Cambridgeshire County Council

Cambridgeshire Research Group

# MENTAL HEALTH IMPACTS – CAMBRIDGE CITY COMMUNITY SAFETY PARTNERSHIP

## UPDATE VERSION 0.4

## APRIL 2016

'Cambridgeshire Research Group' (CRG) is the brand name for Cambridgeshire County Council's Research & Performance Function. As well as supporting the County Council we take on a range of work commissioned by other public sector bodies both within Cambridgeshire and beyond.

All the output of the team and that of our partners is published on our dedicated website www.cambridgeshireinsight.org.uk

For more information about the team phone 01223 715300

| **Document Details** | |
|---|---|
| Title: | Mental Health Impacts |
| Date Created: | November 2015 |
| Description: | The purpose of this document is to provide the Cambridge City Community Safety Partnership with an understanding of the impacts of mental health on crime and anti social behaviour issues. |
| Produced by: | Leigh Roberts & Nicola Gowers<br>Cambridgeshire Research Group<br>Leigh.Roberts@cambridgeshire.gov.uk<br>Nicola.gowers@cambridgeshire.gov.uk |
| Additional Contributions: | Nick Oliver, Cambridgeshire & Peterborough Foundation Trust<br>Susie Talbot, Cambridgeshire County Council<br>Safer Communities Team, Cambridge City Council |
| On behalf of: | The document has been produced by the CRG, on behalf of Cambridge City Community Safety Partnership and is available to download from<br><br>Lynda Kilkelly, Cambridge City Council |
| Geographic Coverage: | Cambridge City |
| Time Period: | To December 2015, including historic data |
| Format: | Word |
| Status: | version 0.3 |
| Usage Statement: | This product is the property of the Research Group, Cambridgeshire County Council. If you wish to reproduce this document either in whole, or in part, please acknowledge the source and the author(s). |
| Disclaimer: | Cambridgeshire County Council, while believing the information in this publication to be correct, does not guarantee its accuracy nor does the County Council accept any liability for any direct or indirect loss or damage or other consequences, however arising from the use of such information supplied. |

## CONTENTS AND LIST OF TABLES

## EXECUTIVE SUMMARY

The scope of crime and community safety issues tackled by local Community Safety Partnerships (CSP) has changed over the years, with the Home Office being far less directive allowing for local issues to be prioritised. This has led to a move away from a focus on crime types to a focus on individuals, enabling the Partnership to prioritise concerns relating to victim vulnerability and the harm caused by specific offender groups.

In addition to the strategic assessment commissioned by Cambridge City CSP this separate report was commissioned examining aspects of mental health issues that affect crime and anti-social behaviour (ASB), and where the Partnership can add value.

### KEY FINDINGS

Overview:

- Mental health is a complex issue, affecting 1 in 4 people at a given time. Not all aspects of mental health require a CSP response, but by examining the issue in more detail the Partnership can see where mental health overlaps with their current priorities.
- There are significant intelligence gaps and data issues across the County, and nationally, that are a barrier to fully understanding this complex issue.
- Many people also fall below the criteria for secondary mental health services, and remain undiagnosed/untreated. Many others do not reach out to services at all.
- This research has revealed how resource intensive it is to find good local reliable data on where mental health has impacted victims and perpetrators. Improved recording would enable further research to be more possible in the future.
- There are a variety of risk factors that may influence the prevalence of mental health, several of which are linked to deprivation – e.g. low-income or children looked after by the local authority.[1]
- Studies have indicated around 75% of users of drug services and 85%[2][3] of users of alcohol services may experience mental health problems.

Increased victimisation:

- People experiencing mental health issues are more likely to be a victim of crime – e.g. research suggests they are more likely to be a victim of assault (5 times) or household crime (3 times) when compared to the general population.[4]
- Mental ill-health is a vulnerability for both perpetrators and victims of crime.
- Individuals with mental health issues access a wide variety of services and are often more likely to come into contact with criminal justice agencies than the general population – e.g.

[1] Public Health, Cambridgeshire County Council (unpublished). Paper to JCU – Mental Health Need in C&YP in Cambridgeshire. Mental Health of Children and Young People in Cambridgeshire JSNA, 2013.
[2] http://www.centreformentalhealth.org.uk/pdfs/dual_diagnosis.pdf
[3] Cambridgeshire and Peterborough NHS Foundation Trust (2014) Dual Diagnosis Strategy 2014
[4] Pettitt, Bridget, Greenhead, Sian, Khalifeh, Hind, Drennan, Vari, Hart, Tina, Hogg, Jo, Borschmann, Rohan, Mamo, Emma and Moran, Paul (2013) *At risk, yet dismissed: the criminal victimisation of people with mental health problems.* (Project Report) London : Victim Support, Mind.

the estimated prevalence of Personality Disorders at 66% in the prison population compared to 5.3% in the general population.[5]

Service provision:

- Although there is a comprehensive range of mental health services provided across the County, it remains under resourced and access issues remain for some people.
- People who attempt to or actually commit suicide are often known to mental health services.
- Several aspects of the Partnership's current practice already support mental health services – e.g. representation on the countywide suicide prevention group and use of multi-agency systems such as ECINs, work through the Problem Solving Group (PSG).
- The emotional impact of being a victim of crime or ASB can be highly variable between individuals, particularly those with mental ill health. Front line staff in key professions should be mindful of key indicators of individuals who need additional support, or early intervention. Raising awareness of mental health issues is part of this process. In-depth training should be considered for key professions. The addition of mental health professionals in the Force Control Room will also increase understanding for officers.
- Those that are victimised because of a mental health issue are victims of disability hate crime and should be offered the enhanced service as stipulated within the Victims' Code. The data is lacking to establish if this is happening in all cases.
- The Cambridgeshire Mental Health Concordat which has an agreed action plan in place and further initiatives are currently being rolled out in Cambridgeshire and Peterborough. Integrated services are being developed and progress is being made to improve multi-agency working to improve outcomes for individuals with mental health issues.

## RECOMMENDATIONS

Mental health is complex so it cannot be expected that a 'one size fits all' approach would work to address the multiple issues. The Partnership should consider which issues are most pressing and where it can add value to existing practice. Key areas that the Partnership should consider for implementation are;

- Early intervention with individuals who have mental health issues and are at risk of being victimised. This includes referring to other partners or taking to a multi-agency group.
- Provide clear pathways/referrals to appropriate support for both victims and offenders, and communicate these to front line staff
- Help reduce risk of those already vulnerable due to their mental health through a coordinated multi-agency response
- Ensure that those victimised because of their mental health issues are identified as disability hate crime victims are offered the enhanced support.

