Mental Health: Working in Partnership with Criminal Justice Agencies

A report from Overview & Scrutiny

Contents

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Preface

By Councillor Waseem Zaffar, MBE JP

Chair, Social Cohesion and Community Safety Overview and Scrutiny Committee

Firstly I would like to thank the members of both the Social Cohesion and Community Safety and Health and Social Care Overview and Scrutiny Committees for the time and effort involved in carrying out this important inquiry. Due to the nature and focus of this work, it was decided at the start to also include a service user governor and a carer governor from the Birmingham and Solihull Mental Health Foundation Trust to ensure that the views and experiences of some service users and people who care for service users were represented. I am grateful to Maureen Johnson and Lynda Smith for their contributions to the work of this inquiry and a special thanks to the Birmingham and Solihull Mental Health Foundation Trust for supporting this inquiry from the outset. I would also like to say thank you to the officers, Baseema Begum and Rose Kiely, who supported the work of the inquiry.

Evidence was taken from a wide range of sources and I would also like to thank the many and varied organisations who took the time and trouble to contribute either written or verbal evidence or to attend the stakeholder event in the Council House which a wide range of service users, carers and smaller community organisations attended.

This was a useful but sobering inquiry. We learned that mental health problems cost the UK about £110 billion a year[1]. Suicide is one of the leading causes of death in young people and adults[2]. Yet in Birmingham, young people between 16 and 18 years of age get no statutory mental health support. This is scandalous and must change.

Two thirds of sufferers claim that the discrimination they face when associated with mental illness is worse than the illness itself[3]. Fears and stereotypes around mental health issues need to be challenged and overcome within communities. We need to address the 'revolving door' of service users being discharged but then re-admitted to services due to inadequate support in communities.

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[1] Mental health and the economic downturn – Royal College of Psychiatrists Mental Health Network, NHS Confederation & London School of Economics and Political Science http://www.rcpsych.ac.uk/pdf/economicdow.pdf

[2] Mental health services overview http://www.nhs.uk/nhsengland/aboutnhsservices/mentalhealthsevices/pages/overview.aspx

[3] Ending the stigma that hurts more than the symptoms http://www.independent.co.uk/life-style/health-and-families/health-news/ending-the-stigma-that-hurts-more-than-the-symptoms-2367852.html

Nevertheless, much good work is being done in Birmingham against this difficult background. West Midlands Police is by far the most pro-active force in the country, now taking a national lead on many aspects of mental health work. This needs to be supported and embedded across all areas.

Birmingham City Council's appointment of a mental health champion, Cllr Paulette Hamilton, during the evidence taking of this report has been well received. The City Council needs to follow this through by ensuring that the recommendations in this report are implemented.

Training of front line staff is also essential for all public sector agencies. We cannot set staff up to fail by providing them with inadequate training. Historically, police officers have had only 4 hours of training on mental health before being inducted as officers. Yet many senior officers now see mental health as a core element of policing. The training now needs to reflect this.

There is also a lot of confusion around where to access support from. A one-stop telephone service similar to 999, NHS 111 or the service offered by Alcohol Anonymous will go a long way in helping those seeking support. This should be a public helpline, also offering guidance and access to referral information for officers not working in mental health.

There are inequalities impacting upon BME groups that we need to address. The over-representation of African-Caribbean young men in the mental health and criminal justice system needs to be tackled through targeted work by all agencies. The under-representation of South Asian women accessing services at the earliest possible stage also needs to be tackled.

Probably the report's key finding, though is that we need to improve access to support – for everyone - at the earliest possible stage. Once sufferers have entered the Criminal Justice System, it's often already too late. We need to support small community groups in the heart of our communities, providing a befriending 'arm round the shoulder' service to those who have no one to turn to.

We need to work towards a recovery rather than a custodial model.

Much of what we have learned is common sense. That doesn't mean the consequent changes are easy to make, but nor, in its turn, does that make them optional. The case for action is urgent.

Summary of Recommendations

	Recommendation	Responsibility	Completion Date
R01	That the Birmingham Joint Commissioning Team for Mental Health and NHS England (who commission Tier 4 CAMHS services) should be responsible for and take urgent action to commission age appropriate mental health inpatient and community services for young people aged 16 and 17.	Cabinet Member for Health and Wellbeing working with Cabinet Member for Children and Family Services, Birmingham Integrated Commissioning Board (ICB) and Childrens Strategic Partnership Board (CSPB)	July 2014
R02	That Clinical Commissioning Groups and Birmingham and Solihull Mental Health Foundation Trust provide local named contacts for Local Policing Units and the Birmingham Community Safety Partnership Safer Communities Groups that undertake case work on serious and persistent Anti-Social Behaviour cases.	Birmingham Community Safety Partnership to pursue directly with Clinical Commissioning Groups and Birmingham and Solihull Mental Health Foundation Trust	April 2014
R03	That, if proven to be successful, the coordinated trial multi-agency response as exemplified by the Street Triage Pilot currently being piloted by West Midlands Police, be mainstreamed across Birmingham and made permanent.	West Midlands Police West Midlands Ambulance Service BSMHFT Joint Commissioning Board	January 2015
R04	That, in order to support the work of the West Midlands Strategy Group, the Mental Health Champion reviews arrangements to provide patient, carer and third sector oversight of the implementation of the Mental Health and Learning Disabilities Summit Action Plan. This oversight should be extended to recommendations contained within this report.	Cabinet Member for Health and Wellbeing BCC Mental Health Champion	To report back on progress July 2014
R05	That BSMHFT work with the Police, the City Council, the Clinical Commissioning Groups, the Joint Commissioning Team and the Third sector to: (1) Map what mental health support services are currently available for ethnic minority groups in Birmingham; and (2) investigate best practice provision of community outreach to ethnic minority groups and commission a culturally	Birmingham and Solihull Mental Health Foundation Trust	Report back on progress July 2014

