (e.g. previous experience of healthcare, or trust in institutional and health delivery systems). This model has a real potential strength, in that it tries to capture the complexity that is apparent in real-life systems and interactions, and promising further developments are suggested. In any case, there is no doubt that improvements are required in this area, given the most recent statistics from England and Wales, showing 371 deaths in custody in 1 year, of which 86 were self-inflicted.¹⁰

In a further demonstration of the complexity that characterises this broad field, Bradley Hillier et al¹¹ identify issues that arise with chemsex, with evidence of a subgroup who engage in offending behaviour and also experience harm. To date, although there has been increasing recognition of the difficulties arising in this area, there has been no over-arching multi-agency strategy. So, Hillier et al have set about trying to change this by taking a three-pronged approach to key recommendations. These recommendations – training, research and network development – have broad support, and now require a framework to move forward.

There are also two further international contributions to this edition. The first – from Roland Jones and Alexander Simpson¹² – considers issues arising with Medical Assistance in Dying (MAiD), when this is used amongst people in prison. While this area is ethically complex, the main arguments in support of access have been based upon the principle of equivalent care – that is, that prisoners should have the same standard of healthcare that is available in the wider community.¹³ The authors go on to describe four powerful cases, and argue that although this is an evolving area, considerable caution is required. Their clear recommendations deserve further thought.

The second – an interview of Professor Guillermo Rivera, who is Professor of Abnormal Psychology in Santa Cruz, Bolivia, by Claire McKenna¹⁴ – provides a fascinating glimpse of prison conditions and prison mental health services, in Bolivia. However, despite well documented and often dangerous prisons, and *de facto* self-governing prison systems, Rivera draws our attention to significant humanitarian efforts being made on the ground to improve and reform existing conditions. From a psychiatric perspective, only 1 of the 90 prisons in Bolivia has a psychiatrist who is funded by the State, and most prisons have no mental health staff at all. Yet, Rivera faces these issues head-on and takes an admirably practical approach to continuous improvement. His work is important.

In working to improve services within criminal justice and correctional settings, we set out clear progressive intent, and in undertaking this work we assert the right of the individual to healthcare services that should be available, accessible, acceptable and of good quality, irrespective of their legal status.¹⁵ Where, how and when this can best be delivered is likely to remain the subject of societal and political debate, yet medicine – and psychiatry in particular – must play a significant role in shaping this debate as it moves forward.

About the author

Andrew Forrester is Professor of Forensic Psychiatry in the Division of Psychological Medicine and Clinical Neurosciences, School of Medicine, Cardiff University, UK, and a consultant forensic psychiatrist with Swansea

Bay University Health Board, Swansea, UK and Oxleas NHS Foundation Trust, Dartford, UK, where he is also Director of Research.

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References

- Fazel S, Baillargeon J. The health of prisoners. *The Lancet* 2011; **377**(9769): 956–65.
- Fair H, Walmsley R. *World Prison Population List*. Institute for Crime & Justice Policy Research, 2024 (<https://eprints.bbk.ac.uk/id/eprint/53464/>).
- Carroll A, Brett A. Jailing is failing: psychiatry can help. *BJPsych Bull* [Epub ahead of print] 11 Mar 2024. Available from: <https://doi.org/10.1192/bjb.2024.8>.
- Arsuffi L, Ozcelik K, Bingham C, Taylor PJ, French M. A community-based, treatment and rehabilitation pathway, for people with mental disorders, recently convicted of an offence. *BJPsych Bull* 2024; **48**(5).
- Ryland H, Exworthy T, Forrester A. Over 30 years of liaison and diversion in England and Wales: how far have we come, and what is now needed? *Med Sci Law* 2022; **62**(2): 85–7.
- Chaplin E, Lord Keith Bradley TR, McCarthy J, Forrester A. Court liaison and diversion services for people with neurodevelopmental conditions: a house of lords consensus meeting. *Med Sci Law* 2022; **62**(4): 252–3.
- Jarrett M, Mills T, Mallion J, Sykes S, Wills J, Chaplin E. Challenges to the real-world delivery of brief alcohol interventions in the custody suite: qualitative study. *BJPsych Bull* [Epub ahead of print] 8 Aug 2024. Available from: <https://doi.org/10.1192/bjb.2024.48>.
- McKinnon I, Moore J, Lyall A, Forrester A. Screening for mental disorders in police custody settings. *BJPsych Adv* 2023; **29**(6): 407–16.
- Crook R, Lennox C, Awenat Y, Edge D, Knowles S, Honeywell D, et al. Development of the prevention of suicide behaviour in prisons: enhancing access to therapy (PROSPECT) logic model and implementation strategies. *BJPsych Bull* [Epub ahead of print] 6 May 2024. Available from: <https://doi.org/10.1192/bjb.2024.22>.
- Ministry of Justice. *Safety in custody statistics, England and Wales: Deaths in prison custody to December 2021, Assaults and self-harm to September 2021*. Ministry of Justice, 2023 (<https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-september-2021/safety-in-custody-statistics-england-and-wales-deaths-in-prison-custody-to-december-2021-assaults-and-self-harm-to-september-2021>).
- Hillier B, Carthy E, Kalk N, Moncrieff M, Pakianathan M, Tracy D, et al. Developing a coordinated response to chemsex across health, justice and social care settings: expert consensus statement. *BJPsych Bull* [Epub ahead of print] 25 Jun 2024. Available from: <https://doi.org/10.1192/bjb.2024.46>.
- Jones RM, Simpson AIF. Assisted death for prisoners and forensic patients: complexity and controversy illustrated by four recent cases. *BJPsych Bull* [Epub ahead of print] 6 May 2024. Available from: <https://doi.org/10.1192/bjb.2024.23>.
- UN General Assembly (UNGA). *United Nations Standard Minimum Rules for the Treatment of Prisoners (The Nelson Mandela Rules): Resolution*