Suggested practical actions the Partnership could take include the following;

- Awareness training of signs of mental health issues for staff in key professions to support early detection and appropriate referral.

[5] Dept Health (2009) The Bradley Report; Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system.

- More effective information sharing to reduce the intelligence gap and support early detection and diagnosis.
- Improved use of existing markers within existing information systems – e.g. the mental health marker for ASB incidents in police data.
- Improved use of shared systems such as ECINs – e.g. improved use of the mental health marker for ASB cases on ECINs (if not already done).
- Take opportunities to work closely with victims hub for support and expert advice.

## UPDATE APRIL 2016

Since this report was first drafted (Oct 2015) and shared with officers as part of the 2015/16 strategic assessment process, further changes and improvements have been made locally to tackle the issues of mental health across several agencies. Below are several examples of ongoing work locally that are under the Mental Health Vanguard[6], the list is not exhaustive but meant to provide an indication of what is available locally.

- First Response Service in Cambridge, initially only out-of-hours, to provide assessments in the community. The service will work alongside the existing Crisis Resolution and Home Treatment Teams and their focus will be responding to urgent referrals from emergency services.
- Sanctuary safe place in the community offering short-term support, run by the third sector (MIND), with referrals triaged by the First Response Service. It will provide practical and emotional support for people as an alternative to admission to statutory services. The service will run seven days a week between 6pm and 1am.
- A system-wide co-ordinator to support calls from emergency services out-of-hours, and refer onto the new Sanctuary and First Response Service.
- Mental health practitioners in the Integrated Police Control Room providing advice to the police. This will allow people in mental health crisis to be supported at the earliest opportunity, and provide police officers with advice and referral options.

Mental health issues are high priority for many organisations and partnerships locally and the landscape is constantly changing as initiatives are piloted, as funding becomes available or is withdrawn. The Partnership needs to remain a key player in this work to ensure that it takes full advantage of the changes/ opportunities as they arise.

[6] http://www.cpft.nhs.uk/Mental%20Health%20Vanguard%20March%202016.pdf

## INTRODUCTION

Cambridge City CSP have had a strategic priority – '*To understand the impact of mental health, alcohol and drug misuse on violent crime and anti-social behaviour'* for the duration of the current three year plan. As part of this priority the CRG was commissioned to complete a separate report examining mental health impacts on crime and anti-social behaviour. *This report was not intended to provide detailed descriptions of all services available but to create a greater understanding what the local picture looks like*

### BACKGROUND

To enable the Partnership to take action that is driven by clear evidence, this report aims to gather the national and local data to provide a better understanding of the prevalence and complexities of mental health issues. Due to the breadth of the subject this report will focus on particularly relevant aspects for the Partnership. A small section on mental health service provision is also included.

As a key partner within the HCSP, the Cambridgeshire constabulary had also received feedback from a recent HMIC inspection into police efficiency which was supportive of further focused work in the area of mental health:

> '*The constabulary has been somewhat slow to consider opportunities to work more efficiently with other organisations in responding to incidents involving individuals with mental health concerns, though progress is now being made'*[7].

Although exact prevalence of mental health issues is difficult to determine, when considering mental health and community safety it is useful to consider that mental health issues can be experienced by victims and perpetrators, and is a vulnerability risk factor.

## MENTAL HEALTH PREVALANCE

'Mental health' is an umbrella term often ascribed to what would more accurately be termed 'mental ill-health'. Mental health is a complex issue which is often misunderstood, and exact prevalence is difficult to determine. However, it is widely cited that 1 in 4 people are estimated to have a mental health problem at a given time.[8][9][10][11]People with mental health issues have also been

[7] HMIC (2015) PEEL: Police efficiency 2015 An inspection of Cambridgeshire Constabulary. https://www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/cambridgeshire-police-efficiency-2015.pdf
[8] McManus, S., Meltzer, H., Brugha, T. S., Bebbington, P. E., and Jenkins, R. (2009). Adult psychiatric morbidity in England, 2007: results of a household survey. London: National Centre for Social Research.
[9] Mind (2015) http://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems.aspx
[10] McManus, S., Meltzer, H., Brugha, T. S., Bebbington, P. E., and Jenkins, R. (2009). Adult psychiatric morbidity in England, 2007: results of a household survey. London: National Centre for Social Research.
[11] Mind (2015) http://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems.aspx

found to experience higher rates of crime, and are more likely to be victims of crime than the general population.[12]

Mental health data is often absent and there are other limitations to acknowledge, such as awareness that reporting is based on an individual having a diagnosed condition. [13] Many people suffering with mental health issues who do not meet the criteria for secondary mental health services. This can be a challenge for community safety professionals, as both victims and perpetrators of crime lack the support required from a range of community partners.

Meltzer *et al* (2000) estimate that half of all lifetime mental disorders start by the age of 14 and 75% by the time a person reaches their mid 20's.[14] Furthermore, one study in London estimated that 45% of looked-after-children, aged 5-17 year olds, have a mental health disorder.[15]

An indication of the prevalence of a few types of mental health issues is provided by leading mental health charity MIND in Figure 1.

**Figure 1: Estimated prevalence of three types of mental ill-health , MIND 2015**

| Type | Numbers affected |
|---|---|
| Personality disorders | 3 to 5 people in every 100 |
| Bipolar disorder | 1 to 3 people in every 100 |
| Schizophrenia | 1 to 3 people in every 100 |

**Source:** Mind, cited in DAAT, Cambridgeshire County Council (2015) Cambridgeshire Drug and Alcohol Action Team Needs Assessment.

## CAMBRIDGESHIRE

The Cambridgeshire Joint Strategic Needs Assessment (JSNA) 'Autism, Personality Disorders and dual diagnosis 2014' estimates that common mental disorders will affect 15,700 Cambridge City residents in 2016. This represents approximately 12% of the total population of the district. Local estimations for other mental health types are listed in Figure 2, highlighting the extent of the issue across the district. Twenty per cent of women and twelve per cent of men surveyed met the diagnostic criteria for at least one common mental health condition.