	sensitive early mental health support service in Birmingham.		
RO6	That consideration be given as to how existing provision in the community can best be utilised to provide more community focused intervention across the city to support the hospital based places of safety.	Chair of Birmingham Community Safety Partnership in their capacity as relevant member of the Health and Wellbeing Board Birmingham Integrated Commissioning Board (ICB) Childrens Strategic Partnership Board (CSPB)	January 2015
RO7	That the lessons learnt from Serious Case Reviews, Domestic Homicide Reviews and other parallel processes in relation to the offences committed by mental health patients are reviewed.	Birmingham Community Safety Partnership support officers to co-summarise these by approaching relevant Safeguarding Board/Domestic Homicide Reviews leads.	July 2014
R08	That frontline local authority staff who have face to face dealings with people who may be experiencing mental health difficulties receive additional basic training to enable them to recognise where mental health issues exist and to make an appropriate referral.	Cabinet Member for Social Cohesion and Equalities	January 2015
R09	That the Birmingham Integrated Commissioning Board should explore the best way of establishing a single telephone service for the whole of Birmingham. It should provide a single point of access which people experiencing mental health issues, family members, Councillors and other individuals who come into contact with mental health patients, can use to access advice, referral or signposting to specialised services and assessment by a mental health professional.	Birmingham Integrated Commissioning Board (ICB) working with Chairs of Clinical Commissioning Groups	January 2015
R10	That BSMHFT promote and further develop the Community Forensic Mental Health Team and replicate this service on a wider basis, to divert people with mental health issues from the criminal justice system towards appropriate support and interventions in the community.	Birmingham and Solihull Mental Health Foundation Trust	January 2015
R11	That statutory agencies should support third sector organisations by: (1) examining opportunities to commission	Birmingham Integrated Commissioning Board (ICB)	July 2014

	primary care services which can be delivered by small third sector organisations where appropriate capacity and expertise already exists within the third sector; and by (2) providing support in areas where statutory agencies have expertise such as bid writing and signposting to potential sources of funding.	Birmingham and Solihull Mental Health Foundation Trust	
R12	That (1) The West Midlands Police explore how to increase the reporting of disability hate crime and ensure a structured approach to identifying and progressing cases; and (2) BSMHFT consider how best to educate the public and raise awareness about mental health issues with a view to changing cultural perceptions and reducing the stigma associated with mental ill health.	West Midlands Police BSMHFT	July 2014
R13	That an assessment of progress against the recommendations and suggestions made in this report should be presented to the Social Cohesion and Community Safety Overview and Scrutiny Committee.	Cabinet Member for Health and Wellbeing	July 2014

1 Introduction

1.1 Background

1.1.1 The erroneous public perception of people experiencing mental health issues has been that they are more likely than the general population to be involved with the criminal justice system as the perpetrators of offences. More recently however it has been recognised that in fact, contrary to popular perceptions, people experiencing poor mental health are at high risk of being involved with the criminal justice system as a victim of crime rather than as a perpetrator. Sufferers with severe mental ill health are also more likely to suffer a more severe physical and psychological impact as a result of the crime, especially in terms of the adverse impact on their emotional well-being.

1.1.2 Police officers, health professionals and frontline staff in community organisations and public services need to be trained to identify, protect and, as far as is possible, prevent this happening. Services need to be developed to provide support and to deal with the impact where people experiencing mental ill health have become a victim of crime.

1.1.3 One of the main aims of the Birmingham Health and Wellbeing Strategy is to improve the health and wellbeing of our most vulnerable citizens, which includes those experiencing mental health impairments or disorders. Achieving this will require a strategic response and collaborative working in partnership to provide joined up services for people with poor mental health.

1.1.4 The overriding necessity for collaborative working is reflected in the membership of the Health and Wellbeing Board. In addition to relevant councillors, this includes representation from the three Birmingham Clinical Commissioning Groups, Birmingham Healthwatch, Public Health, the NHS Commissioning Board, the Third Sector Assembly and the Community Safety Partnership.

1.2 Aims of the Inquiry

1.2.1 The aim of this inquiry, undertaken by the Social Cohesion and Community Safety Overview and Scrutiny Committee was to explore how Birmingham City Council and its partners can work together more effectively to identify and reduce the number of those with mental health issues entering the criminal justice system.

1.2.2 In particular the Members also wanted a better understanding of what agencies in Birmingham need in order to be better placed to work together more effectively and support those with mental health issues to ensure that they do not pose a risk either to themselves or to the community.

2 Evidence gathering

2.1 Context and range of sources

2.1.1 The context for the inquiry was set at the Mental Health and Learning Disabilities Summit ("the Summit") which took place in June 2013. This brought together representatives from the mental health service providers, the police, local authority partners, commissioners and the voluntary and third sector with the purpose of exploring and agreeing practical ways of bringing about improvements in the West Midlands area. This was co-hosted by the West Midlands Police and Crime Commissioner, Birmingham City Council, the Dudley and Walsall Partnership NHS Mental Health Trust, Black Country Mental Health and Social Care NHS Foundation Trust, Birmingham and Solihull Mental Health NHS Foundation Trust and Coventry and Warwickshire Partnership NHS Trust.

2.1.2 As part of this inquiry, evidence has been taken from a wide range of sources. A call for evidence was made inviting written submissions in response to key lines of enquiry (see paragraph 2.2) which was the focus of this enquiry. Two extensive evidence gathering sessions were held on 10th September and 15th October, when Members received evidence from a wide range of stakeholders including the Birmingham and Solihull Mental Health Foundation Trust (BSMHFT), West Midlands Police, the Police and Crime Commissioner Bob Jones, The Community Safety Partnership, the Mental Health Lead from Birmingham Cross City Clinical Commissioning Group and a wide range of third sector agencies and smaller community organisations who come into contact with and work with those with mental health issues.

2.1.3 As part of the evidence gathering the committee also held a stakeholder event in the Council House to which a wide range of service users, carers and smaller community organisations were invited to contribute.

2.1.4 Due to the nature and focus of the inquiry the Committee also chose to include a service user governor and a carer governor from BSMHFT to work with them on an on-going basis to ensure that the views and experiences of some users and people who care for users of mental health services, were represented throughout the process.

2.1.5 The Members also took part in site visits to HM Prison Birmingham in Winson Green which houses 650 remand prisoners and BSMHFT medium secure units at Reaside Clinic in the south of the city, which provides care for up to 92 men, and Ardenleigh in the north of the city, which houses medium secure services for adult women and which also houses a medium secure unit for both male and female young people up until their 19th birthday, to see and understand the work happening on the ground with mental health patients.

2.1.6 There was another opportunity for members of the public to engage with the Chair and to contribute to the inquiry when the Chair hosted a web chat on Monday 21st October. At the time of writing there were 141 views of the web chat.

2.2 Key Lines of Enquiry

2.2.1 Members of the Committee were keen to examine a number of key areas and set the following specific lines of enquiry on which agencies and individuals were asked to focus.