Adopted by the General Assembly on 17 December 201 (A/RES/70/175). UNGA, 2016 (<https://www.refworld.org/docid/5698a3a44.html>).

- 14 McKenna C, Guillermo Rivera: cuídate de la justicia Boliviana [Guillermo Rivera: take care of Bolivian justice]. *BJPsych Bull* [Epub ahead of print] 26 Jul 2024. Available from: <https://doi.org/10.1192/bjb.2024.51>.

- 15 Exworthy T, Samele C, Urquía N, Forrester A. Asserting prisoners' right to health: progressing beyond equivalence. *Psychiatr Serv* 2012; **63**(3): 270–5.



EDITORIAL

A community-based treatment and rehabilitation pathway for people with mental disorders recently convicted of an offence

Lara Arsuffi,¹ Kerry Ozcelik,² Clare Bingham,³ Pamela J. Taylor,⁴ Mignon French⁵

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¹Midland Partnership University NHS Foundation Trust, Stafford, UK; ²Gloucestershire Health and Care NHS Foundation Trust, Gloucester, UK; ³East London NHS Foundation Trust, London, UK; ⁴Cardiff University, Cardiff, UK; ⁵NHS England, London, UK

Correspondence to Lara Arsuffi (lara.arsuffi@mpft.nhs.uk)

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Summary People with mental disorders can receive treatment in the community. Some, however, fall out of services and into the criminal justice system, running the risk of imprisonment and a deteriorating mental health cycle. This editorial describes Mental Health Treatment Requirements (MHTRs), that is court-imposed sentences that enable people in the UK to access treatment in the community and divert them from short custodial sentences. MHTRs have proven successful for people with primary care mental health needs. It remains difficult to secure these sentences for people with secondary care mental health needs. Three new 'proof of concept' sites for secondary care MHTRs may help understand barriers and find solutions.

Keywords Mental health treatment requirements; community sentences; mentally disordered offenders; probation; community mental health teams.

Mental health problems are more prevalent among those in contact with the criminal justice system than in the general population.^{1,2} Such problems include depression, anxiety, substance use and psychosis.³ Currently, the mental health needs of many individuals known to the criminal justice system are unmet. Untreated mental disorders can lead to risk of recidivism⁴ as well as raising risks of self-harm and suicide among prisoners.⁵ A study in Australia explored staff's views about mental health services providing treatment to people recently convicted of an offence and living in the community. This study revealed that there are few services providing appropriate mental health treatment to this client group, due to staff's concerns about the clients' levels of risk, dual diagnosis/comorbidity, social needs and chaotic lives. However, as this was a small study, questions remain about the generalisability of its findings in a UK setting.⁶

Interventions designed to meet both mental health and criminal justice needs of individuals with mental disorder have been found to be associated with reductions in criminal

recidivism,^{7,8} and yet there is currently a dearth of services in the community to cater for the wide-ranging needs of these people.⁹ Our focus here is on people who have at least one major mental disorder and are awaiting sentencing after conviction for a criminal offence, when their disorder is not of a nature or degree requiring in-patient treatment. A prison sentence might be an option, but the magistrate or judge is considering a community alternative, provided that mental health needs can be met within that framework.

What are Mental Health Treatment Requirements (MHTRs) with community sentences?

The Criminal Justice Act 2003 is the legislation in England and Wales that allows for a community sentence (community order) to be tailored to meet the needs of an individual with a recent criminal conviction through specified 'requirements', thus facilitating future desistance from crime. This Act came into effect in 2005. Requirements may include