Figure 2: Cambridge City mental health estimated prevalence, JSNA 2014

- Common mental disorders: 15,700 people in 2016 increasing to 16,700 in 2026
- Borderline personality disorders: 400 people in 2016 and increasing at 500 in 2026
- Anti-social personality disorders: 400 people in 2016 and remaining at 400 in 2026
- Psychiatric disorders: 7,100 people in 2016 increasing to 7,500 in 2026

Source: Cambridgeshire Joint Strategic Needs Assessment (JSNA) Autism*, Personality Disorders and dual diagnosis 2014*

The Cambridgeshire and Peterborough's Joint Commissioning Unit recently produced a report on mental health needs for children and young people. The report assessed the contributing factors

[12] Pettitt, Bridget, Greenhead, Sian, Khalifeh, Hind, Drennan, Vari, Hart, Tina, Hogg, Jo, Borschmann, Rohan, Mamo, Emma and Moran, Paul (2013) *At risk, yet dismissed: the criminal victimisation of people with mental health problems.* (Project Report) London : Victim Support, Mind.
[13] DAAT, Cambridgeshire County Council (2015) Cambridgeshire Drug and Alcohol Action Team Needs Assessment.
[14] Meltzer H, Gatward R, Goodman R, Ford T (2000) The mental health of children and adolescents in Great Britain HMSO: London.
[15] Greater London Authority (2014) London mental health: the invisible costs of mental ill health

thought to increase a young person's risk of developing mental health problems in order to inform the potential level of mental health need across Cambridgeshire. Contributing factors have strong links with social disadvantage, such as low-income or children looked after by the local authority (see Appendix A). Based on these scores (as calculated in the JSNAs), seven Cambridge City wards were ranked in the top quintile for mental health need in Cambridgeshire, see Figure 3. [16][17]

**Figure 3: Estimating mental health need (children & young people) – Cambridge City wards in the top quintile for need, Cambridgeshire County Council**

- Abbey
- Arbury
- Cherry Hinton
- Coleridge
- East Cambridgeshire
- King's Hedges
- Queen Edith's

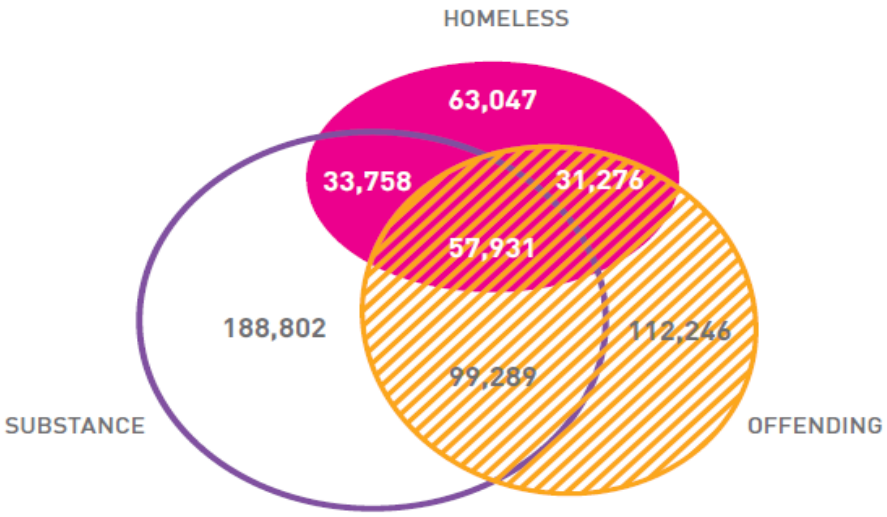
Source: Public Health, Cambridgeshire County Council (unpublished). Paper to JCU – Mental Health Need in C&YP in Cambridgeshire.

## HOMELESSNESS AND MENTAL HEALTH

Homelessness, Travellers, and prison populations are linked to high levels of mental ill health. Migrant workers and black and minority ethnic communities are also vulnerable and may have barriers to accessing mental health services.

Deprivation, education, and substance misuse are some of the factors which are related to mental health illness which further lead to victimisation or offending. A recent report by the Lankelly Chase Foundation with Heriot-Watt University revealed that there are huge overlaps between the offender, substance misusing, and homeless population (refer figure 4). For example two thirds of people using homeless services are also either in the criminal justice system or in drug treatment in the same year. [18]

**Figure 4: Overlap of Severe and Multiple Disadvantage domain, England, 2010/11**




[16] Public Health, Cambridgeshire County Council (unpublished). Paper to JCU – Mental Health Need in C&YP in Cambridgeshire.
[17] Mental Health of Children and Young People in Cambridgeshire JSNA, 2013.
[18] http://www.lankellychase.org.uk/news_events/501_new_profile_of_severe_and_multiple_disadvantage_in_england

## DUAL DIAGNOSIS

The term 'dual diagnosis' is used to describe where a person has any level of mental illness and problematic drug and/or alcohol use[19]. Studies have indicated around 75% of users of drug services and 85%[2021] of users of alcohol services may experience mental health problems. Dual diagnoses are mostly correlated with affective disorders and anxiety disorders, but prevalence is often not captured as many individuals remain undiagnosed and untreated[22]. Furthermore, those with mental health and alcohol and/or substance misuse are more liable to come into contact with the Criminal Justice System particularly where the substances they misuse are illicit[23].

High prevalence of mental health issues amongst substance misusers has also been acknowledged locally by the Cambridgeshire County Council's Drug and Alcohol Team (DAAT). Substance misusers may find it difficult to access treatment as mental health services are reluctant to assess a client who is currently engaged in drug and/or alcohol treatment services. This is due to the requirement from mental health services to be 'clear' of drugs and/or alcohol. Consequently many clients are in 'no mans' land where they feel they are forced to continue to 'self-medicate' to be able to function.[24]

## SUICIDE AND SELF-HARM

Data indicates that people who take their own life are often known to mental health services. An audit in Cambridgeshire reported 145 deaths as a result of suicide or undetermined intent between 2011 and 2013, 21% of these occurred in Cambridge City.[25] The rate per 100,000 population, for Cambridge City, is in line with the National rate, but slightly higher than the Cambridgeshire rate.

The Government's 2012 National Strategy for the Prevention of Suicide in England identified depression as one of the most important risk factors for suicide, a mental health illness experienced by 1 in 6 adults and 1 in 20 children nationally. It also recognised the presence of mental health problems within the family increases the risk of suicide. The need to reduce the risk of suicide in key high risk groups is a priority area for action.[26]

Cambridgeshire and Peterborough have a Joint Suicide Prevention Strategy 2014-2017, and a Suicide Prevention Action Plan to accompany this. Priorities and recommendations within the three-year suicide prevention action plan recognise the significance of mental health as a running theme throughout, and the need to improve support for this high risk group (see Figure 4).