- How is mental health assessed, defined and understood by criminal justice agencies? What are the links with drug and alcohol misuse?
- How do the City Council and the NHS communicate and work with criminal justice agencies with respect to mental health patients? Who takes the lead in supporting the client? What work is done with specific vulnerable groups such as the elderly and substance mis-users? What work is done by these agencies in the community?
- There is evidence to suggest an over representation of black men in the criminal and mental health systems. How are agencies in Birmingham addressing ethnic inequalities in mental health?
- What is the level of understanding of mental health issues within the local authority and public sector agencies? How are third sector organisations involved?
- What is the role and responsibility of West Midlands Police when dealing with issues of mental health?
- What support is available within the various criminal justice agencies for clients with mental health issues?
- How are front-line staff at criminal justice agencies supported in dealing with those with mental ill health and what training do they receive?
- What should be the role of the City Council in supporting agencies who deal with these clients with mental health issues who receive support from the City Council (i.e. through housing or other support?)
- How will public sector cuts hinder services to those experiencing mental health difficulties?

3 Findings

3.1 Partnership working

3.1.1 One of the most fundamental issues which we heard mentioned which underpins everything else was a need to improve the partnership working to ensure more joined-up working between agencies. The police, courts, prisons, the local authority and hospitals need to identify those with mental health issues as early as possible and to work collaboratively, sharing information to ensure that adequate support is provided quickly and appropriately meaning better outcomes for sufferers. This was identified as crucial during the detainment of a mental health patient including correct assessment and treatment for instance within prison, ensuring that cultural and language needs are observed and catered for at police stations and noting that prisoners upon release will need continued support in order to get their lives back on track, including support with securing accommodation, finding a job and initial help to access welfare support.

3.1.2 Some examples where better partnership working would help were given by clinicians at Ardenleigh who referred to the need for better formal liaison and partnership with Birmingham City Council especially in relation to finding residential accommodation for patients on discharge. They also referred to the need for more joined up commissioning for services on discharge e.g. NHS England commission Ardenleigh but once patients are discharged they need to deal with whatever is the patient's local Clinical Commissioning Group for the appropriate local authority area.

3.1.3 Ardenleigh has a very low re-admittance rate (about 10%) and very low reoffending rates and clinicians there stressed the importance of some of the integrated working which takes place and in particular highlighted the value of having social workers from BCC working in the clinical teams in both the women's and the young people's facilities. This is achieved in spite of the fact that it is normal for patients to have a significant level of drug or alcohol misuse on entry to the service.

3.1.4 The Members welcomed the recognition from the police that dealing with mental health issues should be and is regarded as part of their core business and Members would wish to express their support for some examples of excellent practice by the police which should facilitate increased and improved partnership working. Members were pleased to hear about the Street Triage Pilot currently being piloted by West Midlands Police whereby a police officer investigating an incident is accompanied by a paramedic and a mental health nurse, so that an assessment of mental and physical health can be done and an appropriate disposal made. This development is very much to be welcomed and supported. Members also welcomed evidence from the police about efforts being made to facilitate better data sharing by embedding a data analyst in a health setting as part of a project in Public Health England to develop a more effective approach to the strategic needs assessment. This won't deal with personal data but will provide a real opportunity to map the trends and areas of risk to address. At a personal data level the police are working more

appropriately to develop a model compliant with the Caldecott guardian approach and should be better placed to manage data in a more efficient and useful way.

3.1.5 These findings reiterate one of the main areas highlighted in the recommendations which emerged from Lord Adebowole's Independent Commission on Mental Health and Policing Report around working together and the need for more effective interagency working. They also reinforce the recommendations for action, arising from the Summit (referred to in paragraph 2.1), which refer to the need for a cultural shift towards greater data sharing between partners to facilitate early identification and intervention work and also to the need for further multi-agency work to make data sharing protocols effective, thus reducing the number of people with mental health issues getting into the criminal justice system. Information sharing is clearly an important issue and the Summit Action Plan highlights the need to find ways to ensure that existing information sharing protocols, which are currently piecemeal, are both comprehensive in their coverage and that they work. During discussions as part of the Inquiry, Members highlighted the importance of including a wide variety of partners in data sharing and specifically making sure that Housing Associations and other organisations that provide accommodation, advice and support on benefits and welfare are covered by information sharing protocols. Many of these will be in the third sector but this also needs to include statutory organisations.

3.1.6 In the light of the recommendations in this area arising from the Summit which include the establishment of a new West Midlands Strategy Group with sign-up at Chief Executive level to be responsible for taking forward the Summit recommendations, the development of a multi-agency Mental Health and Learning Disability strategy, together with exploring new ways of making existing information sharing protocols work, this Committee wishes to avoid duplication by supporting these recommendations, in particular the Street Triage Pilot, and looks forward to seeing rapid progress being made with implementation of the Summit recommendations.

3.2 Early intervention and prevention

3.2.1 A significant proportion of the population will be affected by some kind of mental health issue in the course of a year. Considering the number of people and families that will be touched by mental ill health, the need for partners to work together to identify problems as early as possible and to provide appropriate support to this vulnerable group of people is key.

3.2.2 Alongside better partnership working there is a need for partners to share information with all the agencies involved in working in this area and to move towards more interventions at a much earlier stage to facilitate prevention and recovery, rather than allowing a situation to escalate to a degree where the criminal justice system is involved. Councillor Steve Bedser, Cabinet Member for Health and Wellbeing, highlighted in his address to the Committee:

> …there is a need to focus on early diagnosis and recovery – early detection and prevention is the key … where we move away from long term institutionalised care.

3.2.3 The Crown Prosecution Service (CPS) in the West Midlands also highlighted that early intervention was very important in the work that is carried out in charging people with serious criminal offences. The CPS is responsible for charging the majority of people with criminal offences. Mark Paul, Area Legal Advisor and the mental health lead for the CPS West Midlands region, reiterated that the West Midlands service is working with Police and NHS colleagues to ensure that information is shared before charging decisions are made. This is to ensure that charging decisions made in accordance with the Code for Crown Prosecutors are fully informed. Where appropriate, those that are experiencing mental health issues can be quickly diverted from entering the criminal justice system and these individuals are then provided with the correct help and support. The CPS also takes part in a regular Mental Health forum that involves police and health colleagues discussing such issues.

