Diversion services the national picture:

Survey to Evaluate Awareness of General and Forensic Psychiatrists about Police Custody Diversion and Court Liaison Services in the UK

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Introduction

• National priority

• Department of Health - regional services - 2014

• Nationally funded pathfinder and development sites

• Royal College of Psychiatrists
Aims

• Location
• Length of time
• Role of psychiatrists
• Composition and resourcing of teams
• Scope of teams
• Referring agencies
• Comments
Responses

- 85% - Trusts/Health Boards - UK
- Non responders?
- Direct involvement - 18%
Are schemes in existence and if so how long for?

70% - schemes in their area

Length of time;
• 50% - didn’t know
• 25% > 10 years
• 10% - 6 -10 years
Role of psychiatrists in teams?

20% - Responses
75% - psychiatrist
50% - assessments
42% - team leadership/management
92% < 5 hours/week
  0 > 10 hours/week
Composition and resourcing of teams

92%  - nurses
75%  - psychiatrists
49%  - social workers
22%  - psychologists
18%  - occupational therapists
How many staff work within your team?

Median = 4

Average = 6

Range = 1 - 40
How does you/your team obtain psychiatric opinions?

55% - locality Consultant

50% - Specific Diversion Psychiatrist

28% - General Rota
What other psychiatric specialists do you/your team have access to?

64% - Forensic Psychiatrists

25% - No other service

35% - Learning Disability
Old Age
Children and Young People
Addiction Specialists
Scope of teams

1. 84% - Magistrate’s court
2. 70% - Police stations
3. 30% - Crown Court
Where do you/your team accept referrals from?

81% - Courts

72% - Police

53% - Probation,
       Prison,
       Crown Prosecution Service,
       Defence Solicitors,

19% - Other Sources
Comments about diversion

122 made comments at the end of the survey
101 conveyed meaningful information
79% of comments were from consultants
Of the meaningful comments 57% were from General Psychiatrists
Themes

1. The most common theme was a positive response:
   • The schemes were described as efficient and useful in diverting mentally disordered offenders.

2. The second most common theme was not in favour of diversion:
   • Diverting people away from enforced custody is not necessarily in an individual’s best interests and more resources should be spent on developing mental health aspects of the prison service.
   • For non-trivial, violent offences, diversion from custody at an early stage could result in information being lost and poor risk assessment in the future. This may increase risks in adult psychiatry in inpatient and community services.
3. Although many teams were multidisciplinary and of varying numbers, a lot of the existing teams are nurse led.

4. Another theme was that Crisis Resolution and Home Treatment Services should lead custody diversion due to their ability to gate keep inpatient services and their links with local inpatient and community psychiatric services.

5. A number of pre-existing schemes were underfunded and required more support although some were expanding. In some instances the schemes were not funded at all.
7. With regards to patients with learning disabilities and older age adults, the feedback was that services don’t adequately cater for these individuals and that they need to be developed.

8. Another important theme related to the needs of children and young people within the criminal justice system and that there were no schemes or a lack of awareness of schemes which existed for them. Youth offending teams and their exact relationship with the criminal justice system was not well understood.
Conclusions I

1. In a survey covering 85% of Trusts and Health Boards in the UK, 70% had diversion services, many of which had been in existence for a number of years.

2. 75% of schemes had a psychiatrist as a team member; only 50% were involved in direct assessments for the team, and 93% worked less than 5 hours with the team.

3. Psychiatric opinions came from a variety of sources, locality consultants, diversion consultants or the general rota; opinions were at times available from other psychiatric specialities.

4. Most teams worked at magistrates courts and in police stations and accepted referrals from a variety of sources.

5. Teams varied widely in resources and composition. The majority comprised nurses and doctors with social workers present in half of the teams responding. The median number of staff was 4 and the mean 6.
Conclusions II

6. Whilst the most common theme of comments were positive an significant proportion of respondees had negative attitudes to diversion

7. The wide variations nationally in team structure, leadership and composition were commented on as were funding mechanisms

8. Services for young people seemed poorly understood and elderly and LD groups were poorly served
Recommendations?

All areas should have a diversion/liaison service
All should be multi-disciplinary containing, at a minimum, nurses, doctors and social workers (AMHPs)
Commissioning of teams should be consistent within the separate countries of the UK
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• In press: Criminal Behaviour & Mental Health

• **Editorial:** Developing criminal justice liaison and diversion services: research priorities and international learning derived from a national survey of psychiatrists’ current knowledge of services in the UK

• Samir Srivastava*, Andrew Forrester, Steffan Davies and Rajesh Nadkarni