[19] Cambridgeshire and Peterborough NHS Foundation Trust (2014) Dual Diagnosis Strategy 2014 or http://www.cpft.nhs.uk/downloads/martin/dualdiagnosis.pdf
[20] http://www.centreformentalhealth.org.uk/pdfs/dual_diagnosis.pdf
[21] Cambridgeshire and Peterborough NHS Foundation Trust (2014) Dual Diagnosis Strategy 2014
[22] DAAT, Cambridgeshire County Council (2015) Cambridgeshire Drug and Alcohol Action Team Needs Assessment.
[23] Cambridgeshire and Peterborough NHS Foundation Trust (2014) Dual Diagnosis Strategy 2014
[24] DAAT, Cambridgeshire County Council (2015) Cambridgeshire Drug and Alcohol Action Team Needs Assessment.
[25] Public Health England, Public Health Outcomes Framework, cited in the CCC/PCC (2015) Audit of Suicides and Deaths From Undetermined Intent in Cambridgeshire and Peterborough in 2014
[26] HM Government *Preventing Suicide in England: A cross-government outcomes strategy to save lives* (2012) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf

**Figure 5: Extracts from the Cambridgeshire and Peterborough suicide prevention action plan**

Priority one: 'Reduce the risk of suicide in high risk groups'

Recommendations and actions which reference mental health include:

- **Suicide prevention training** – including delivery of mental health awareness training
- **Resources to aid self-help in those at risk of suicide** – including working with professionals to develop care plans for people known by mental health organisations
- **Aspire to develop integrated, appropriate and responsive services** – including to support the police in responding to people with mental health problems by promoting pathways enabling contact and rapid access to other agencies that are able to provide advice and support
- **Reassess pathways for people known by mental health services at risk of suicide**
- **Improve pathways and support for people taken into custody at risk of suicide and for people newly released from custody** - Assess discharge pathways for people who have been in custody, including a review of care plans for people with mental health problem

Source: Adapted from Joint Cambridgeshire and Peterborough Suicide Prevention Three Year Action Plan 2014-2017

Similarly, although local data is absent, the Partnership could use national guidance. Depression is one of the most important risk factors for suicide, and most suicide victims are known to mental health services, therefore the Partnership may want to continue its work with Partners to look at early intervention and support. Individuals accessing services such as domestic violence services, BeNCH community rehabilitation, or housing association tenants may also be a point of access for Partners to enhance early intervention work, or from which to make referrals. Continued partner representation, including Cambridgeshire Constabulary, on the Cambridgeshire suicide prevention group as part of the local Concordat action plan will also assist the Partnership's involvement in this area.

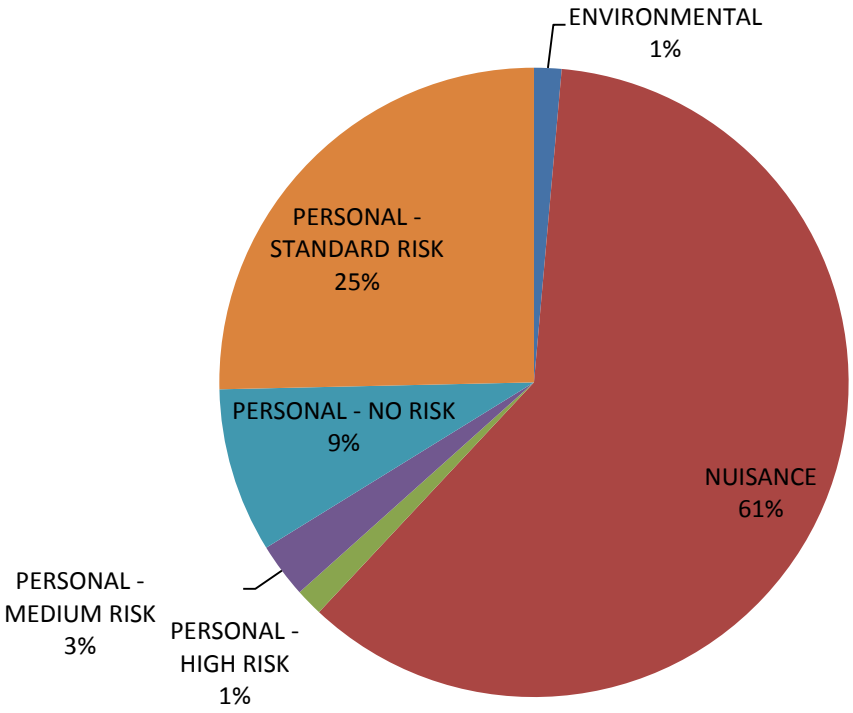
## MENTAL HEALTH AND ANTI-SOCIAL BEHAVIOUR

The links between mental health and anti-social behaviour (ASB) are complex and hampered by both issues about perception and recording. Not all agencies routinely and systematically collect data on crime and anti-social behaviour and even those that do, do not always consistently use existing markers (e.g. Constabulary data systems). However, examination of the ASB police recorded incident data and the use of the mental health marker were examined for Cambridge City. During the period October 2014 to September 2015 the mental health incident tag was recorded on 71 ASB incidents. This is 2% of the police recorded ASB incidents in the stated time period. It has been estimated that at least a third of young people given anti-social behaviour orders (ASBOs) have a mental health condition or learning disability[27].

[27] BIBIC (2007) research on ASBOs and young people with learning difficulties and mental health problems.

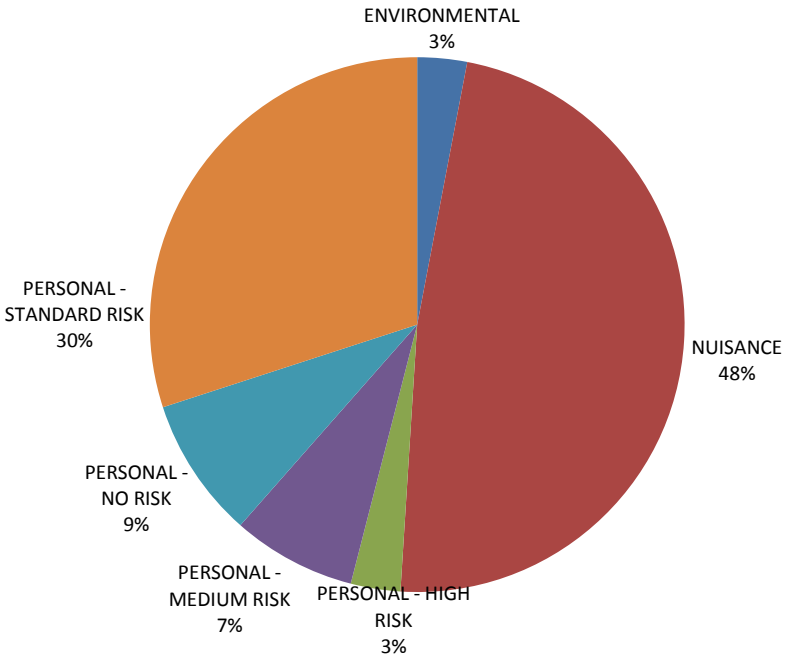
Figures 6 and 7 show the proportion of ASB, by type, where the mental health tag has been used. In Cambridge City 1% of personal ASB incident assessed as 'high-risk[28]' had the mental health tag, compared to 3% across the County. When including medium risk this increase to 4% for Cambridge City, compared to 10% for Cambridgeshire. The largest proportion of ASB where the mental health tag was used was nuisance ASB 61% for Cambridge City, which was higher than the County at 48%.