3.2.4 CPS prosecutors currently receive a non-mandatory day of training carried out face to face on how to deal with those suffering mental ill health (both victims and offenders). This training takes place to ensure that the law is applied correctly bearing in mind that a case has to be judged individually especially in dealing with vulnerable people and in particular young offenders. It also gives the opportunity to dispel myths around how to deal with offenders, victims and witnesses who have mental health issues. The CPS receives support from Victim Support and the Police on this to ensure that the correct cases are brought before the courts.

3.2.5 It was however highlighted that a shortage in training resource could lead to future training being delivered electronically through a webinar for example.

3.2.6 The psychiatric liaison service known as the Birmingham RAID project (Rapid, Assessment Interface and Discharge) working across the Birmingham and Solihull acute hospital sites exemplifies what can be achieved by focusing on early diagnosis, intervention and prevention. RAID clinicians work in partnership with acute hospital clinicians to assess, diagnose, formulate and plan treatment. They use their extensive knowledge of the broader primary and secondary care support services to ensure that patients are placed on the correct pathway on discharge from hospital. RAID clinicians also provide advice and support to acute hospital staff through clinical discussion as well as through formal and informal teaching and education. At all times of the day and night there is a mental health clinician on site that can respond to a referral.

3.2.7 The roll-out of the RAID model has presented a number of challenges, including the recruitment and delivery of a multidisciplinary team with the clinical experience and balance of skills required. It has also faced practical issues such as finding accommodation within the acute hospitals, becoming embedded in organisational structures and systems, building functional day to day professional relationships as well as serving the competing interests of large acute organisations with their own trust priorities. In spite of these challenges, a recent economic evaluation led by the

Commissioning Support Unit, shows overall financial savings and a positive return on investment. In addition, the model diverts people who are mentally ill away from hospital and into the correct treatment and as a result reduces the risk of suicide, homicide and other crime.

3.2.8 Members heard from various individuals and partners about the need to move to a recovery model whereby those with mental health issues are identified and supported earlier through access to talking therapies such as counselling (and include family and friends where possible as they are usually the first people to have contact with a mentally ill person) and access to mental health workers in the community who have intimate understanding of the culture, traditions and religions of the communities that they are working with.

3.2.9 The latter was especially highlighted as key for those communities who find it hard to access statutory healthcare services (e.g. BME, refugees and asylum seekers). It was felt that by giving people the opportunity to talk through their issues alongside medication if and when necessary they are less likely to get involved in the criminal justice system. This is also helpful to the individual as in many cases their mental health issues are not diagnosed until they reach crisis point by getting arrested for committing a crime or when they reach prison. There is also the added benefit to society of cost (by not having to fund prison or a hospital stay) as well as benefits to the patient of receiving the help and support they need early on to enable them to become better and carry on with their normal life where possible.

3.2.10 The need to bring about a culture of early intervention was one of the issues which was raised at the visit to Ardenleigh where clinicians said that specialist teams need to be included in local reviews to give them the opportunity to offer early intervention where appropriate to prevent cases escalating to a stage where a patient needs to be admitted to a secure unit.

3.2.11 The necessity of providing more places of safety for those with mental health issues is integral to bringing this about. It was recognised by all partners involved that a police station is, in most cases, the worst place for a person experiencing mental health issues to be detained in. Informal settings such as drop-in centres and day centres where skilled staff are based would work much better, both in recognising and containing issues. This would give those experiencing difficulties somewhere meaningful to go and seek help and support. It would also deter them from committing crimes leading to them being arrested and going through the criminal justice system where to date it was felt that the appropriate support is not always received. Therefore in the spirit of partnership working, if police officers are called to attend to a case involving mental health, then it would be helpful if there was a protocol in place whereby that person is not taken to a police station in the first instance but somewhere else where they could be treated appropriately.

3.2.12 Members were pleased to hear from the police about the availability and use of the Oleaster hospital suite in Edgbaston as a place of safety, where under Section 136 of the Mental Health Act persons who appear to be mentally disordered can be conveyed by the police to be assessed by a doctor and an approved mental health professional. It was felt that this model is very much to be

encouraged and supported and more places of safety along the lines of this model are urgently needed in a city the size of Birmingham and it was recognised that the city is a trailblazer.

3.2.13 The proposed new custody provision in Perry Barr and Oldbury represents the new custody provision vision for the force and is linked to the wider offender health strategy for 2015.

3.2.14 There was evidence from the Birmingham Cross City Clinical Commissioning (CCG) lead on mental health about the collaborative approach being adopted by the CCGs in the city, about the strong links with specialised commissioning and the work being done to build stronger partnerships in local areas with the third sector, youth groups, the police and others in the 10 localities working together based around hubs of GP practices. This evidence very much reinforced the point that early intervention has to be based in the local community where people experiencing mental ill health can be supported. Generally mental health issues are triggered very early with difficulties at home or in childhood and early diagnosis is of key importance. In order to move to a culture of early diagnosis and prevention it is imperative that the City Council, the police, the health sector and other large organisations work collaboratively with smaller grass roots organisations based at local level with the expertise to help to bring about this shift to a more preventative approach.

3.2.15 Members were also told that as part of the relationship building work that is currently underway locally based around GP hubs, work has started in the Birmingham Cross City CCG in developing a single point of access. This is a single telephone number that both residents and those that come into contact with people experiencing poor mental health can ring and get help with mental health issues. This needs to be developed and expanded so that there is a single telephone number which is promoted for use across the whole City where people needing help or advice about mental health can ring to get assistance. The Committee received evidence from West Midlands Fire Service[4] supporting a need for agencies to have a single point of contact where they can obtain information (e.g. if a person has a designated mental health worker) on clients that are showing signs of mental ill health and to whom they can signpost their concerns about vulnerable people who they have fire safety concerns about.

3.3 Support for third sector organisations

3.3.1 Some of those in attendance were from small grass roots organisations and highlighted the reduction of grant funding on their work. Many organisations have had to lose skilled staff and have been under pressure to recruit volunteers who, although willing, do not possess the necessary expertise to carry out the work of experienced staff. In addition the expectations on volunteers can be too high – there was agreement that services cannot be run on the goodwill of

[4] Evidence from Steve Harris, Station Commander, Communities and Partnerships Lead, West Midlands Fire Service, 26 September 2013

volunteers to provide, for instance, interpretation services, and they can't replace experienced staff.