**Figure 6: Cambridge City ASB incidents where mental health tag used, Oct 14 – Sept 15**




[28] As assessed at point of contact by Cambridgeshire Constabulary

**Figure 7: Cambridgeshire ASB incidents where mental health tag used, Oct 14 – Sept 15**




## MULTI-AGENCY CASES

Locally the City Council's ASB team regularly work with complex cases where mental health is a feature for the victim, perpetrator or both. An in-depth review of a selection of cases highlighted several key themes;

- Disclosure of mental health problems takes time – In some cases there was considerable intervention prior to the mental health aspect becoming apparent. This could then affect the direction of the intervention. Working with the victim in these cases was sometimes problematic as they felt their needs were not being met.
- Undiagnosed/ undisclosed mental health issues – Professional judgement was relied upon in some cases to understand the nature of the problem. This was particularly hard for professionals who felt that they lacked the appropriate training to correctly identify problems.
- Individual's treatment needs – Some individuals had refused engagement with mental health services, some were below the threshold and therefore not receiving any support or treatment.
- Inability to refer to/ engage mental health services – In some cases front line officers (particularly ASB officers) wish to understand engage to mental health professionals however they cannot always discuss the cases due to confidentiality and they cannot refer directly.
- An internal review of the ASB cases known to the Safer Communities Section at Cambridge City Council revealed 45% of cases where there was a mental health element (either diagnosed or undiagnosed, disclosed or suspected in relation to perpetrator and/or victim).

### *Case Studies*

The CRG has reviewed a number of cases with the ASB team examining the interlinking factors and the processes taken with the cases to reach a resolution where possible. In reality these cases are lengthy and not all reach a satisfactory conclusion.

**Case Study 1**

A case was referred to the ASB team regarding a tenant in a first floor flat who was responsible for serious ASB including banging, shouting, screaming at all times of the day and night. Playing excessively loud music, domestic violence and mistreating his dog.

The tenant has schizo-affective disorder and when he takes his medication he functions well. However he is a habitual user of "legal highs". When he uses these he stops taking his medication and his behaviour becomes erratic, he becomes very ill and can be aggressive.

Environmental health had been called out a number of times and issued a noise abatement notice which was breached numerous times; he was prosecuted and his equipment was seized. The police were called to the property on a number of occasions and the tenant was arrested for various offences.

It seemed clear that he was unable to manage his tenancy when he was unwell. However he was not engaging with his mental health workers nor was he accepted for a move to supported accommodation. The ASB officer felt that he should be offered practical support to at least try and get him to engage, whilst simultaneously offering protection to the wider community by using tenancy enforcement tools available. He was accepted to the tenancy sustainment service and a Notice of Seeking Possession was served on him. For a while he engaged well with this service and there were fewer complaints in relation to the Anti-Social Behaviour.

However this did not last and the Council are currently pursuing possession action through the court. The tenant disengaged from all support but we continue to work closely to try and encourage him to engage again whilst still trying to work with the mental health service to find supported accommodation for him. However we realise that this may not work and there is a real chance that despite all of steps taken that in this case possession action may be the only way to afford the wider community peace from the serious nuisance behaviour.

**Case Study 2**

The complainant contacted the team to report suffering ASB from a neighbour. The complainant disclosed taking anti-depressants, and although not diagnosed with anything else, displayed signs of suffering from anxiety. The complainant also suffers with ME (diagnosed as being 80% on the ME scale. This means she is mildly affected but presents as being very ill, and claims is this is because of the ME.

The alleged perpetrator is diagnosed with bi-polar and also has physical health problems. They report that they have experienced ASB from the complainant, which has caused further stress. There is no evidence to show who is the instigator of the issues. They had no support in place and so the team referred to the mental health floating support service.

The alleged perpetrator has engaged with the City Council team and is looking to resolve the issues. Unfortunately complainant has not engaged. Suggestions have been made on many occasions the services that the team could refer to support services and ways of resolving the issues.

The Tenancy Sustainment Service was introduced locally to provide additional support for vulnerable tenants across the city. Anecdotal evidence on the impact of this scheme suggests a positive impact.

## IMPACT OF CRIME ON THOSE WITH MENTAL HEALTH ISSUES

Mental health is a vulnerability risk factor. A recent study found three risk factors for victimisation, these were less engagement with services, drug misuse and a history of being violent. The same study identified that those with severe mental illness (SMI) were much more likely to be a victim of crime (three times more likely), assault (5 times more likely), assault against women (10 times more likely), and household crime (3 times more likely), when compared to the general population. Those with SMI have also been found to be more likely to have experienced domestic or sexual violence, and a high number of these have attempted suicide as a result.[29]

### VICTIMS

People with mental health problems are often perceived to be offenders, with policy and research focusing on the risk they pose on others. However, it is becoming increasingly acknowledged that people with SMI are vulnerable to being victims of violent and non-violent crime.[30] [31] People with mental health problems are considerably more likely to be victims of crime than the general population[32] [33]and are also more likely to be the victims of crime than the perpetrator.[34]

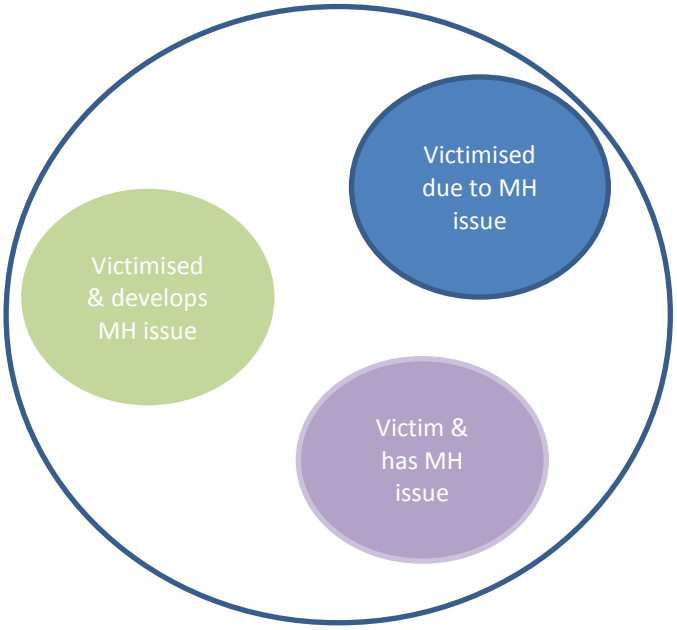
A victim's mental health can determine the severity of the impact of crime felt. Victims may experience emotional or social issues as a result of victimisation[35]. Research has also found increased tendency to perceive an experience of crime as serious. Furthermore, assault victims with SMI were more likely to be injured and less likely to seek medical help[36].

The impact of being a victim, particularly to ongoing crime or ASB, can be severe. The case of Fiona Pilkington and her daughter (who killed herself and her disabled daughter Francesca Hardwick in 2007 after Leicestershire police failed to investigate the years of torment they endured[37]), whilst shocking, raised a considerable concern about how services responded to not only disability hate crime, but also vulnerable victims whose mental health deteriorates after victimisation. The IPCC's investigation report[38] into her suicide and the police response clearly stated the failings of organisations working independently from each other and having no clear agreement about what defined vulnerable.

[29] Pettitt et al (2013)
[30] Maniglio, R. (2009). 'Severe mental illness and criminal victimization: a systematic review.' Acta Psychiatrica Scandinavica, 119(3): 180-191.
[31]Hughes, K, Bellis, M.A., Jones, L., Wood, S., Bates, G., Eckley, L., McCoy, E., Mikton, C., Shakespeare, T., Officer, A., et al. (2012). 'Prevalence and risk of violence against adults with disabilities: a systematic review and metaanalysis of observational studies.' Lancet, 379: 1621–1629.
[32] Pettitt et al (2013)
[33] Cambridgeshire County Council (2012) Victim and Offender Needs Assessment http://www.cambridgeshireinsight.org.uk/files/caminsight/VONA_v1.5_2013_update.pdf
[34] Greater London Authority (2014) London mental health: the invisible costs of mental ill health
[35] Pettitt et al (2013)
[36] Pettitt et al (2013)
[37] https://www.ipcc.gov.uk/news/ipcc-publishes-fiona-pilkington-investigation-report
[38]http://www.ipcc.gov.uk/sites/default/files/Documents/investigation_commissioner_reports/pilkington_report_2_040511.pdf

The figure below tries to demonstrate the complex nature of how mental health interacts with some victims.

**Figure 8: Graphic representation of 'types' of victim within all victims**




The size of the circles in no way represents the number of victims within the total that are associated with each group. A person who has mental ill health is not necessarily vulnerable, or vulnerable at all points, during their contact with the criminal justice system. However, those victimised because of mental health issues should be considered vulnerable and have the appropriate hate crime marker applied. This would allow the police and partners to provide the most appropriate co-ordinated response. A victim who develops mental health issues subsequently may become vulnerable when they were not initially. E.g. developing anxiety or becoming suicidal. These individuals clearly need to be identified at the earliest opportunity in order to reduce their level of risk.

In May 2015 HMCPSI, HMIC and HMI Probation jointly produced a report[39] the *Joint review of disability hate crime* follow-up. This report followed up on the recommendations of the 2013 report *Living in a different world: Joint review of disability hate crime.* The aim of the 2013 report were on (a) improving awareness of disability hate crime, (b) increasing the reporting of disability hate crime and (c) embedding disability hate crime processes within the routine working practices of police, CPS and probation staff. The 2015 report includes a number of key findings and examples of best practice. For the purposes of this report, only those pertinent to mental health have been discussed. Overall the 2015 review indicated that data revealed insufficient progress had been made against the seven recommendations from 2013.

[39] https://www.justiceinspectorates.gov.uk/cjji/wp-content/uploads/sites/2/2015/05/CJJI_DHCFU_May15_rpt.pdf

**Under-reporting of disability hate crime**

The review found that not all cases from either the police or Crown Prosecution Service (CPS) were correctly identified as being a hate crime. The cases that had been reviewed showed a variety of the following; lack of data recorded, incorrectly marked as a disability hate crime, or not recognised as a disability hate crime when it was.

**Awareness raising with front-line staff**

The review found that 'delivering effective training by agencies has been inconsistent and slow'. For example many officers interviewed were not aware that victims of disability hate crime were entitled to an enhanced service under the Victims' Code. The Partnership is already working towards a wider range of agencies having access to training and awareness of issues relating to mental health. This should be continued across the district.

***Example Case study:*** *In one force, a disability hate crime was recorded when a brick was thrown through the window of a house belonging to a woman with mental health issues whilst she was in a psychiatric hospital. The neighbour reporting this incident stated she felt the woman was being targeted by a group of local youths because of her disability. When the same thing happened two weeks later, this was not recorded as a disability hate crime and no apparent link made to the previous incident.*

Source: *Joint review of disability hate crime, 2015*

**Agreed definition**

Disability hate crime is any crime where the victim or witness perceives that the victim was the target due to their disability. The legal definition contained with the Disability Discrimination Act 1995 includes mental impairment. Whilst this may not include everyone with a mental health issue it provides clear grounds for those where their mental ill health adversely affects their day-to-day life.

***Meaning of "disability" and "disabled person".***

*(1) Subject to the provisions of Schedule 1, a person has a disability for the purposes of this Act* ***[F1****and Part III of the 2005 Order****]*** *if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.*

*(2)In this Act* ***[F1****and Part III of the 2005 Order****]*** *"disabled person" means a person who has a disability.*

Source: Disability Discrimination Act 1995

The report highlights two key pieces of information

1. Nationally the volume of police recorded disability hate crimes is significantly lower than the reported victimisation through the Crime Survey for England and Wales. For 2013/14 1,985 and 62,000 respectively.
2. Nine forces recorded fewer than 10 disability hate crimes per year over a three year period. Cambridgeshire Constabulary was one of those, recording 6 in 2011/12, 3in 2012/13 and 4 in 2013/14. This indicates a substantial under-recording in Cambridgeshire.