3.3.2 Although there was an acknowledgement of the tough financial cuts that the local authority is currently undergoing, many were looking for support in other ways. The Cabinet Member for Health and Wellbeing informed Members that Cllr Paulette Hamilton has been appointed as the City Council mental health champion and advocate on mental health issues in order to support him in his role of advocating and holding other agencies to account in the area of mental health. It was also suggested that the Council has the requisite expertise to provide support to third sector organisations in various ways such as support with bid writing and also signposting small external organisations to potential sources of funding about which they may not be aware.

3.3.3 The way that the funding is made available and allocated from the City Council is not always conducive to joint or partnership working and can lead to competition and duplication between agencies. There was a feeling that larger organisations get funding and there was a lack of support for smaller organisations. There was a wish to see more partnership between larger and smaller organisations in this respect and the need to monitor and scrutinise where the funding actually goes and how the money is spent to ensure good value for money. Another point made in relation to this was that funding should be allocated to those organisations, regardless of size, that have the experience, expertise and proven outcomes in terms of delivery in dealing with particular individuals for instance those from black and minority ethnic backgrounds. It was also important for agencies working on the ground to be kept in the loop as it was felt that many don't know what's going on in terms of Council strategy.

3.4 Services for Young People

3.4.1 It was recognised that many elderly people are carers for those experiencing mental health issues and attendees at the stakeholder session gave examples of how these people often became stressed and worn out with providing the physical and emotional support to relatives and not receiving the help and support they need from social services, often leaving them isolated and very lonely. At the other end of the spectrum, issues were also raised about mental health services for young people.

3.4.2 A major area of concern was around the gap in commissioning of mental health services for young people between the ages of 16 and 18. Currently there is not a single body in the City which is commissioned to provide acute mental health services for this group of young people. The Children's Trust commission services for young people up to the age of 16 and the Adult Trust commission services for adults aged 18 and upwards but responsibility for 16 and 17 year olds does not sit with any specific body at the moment. This gap in responsibility for commissioning services for young people aged 16 and 17 clearly needs to be addressed.

3.4.3 It was also acknowledged that, for a significant number of years in the City there has been an issue when young people become 18 as young people at a transitional age can often "fall through

the gaps" in services whilst in the process of transferring from provision for young people to adult services. There was also concern that some commissioned services were taking young people away from their local area and thus making them more vulnerable.

3.4.4 Members heard from Lincoln Moses, Continental Star FC, about the work carried out in conjunction with BSMHFT in providing training to those working with young people on identifying trigger points at an early stage. Currently there is a lack of provision for young people in a sporting environment. It was felt that more needs to be done for those young people that do not always become professional, possibly resourced through the Football Association and who do not possess the necessary skill set to cope with rejection which in a number of cases leads them to become involved in the criminal justice system as there is no other outlet for them to cope.

3.5 Addressing ethnic variations in mental health

3.5.1 During evidence gathering Members heard specifically about the need to serve all communities fairly and justly around the diagnosis and provision of mental health services ensuring that stereotypes among society generally and mental health professions does not skew a diagnostic and treatment system.

3.5.2 One example of this which was given was the over-representation of black young men within the criminal justice system. Members heard that:

- Black people are nine times more likely to be admitted to psychiatric hospitals in England and Wales than the rest of the population;
- Black people in prison and in the community are under-represented in beneficial services such as prison team mental health caseloads, early intervention community based services and drug court initiatives; and
- They make up 15% of the prisoner population and this compares with 3% of the general population [5].

3.5.3 The National Centre for Social Research however states that:

> African Caribbeans do not have a higher prevalence of mental ill health than any other ethnic group[6]

3.5.4 It was felt therefore that more work needs to be done with this community in particular at an earlier age to ensure that those with mental health issues receive the appropriate care and support. This in turn will have an impact on the number of people coming into contact with the

[5] Matilda MacAttram, Black Mental Health UK, Evidence to Committee – 10th September 2013

[6] National Centre for Social Research EMPRIRIC Report – April 2012

criminal justice system when there is no need for them to be there if they receive appropriate and culturally sensitive support to deal with their issues at an earlier stage.

3.5.5 Members were also alerted to the fact that Asian women are less likely than other people to access mental health services. The proportion of Asian mental health patients is a third lower than the proportion of Asian people in the population[7].

3.5.6 Evidence was presented to the Committee[8] which referred to a range of studies involving black and minority ethnic communities which point to a strong need for increased cultural competency in mental health services. In practical terms this refers to the necessity for improvements in meeting various needs including language, faith-related and religious needs, culturally appropriate food, gender-specific services and staff and increased ethnic diversity of staff. The report expresses concerns over whether, as a result, people of South Asian origin with mental ill health are missing out on treatment and whether this is contributing to the high suicide rate among Asian women.

3.5.7 Anecdotal evidence points to the fact that they are no less likely than anyone else to experience a mental health issue. However concerns were raised that due to the stigma associated with mental health, particularly within the Asian community, it may be that there was less opportunity for those experiencing problems to come forward. In addition there was a fear that this then had an impact on the services provided i.e. were there enough of them, where were these based and were those services providing language and other cultural needs of this group.

3.5.8 During discussions it was highlighted that early intervention and prevention work particularly within a community setting is the key to helping people experiencing poor mental health receive the help and support they need to carry on with their lives in an independent environment. The input of the third sector especially in educating communities and reducing stigma was especially acknowledged within BME communities.

3.6 Training for professionals involved with mental health sufferers

3.6.1 For many of those attending, a key concern was the need for training on mental health for criminal justice agencies. It was felt that good quality training was needed for all those coming into contact with mental health sufferers so that they have a clear understanding of what they are dealing with and are able to provide and promote a recovery model of service.

3.6.2 Reference was made in evidence to the roll out of the accredited Mental Health First Aid training which has a robust evidence base and has an emphasis on recovery and anti-stigma and also to

[7] Improving Mental Health for BME Communities: An Event Report, BRAP, 2012

[8] Sikh Community and Youth Service (UK) "If only we were told" Report Year 2 Cultural Competence

the Revolving Door training on building community resilience which is delivered to a diverse range of stakeholders by the BSMHFT community engagement team.

3.6.3 Members heard that professionals and community health workers coming into contact with mental health sufferers needed to understand the vulnerable people they are looking to help:

> Good service is not always about resources and money – it's about compassion and humanity – that's what makes the difference to those suffering with mental health problems…getting things wrong is costly both to the families of sufferers and society[9]

3.6.4 A key issue highlighted by many of those present was a need for awareness of cultural sensitivities especially those within criminal justice. It was felt that a lack of understanding of BME populations and cultural differences when it comes to mental health was exacerbating the problem, especially when the over representation of African-Caribbean males within the system is taken into consideration. Therefore what was needed was two-fold.

- Firstly there was a need for training for magistrates, police and prison officers and other professionals dealing with people with mental health issues. This could be part of an induction process for example delivered by third sector partners with the experience and expertise in dealing with BME communities.
- Secondly it was suggested that the presence of a third sector skilled worker at police stations whilst people are in custody and in prisons that is able to provide language or cultural support would be a positive step forward. There was also a suggestion that contracts with prisons should include a condition that they work with an external organisation which can provide the necessary cultural awareness and understanding.

3.7 Awareness raising with public to reduce stigma

3.7.1 Reducing the stigma associated with mental health and educating the public was seen as crucially important. Attendees felt that there was a collective responsibility by all agencies to raise awareness amongst employees, residents, communities and families about what recovery is so as to reduce the stigma associated with mental health.

3.7.2 An important point was also well made by one witness that making a difference to the way that mental health sufferers are treated is not always about resources. The longer term aim should be to bring about a change of culture towards mental health so that there is recognition that mental health services need to be underpinned by humanity, compassion and common values. Awareness

[9] Alicia Spence, African Caribbean Community Initiative, Evidence to Committee, 15th October 2013

raising with the public and training for professionals should help to start to bring about an environment where this shift in culture can start to happen.

3.8 Prisons

3.8.1 In addition, once in the prison system, those experiencing mental health issues were highlighted as being particularly vulnerable. Firstly there was concern that individuals were not always receiving appropriate support for example cultural requirements. There were experiences shared about the lack of support for prisoners on release from prison around appropriate places of safety, the lack of accommodation and delay in access to benefits. It was felt that the problem is getting worse because of lack of places of safety and increase in use of the custodial model. There was a danger that with gaps in services widening, people will increasingly fall through gaps and commit crime just to get support and a safe place to stay. It was felt that many of these issues should be picked up with and settled prior to release of the individual to ensure that those with mental health issues do follow a recovery model rather than a custodial model.

3.8.2 In the course of the discussion concerns were expressed about some aspects of the current Government proposals to restructure probation services. In particular the fragmentation of the supervision of offenders, with the public provider responsible for high risk and MAPPA (Multi Agency Public Protection Arrangements) cases and the payment by results provider responsible for low to medium risk offenders, is a cause for concern. This would increase the complexity of information exchange and fracture the continuity of offender supervision, which poses a particular risk in the case of offenders displaying signs of mental ill health where continuity of supervision and information sharing is absolutely crucial. In addition, the fact that the proposals will be delivered through national commissioning would seem likely to dislocate probation from other local partnerships such as the Health and Wellbeing Board. In the case of offenders with mental ill health, this goes against the overriding need for better partnership working between local agencies to identify those with mental health issues as early as possible and to work collaboratively and share information to ensure that adequate support is provided. These concerns will be separately highlighted in letters to the Chair of the Probation Trust and to the Government.

3.8.3 Members received written evidence[10] from Anawim, a third sector organisation that works with women with mental health issues. It highlighted that

- 78% of women upon their reception into custody report some form of mental health issue; and
- Of all women who are sent to prison, 51% have severe and enduring mental health difficulties.

3.8.4 Anawim currently receives funding from the Department of Health for the two year employment of a mental health practitioner to be based at their centre. This allows for partnership working

[10] Anawim Mental Health Project, Written Evidence to Committee, 11th September 2013

between the Probation Service, the courts, BSMHFT and Anawim helping to create effective pathways into treatment and to build effective relationships with community mental health teams. The major advantage of this project is the multi-agency working, which enables health professionals, criminal justice workers, and support workers at Anawim to work together and provide a holistic approach to supporting women in the community.

3.8.5 The mental health project is now in its second year and currently manages 40 women on community sentences who are diagnosed with a diverse range of mental health issues. The project is having a huge impact on these women's lives and is assisting them to engage with mental health services in order to access the appropriate treatment and intervention. Women engaging with the project are presenting less at A&E in crisis, are self-harming less frequently and are not going on to re-offend.

3.8.6 In addition to the need for support for prisoners with mental health issues whilst in prison and on release, it was felt that alternative options need to be available to magistrates in order to avoid people with mental health issues ending up in prison due to a lack of any alternative. Members were informed that magistrates felt there was little that they could do to support vulnerable people that they were faced with and that what was needed was a place where they could refer them for respite and support. Reference was made in written evidence to the existence of a Court Liaison and Diversion Scheme which is operated by Birmingham and Solihull Mental Health Trust in certain courts. This provides a mental health and substance misuse assessment and can be used by magistrates to divert people from the criminal justice system and towards care and treatment.

3.9 Advice and support about changes to welfare benefits

3.9.1 In Birmingham (February 2013) the numbers of Employment Support Allowance (ESA) claimants who were considered to be experiencing mental and behavioural disorders was 15,700 claimants or 47% out of a total of 33,750 claimants. This compares to an English average of 45%. The numbers of Incapacity Benefits (IB) claimants who were considered to be experiencing mental and behavioural disorders was 8,070 claimants or 44% out of a total of 18,370 claimants. This compares to an English average of 42%.[11]

In 2012, the Giving Hope Changing Lives Social Inclusion Process was established exploring what works in tackling social exclusion both nationally and internationally, and to prevent future exclusion through early intervention. The intention was to identify practical steps that aim to raise local people's aspirations and bring lasting change to the quality of their lives

As part of this Process the Wellbeing Key Line of Enquiry (KLOE) considered the following overarching question: "How can the wellbeing of the people of Birmingham be improved?" As part of the evidence

[11] Evidence provided to the Committee from Birmingham City Council Development and Culture directorate, 2nd October 2013

gathering those with mental ill health and children whose parents have mental health issues were identified as some of the most vulnerable in society.

One of the key findings of the KLOE was that work, employment or the meaningful occupation of an individual's time has a positive impact on wellbeing. Examples of therapeutic work environments demonstrated the significance of a 'normalising structure' for individuals who would otherwise be set apart from mainstream work experiences.