What cannot be ascertained from the report or the raw data alone is whether it is under-reporting by victims, poor recording practices by the constabulary or both that are keeping these figures low.

## PERPETRATORS

A variety, and combination, of factors influence the level of an individual's vulnerability. Mental ill-health is one aspect of vulnerability. Perpetrators may also display vulnerabilities and often require support. This can sometimes be hard to explain to victims who have often suffered for considerable lengths of time and are keen to see a resolution reached quickly.

Prevalence of mental health issues is found to be greater within the criminal justice system. The 2009 Bradley Report[40] estimated the prevalence of Personality Disorders at 66% in the prison population compared to 5.3% in the general population. This type of data is useful for providing context, but further analysis of prison populations is beyond the scope of this document. An earlier Victim and Offender Needs Assessment [41] conducted by the Cambridgeshire County Council Research Group also identified mental health within offending and repeat offending as an issue, which was supported by professional opinion.

Further analysis of perpetrators would require more resource than available at this time. The Partnership could consider this as a focus for a future document.

# SERVICE PROVISION FOR MENTAL HEALTH

Cambridgeshire partners provide care pathways for people experiencing mental health issues, but mental health services are under-resourced. This is a similar scene nationally – leading mental health charity MIND estimated that just under £40m would be spent by local authorities in 2015-16, compared with nearly £664m on measures relating to sexual health, £160m on stop smoking measures, and £111m on tackling obesity. [42]

The main provider of NHS mental health care in Cambridgeshire is the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). Services can be accessed by self-referral (Psychological Wellbeing Service (IAPT)) or via a GP, who remains a key gatekeeper. The Advice and Referral Centre (ARC) provides a single point of access into CPFT services for GPs and other professional referrers.[43] CPFT adult mental health services include early intervention, acute and intensive care, crisis resolution and home treatment and personality disorder services. [44] Appendix C lists all CPFT services. Additional service provision is delivered, and supported, by partners including Cambridgeshire County Council and the voluntary and community sector.

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It identifies how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

[40] Dept Health (2009) The Bradley Report; Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system.
[41] Cambridgeshire County Council (2012) Victim and Offender Needs Assessment http://www.cambridgeshireinsight.org.uk/files/caminsight/VONA_v1.5_2013_update.pdf
[42] MIND (2015) http://www.theguardian.com/society/2015/nov/09/councils-spending-just-1-of-health-budgets-on-mental-health
[43] Cambridgeshire and Peterborough NHS Foundation Trust (2015) http://www.cpft.nhs.uk/professionals/advice-and-referral-centre_2.htm
[44] Cambridgeshire and Peterborough NHS Foundation Trust (2015) http://www.cpft.nhs.uk/services/cpft-services.htm

In Cambridgeshire, local partners signed the Concordat in 2014. These include the CPFT, Cambridge University Hospitals NHS Foundation Trust, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), British Transport Police, and Cambridgeshire County Council. A local improvement action plan has been developed by the Cambridgeshire and Peterborough Crisis Concordat Roundtable.[45] Delivery of Mental Health First Aid Training by Cambridgeshire County Council Public Health to student Police Officers is an example of one action delivered to support the implementation of the Crisis Care Concordat. The action plan is available here http://www.crisiscareconcordat.org.uk/wp-content/uploads/2015/11/Cambridgeshire-Peterborough-Continuous-Improvement-Action-Plan-Cambridgeshire-and-Peterborough.pdf

Within Cambridgeshire there are also several specialist mental health services, including the Mental Health pathfinder initiative. Further placed mental health nurses (CPN) were placed within the county's Integrated Offender Management (IOM) teams, led by Cambridgeshire County Council and Cambridgeshire and Peterborough Foundation Trust (CPFT). Their aim is to identify and assess offenders with mental health needs, estimated at just below 40%, and refer them to appropriate mainstream treatment. This cohort also has high prevalence of drug and/or alcohol misuse issues so a number of cases are dual diagnosis.[46] The success of this model of working has resulted in the model being subsequently rolled out for victims of crime. However, this funding for the CPN posts was not permanent and has now ceased.

## HMIC REPORT - PEEL: POLICE EFFECTIVENESS 2015

It is important that vulnerable people, whether a victim of crime or otherwise, are identified early and receive support they need. An HMIC inspection into the efficiency of the Cambridgeshire Constabulary identified almost 17% of total crimes recorded (excluding fraud) as having a vulnerable victim (2014/15) in Cambridgeshire, compared to just below 11% for England and Wales.[47]

Cambridgeshire Constabulary were identified as being effective at identifying vulnerable victims and assessing their needs, though were assessed as 'requires improvement' overall (particularly in respect of domestic abuse victims). The definition of vulnerability adopted by the constabulary allows for staff to take into account the needs of the victim as well as the type of crime when determining the police response required (Figure 8).

[45] http://www.crisiscareconcordat.org.uk/wp-content/uploads/2015/11/Cambridgeshire-Peterborough-Continuous-Improvement-Action-Plan-Cambridgeshire-and-Peterborough.pdf
[46] DAAT, Cambridgeshire County Council (2015) Cambridgeshire Drug and Alcohol Action Team Needs Assessment.
[47] HMIC (2015) PEEL: Police effectiveness 2015 (vulnerability). An inspection of Cambridgeshire Constabulary.

**Figure 9: Cambridgeshire Constabulary definition of vulnerability, HMIC 2015**

*"Whilst acknowledging the need for some form of indicator of potential vulnerability the need to steer away from a rigid definition of vulnerability is paramount to success; to tie the term 'vulnerability' to a prescribed list of either crimes or circumstances may divert officers away from using their professional judgement and thus their ability to 'do the right thing'.*

*Currently, the indicators of vulnerability reside in the following considerations:*

- *is this a repeat victim?*
- *are they a persistently targeted victim?*
- *are they particularly vulnerable or intimidated due to their personal characteristics such as their age, mental health, learning ability, gender, ethnicity or sexual orientation?"*

Source: HMIC (2015) PEEL: Police effectiveness 2015 (vulnerability). An inspection of Cambridgeshire Constabulary.

The constabulary was found to respond well to vulnerable victims overall, with safeguarding properly considered from the point of the initial report and throughout the investigation. In relation to mental health specifically, however, the HMIC report highlighted the constabulary should do more to support vulnerable people with mental health issues.

## BEST PRACTICE EXAMPLES

A report by the London Councils on Anti-Social Behaviour and Mental Health highlighted that with any case associated with Mental Health, the first course of actions should be to "address the behaviour by intervention and support rather than to pursue an enforcement action"[48] which would force the individual through the criminal justice system.