Supporting people with mental health issues was outlined as a key element throughout the published Social Inclusion White paper. Including in Commitment Seven:

"*The 'five ways to wellbeing'* should be promoted. This framework, developed by the New Economics Foundation, highlights the kinds of behaviour which evidence suggests leads to improvements in people's mental health and wellbeing"

Birmingham Voluntary Services Council is now working with Birmingham Mind and Common Unity to promote the Five Ways to Wellbeing by running a series of training courses across the city that discuss mental health and mental ill health, address stigma and discrimination associated with poor mental health and explore how individuals can use the 'five ways' to improve their own mental wellbeing.

Birmingham City Council, Evidence from the Development and Culture Directorate

3.9.2 Changes to the benefits criteria is leaving many mental health patients vulnerable as many are deemed not to meet the specified criteria which results in them getting in to difficulties and either losing benefits or accommodation. It was felt that the reduction in advocacy services that provide support and advice to vulnerable people such as mental health sufferers meant that these people are more likely to get themselves into financial trouble. This has led to some committing criminal acts such as theft to provide themselves with basic necessities to live.

3.9.3 The City Council Council tax legislation provides for discounts or exemptions for the severely mentally impaired, those giving or receiving care and people living in hospitals or care homes. Officers within the Revenue Service are able to identify and advise on cases where such reductions may apply, and to verify applications.

3.9.4 However, it may only become evident that a customer suffers from mental health issues when amounts are not paid. The code of conduct for the Council's enforcement agents has long recognised the need to be mindful of the need to identify potentially vulnerable customers, but in December 2012 a statement of potential vulnerability was agreed for use by all those involved in the collection of council tax for the council. Those considered to be potentially vulnerable under this statement include:

- those with an on-going mental health problem and/or severe depression; and
- those with known suicidal tendencies.

3.9.5 As such the Council's enforcement agents are asked to refer such cases back to the Revenue Service who have created a special account stage and account suppression to inhibit further

action. Consideration is then given as to whether any further discount, exemption or benefit can be applied, and how best to collect any remaining sums outstanding. Where appropriate, an officer from one of the advice teams makes contact with customers or their carers, support workers or advisers. In many cases these representatives will be other officers of the council or employed by third sector agencies.

3.9.6 As a result of welfare changes many vulnerable mental health sufferers are given poor and inadequate housing including high rise flats which can cause isolation and make mental health issues worse. In some cases they have trouble accessing housing as the stigma attached to those with mental health issues leads others to believe that they will commit acts of violence whereas in many cases they are actually the victims of violence.

3.9.7 Members received evidence from a third sector organisation[12] that works with homeless and vulnerable adults outlining the issues for those with dual diagnosis issues specifically around alcohol misuse and mental health. Experiences of these individuals in securing accommodation were very difficult as there was usually an offending history related to the fact that crimes were committed to fuel their addiction. This in turn led to a 'catch 22' situation where housing could not be secured because of the offending history and the associated risks. There was the added difficulty in securing emergency accommodation for the most vulnerable as for the few options that were available a process of referrals needs to be completed and processed. This can take a considerable amount of time and vulnerable adults fall into the risk of being homeless and on the streets often leading them to committing crimes to ensure their survival.

[12] Sifa Fireside, Homeless and Vulnerable Adult Services – Written evidence to Committee, 17th September 2013

4 Recommendations

4.1 Services for Young People

Gap in commissioning services for young people aged 16 and 17

4.1.1 During the evidence taking a major area of concern was raised that no single body in the City is currently commissioned to provide acute mental health services for young people between the ages of 16 and 18. This gap in responsibility for commissioning services for young people aged 16 and 17 clearly needs to be prioritised and addressed as a matter of urgency. The most logical place for responsibility for commissioning these services to sit is with the joint commissioning team which commissions mental health and learning disability services.

4.1.2 This apparent gap was made more pressing when it was recognised that there is a high number of young people in this age group across the City who are exposed to traumatic events through violence in their homes, on the streets and/or communities through knife and gun crime, physical and/or sexual assaults, kidnappings and other similar type incidents. Consequently not only is there an absence of commissioned acute services to this age group, neither is there mention in the strategy document addressing undiagnosed post-traumatic stress disorder in the community or non-acute recovery and resiliency options. There was an example of a community programme that started recently addressing elements of the undiagnosed PTSD (Post-Traumatic Stress Disorder) for this age group and other mental health needs. It was recommended that urgent attention will need to be paid to this element when commissioning decisions are being taken.

	Recommendation	Responsibility	Completion Date
R01	That the Birmingham Joint Commissioning Team for Mental Health and NHS England (who commission Tier 4 CAMHS services) should be responsible for and take urgent action to commission age appropriate mental health inpatient and community services for young people aged 16 and 17.	Cabinet Member for Health and Wellbeing working with Cabinet Member for Children and Family Services, Birmingham Integrated Commissioning Board (ICB) and Childrens Strategic Partnership Board (CSPB)	July 2014

4.2 Partnership Working

Improved partnership working

4.2.1 It is also widely acknowledged that the seriousness and complexity of the problems faced by people with mental health impairments requires a coordinated multi-agency response involving a wide range of agencies and partners working with people with mental health issues in order to

develop the most appropriate services and to address prevention. Clinical Commissioning Groups, the NHS Commissioning Board, the police, local authorities, the local Community Safety Partnership and the criminal justice service need to work better together in a more integrated way to be more efficient and to avoid any duplication of work in order to ensure that the most appropriate services are provided for people experiencing mental ill health.

	Recommendation	Responsibility	Completion Date
R02	That Clinical Commissioning Groups and Birmingham and Solihull Mental Health Foundation Trust provide local named contacts for Local Policing Units and the Birmingham Community Safety Partnership Safer Communities Groups that undertake case work on serious and persistent Anti-Social Behaviour cases.	Birmingham Community Safety Partnership to pursue directly with Clinical Commissioning Groups and Birmingham and Solihull Mental Health Foundation Trust	April 2014

4.2.2 The need for an improved and coordinated multi-agency response was recognised in the recommendations which emerged from the Mental Health and Learning Disabilities Summit. This was reflected in the Action Plan which contains an agreement that a new West Midlands Strategy Group should be established to be responsible for developing a multi-agency Mental Health and Learning Disability Strategy and for taking forward the recommendations and actions arising from the Summit. The action plan also refers to the need to consider new ways of making information sharing protocols work in order to facilitate earlier intervention and prevention and better partnership working. One example which emerged in evidence, where a data analyst from the police is working with health partners as part of a Public Health England project to develop a more effective approach to the strategic needs assessment will provide a real opportunity to map the trends and to address areas of risk. In addition at a personal data level there was evidence from the police that work is happening to develop a model compliant with the Caldecott guardian approach which should mean that they are better placed to manage data in a more efficient and useful way. This seems like a constructive start in moving towards a culture of greater openness and data sharing.