**Case Study - What works: LB Islington - Repeat calling as identifier of vulnerability**

LB Islington has recently set up the ASB and community engagement sub-group, which sits under the main community safety partnership and is chaired by the head of housing operations.

Though currently in its infancy, one of the key work strands for the partnership is developing mechanisms for identifying repeat and vulnerable victims of ASB and ensuring that appropriate support measures are in place. The two main actions in this respect are:

- to improve processes in place for identifying and managing repeat callers and vulnerable victims including the use of vulnerability risk assessments to identify those most at risk,
- to ensure effective engagement with mental health, floating support and other support services to support vulnerable victims.

Actions within those strands include:

- reviewing existing arrangements and set up a clear process to ensure repeat callers are discussed at appropriate partnership meetings identifying relevant agency involvement in providing support and problem-solving issues of concern,
- to embed use of vulnerability risk assessments in management processes to ensure completion by relevant agency for all repeat callers who meet trigger level,

[48] Anti-Social Behaviour and Mental Health, London Councils, January 2014

- to review protocols in place for provision of support services with lead officers to ensure appropriate involvement and mechanisms in place for removing blockages where required.

One case involved a 60 year-old woman living in a flat, managed by a Registered Provider (RP), constantly calling the ASB reporting line about problems with noise from her neighbours. During a 24 week period she called 78 times. The noise had been investigated on a number of occasions by the council's Noise Team and also the RP's ASB Team. Investigations concluded that sounds heard were general household noises and that surrounding neighbours in the block were feeling harassed by the regular stream of complaints made about them.

The ASB Officers, concerned about possible mental health issues, referred the case for a Mental Health assessment and were frustrated by the fact that mental health services were unable to intervene as the tenant refused to engage, stating that she did not have any mental health issues. The RP had been advised to get the tenant's GP to make a referral, but the RP didn't have any means of finding out who her GP was, the tenant would not disclose this and they had no information about family members etc.

Following discussion at the ASBAG the mental health team made a further attempt at contact, held a lengthy conversation with her and established that a call to the ASB reporting line seemed to have become part of her night time routine. The RP has a volunteer befriending service and attempts are being made by the call handlers and RP ASB officer to get the resident to take up this service. In the meantime calls have reduced and careful monitoring is taking place by all agencies involved of the complainant as well as her neighbours.

The London Borough of Hammersmith and Fulham are highlighted as one example of local authorities taking a proactive approach to dealing with those people that are preying on vulnerable tenants. One way in which this is done is through the use of injunctions to protect people being exploited.[49]

Partnership working and the enablement of joint ownership is regarded as a key mechanism in Mental Health related ASB cases. Positive outcomes can be achieved through regular partnership risk management meetings, working in partnership to locate individuals when they are not engaging, or absconded from hospital, or working in partnership to carry out welfare checks in emergency situations.[50]

[49] Anti-Social Behaviour and Mental Health, London Councils, January 2014

[50] Anti-Social Behaviour and Mental Health, London Councils, January 2014

## APPENDIX A. ADDITONAL TABLES/ FIGURES

Below are two supporting table extracted and sourced for reference.

1. **Risk factors and impacts of mental health problems**

Table 16: Risk Factors and Their Impact on Mental Health Problems

| Risk factors | | Impact on rate of disorder |
|---|---|---|
| In child/ young person | Physical illness<br>• chronic health problem<br>• brain damage | <br>• 3 times increase in rate<br>• 4-8 times increase in rate |
| | Sensory impairments<br>• hearing (4/1000)<br>• visual (0.6/1000) | <br>• 2.5 times more disorder<br>• No values |
| | Learning difficulties | 6 times more likely to have disorder[35] |
| | Language and related problems | 4 times increase in rate |
| | Self-harm | Associated higher risk of disorder |
| | Teenage onset depression (regarded as experiencing 'normal' adolescent turmoil)[37] | Associated higher risk of disorder |
| In family | Family breakdown/severe marital discord | Associated with increase in disorders such as depression and anxiety |
| | New mothers with mental health needs (c. 15-20% of new mothers) | Low maternal responsiveness during first 18 months linked to depression, mental disorders, violence and child abuse in later life[38] |
| | Large family size | Increased rate of conduct disorder and delinquency in boys with large families. Rates increase with increasing numbers of children in the family and step-children. |
| | Child Looked After | • 5 times increase in disorder<br>• 4-5 time increased risk of suicide as an adult. |
| | Lone parent families | • 2 times rate compared to children in families where parents are married |

[35] Reproduced from Fitzjohn 2006 and cited as adapted from Wallace et al in Raftery & Stevens (1997)
[36] How To Guide: How to support young people with learning disabilities and mental health issues, 2009 NCB. Taken from www.youngminds.org.uk/training_services/policy/useful_statistics
[37] Cambridgeshire and Peterborough Shadow Clinical Commissioning Group (2012) Joint Commissioning Strategy for Mental Health and Well-Being of Children and Young People 2012-16, p11
[38] Allen (2011) and Paterson (2011) and Marmot.

Source: Mental Health of Children and Young People in Cambridgeshire JSNA, 2013.

2. **Figure cited in Audit of Suicides and Deaths From Undetermined Intent in Cambridgeshire and Peterborough in 2014 March 2015 (Revised July and August 2015)**

Table 1: Suicide and undetermined injury death rates, Districts, Cambridgeshire, 2011/13

| District | number | rate per 100,000 | confidence intervals | |
|---|---|---|---|---|
| | | | Lower | upper |
| Cambridge City | 31 | 8.6 | 5.7 | 12.5 |
| East Cambridgeshire | 18 | - | - | - |
| Fenland | 23 | - | - | - |
| Huntingdonshire | 40 | 8.0 | 5.7 | 10.9 |
| South Cambridgeshire | 33 | 7.5 | 5.1 | 10.5 |
| Cambridgeshire | 145 | 7.8 | 6.6 | 9.2 |
| England | 13,758 | 8.8 | 8.6 | 8.9 |

Source : Fingertips, Public Health England '-' value cannot be calculated as number of cases is too small

## APPENDIX B: CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST (CPFT) SERVICES

These are NHS services that provide professional help to people with specific mental health problems that cannot easily be addressed by self-help alone

- Adult Mental Health Services
- Older People's Mental Health Services
- Psychological Wellbeing Service
- Liaison Psychiatry Services
- Learning Disability and Prison Services
- Children and Young People Services
- A Guide to Rough Times
- Integrated Community services
- Psychology

Source: http://www.cpft.nhs.uk/services/cpft-services.htm