4.2.3 In the light of the recommendations which are already contained in the Summit Action Plan and mindful of the need to avoid unnecessary duplication, this Committee wishes to reinforce the need to improve partnership working, to express their support for those recommendations, to stress the importance of ensuring that information sharing protocols are comprehensive and cover organisations providing accommodation such as housing associations, and to highlight an example of existing good practice in this area which Members would support being rolled out on a wider basis once the evidence from the pilot has been evaluated.

	Recommendation	Responsibility	Completion Date
R03	That, if proven to be successful, the coordinated trial multi-agency response as exemplified by the Street Triage Pilot currently being piloted by West Midlands Police, be mainstreamed across Birmingham and made permanent.	West Midlands Police West Midlands Ambulance Service BSMHFT Joint Commissioning Board	January 2015

Establishing implementation group

4.2.4 The Mental Health and Learning Disability Summit established a new Chief Executive level West Midlands Strategy Group to be responsible for taking forward the recommendations from the Summit. The Mental Health Champion for Birmingham City Council should review the existing arrangements for obtaining patient, carer and third sector involvement in implementing the Summit Action Plan and the recommendations contained in this report.

	Recommendation	Responsibility	Completion Date
R04	That, in order to support the work of the West Midlands Strategy Group, the Mental Health Champion reviews arrangements to provide patient, carer and third sector oversight of the implementation of the Mental Health and Learning Disabilities Summit Action Plan. This oversight should be extended to recommendations contained within this report.	Cabinet Member for Health and Wellbeing BCC Mental Health Champion	To report back on progress July 2014

4.3 Addressing ethnic variations in mental health

4.3.1 There is evidence which suggests an over representation of certain ethnic minority groups, in particular young African Caribbean men in the criminal justice and mental health systems when compared to other ethnic groups. African Caribbean communities are disproportionately overrepresented at all stages of the criminal justice system. They make up 15% of the prisoner population and this compares with 3% of the general population. They are more likely to be labelled with a diagnosis of a serious mental illness such as schizophrenia and prescribed higher doses of medication. This disparity needs to be addressed. Clearly there is a need for more early intervention work to be undertaken with this particular group at a younger age in order to recognise any mental health issues sooner ensuring that appropriate culturally sensitive support services are accessible to this group and to divert them from becoming involved in the criminal justice system.

4.3.2 In addition there was evidence from a community health team working in an inner city area that although mental health is a big issue within BME communities, it often remains a taboo subject within these communities. This leads to a lack of awareness and understanding of mental health

illness which leads to stigmatisation of mental ill health and a reluctance to ask for help or to even acknowledge that there is a problem. This is particularly so for some Asian women who suffer social exclusion and isolation due to language, cultural and other issues. Therefore there is a need to investigate ways to engage this community by seeking alternative methods of provision such as community based provision that gives an outlet where people can meet, socialise and access services such as counselling if needed. Anecdotal evidence presented to Members suggested that in a number of cases what people needed was an outlet where they feel included in a familiar and safe environment. Asian people are not accessing mental health services as evidenced by the fact that the proportion of Asian mental health patients is a third lower than the proportion of Asian people in the general population.

	Recommendation	Responsibility	Completion Date
R05	That BSMHFT work with the Police, the City Council, the Clinical Commissioning Groups, the Joint Commissioning Team and the Third sector to: (1) Map what mental health support services are currently available for ethnic minority groups in Birmingham; and (2) investigate best practice provision of community outreach to ethnic minority groups and commission a culturally sensitive early mental health support service in Birmingham.	Birmingham and Solihull Mental Health Foundation Trust	Report back on progress July 2014

4.4 Early Intervention and Prevention

4.4.1 The necessity of moving more towards increased interventions at a much earlier stage to facilitate prevention and recovery became clear during evidence gathering. Various recommendations emerged which will contribute to reducing the use of the custodial model and encouraging a more recovery based approach.

4.4.2 There is an opportunity to engage local communities and interest groups at this level to dispel some of the stigma while simultaneously screening for people at risk of and/or in the early stages of mental illness. There are community groups already actively pursuing such efforts which the Council and BSMHFT would do well to support.

<u>Provide more places of safety</u>

4.4.3 In order to bring about a shift to a more community and hospital based preventative model of service it is necessary to provide more places of safety in community or hospital settings along the lines of the Oleaster hospital suite in Edgbaston. This provides a facility where, under the Mental Health Act, persons who appear to be mentally disordered can be taken by the police to be assessed by a doctor and an approved mental health professional. It was felt that this model is very much to be encouraged and supported and more places of safety along the lines of this

model are urgently needed in a city the size of Birmingham. In the light of the proposals for the new model of custody provision in Perry Barr and Oldbury, which is linked to the wider offender health strategy for 2015, consideration needs to be given to provision in the north of the City in particular.

	Recommendation	**Responsibility**	**Completion Date**
RO6	That consideration be given as to how existing provision in the community can best be utilised to provide more community focused intervention across the city to support the hospital based places of safety.	Chair of Birmingham Community Safety Partnership in their capacity as relevant member of the Health and Wellbeing Board Birmingham Integrated Commissioning Board (ICB) Childrens Strategic Partnership Board (CSPB)	January 2015

	Recommendation	**Responsibility**	**Completion Date**
RO7	That the lessons learnt from Serious Case Reviews, Domestic Homicide Reviews and other parallel processes in relation to the offences committed by mental health patients are reviewed.	Birmingham Community Safety Partnership support officers to co-summarise these by approaching relevant Safeguarding Board/Domestic Homicide Reviews leads.	July 2014

Training for professionals involved in dealing with mental health patients

4.4.4 The need for appropriate training for a variety of professionals involved in dealing with mental health sufferers about the experiences and needs of people experiencing mental ill health as victims of crime and how to respond appropriately is clearly a major issue. This was also highlighted in the recommendations arising from the Mental Health and Learning Disability Summit which recommends that multi-agency training should be addressed in the West Midlands Police Strategy. The action plan from the Summit also contains detailed actions about examining ways of delivering joint training and looking at ways of facilitating joint training ventures between partners and about liaising with the College of Policing to explore what support they can offer. For this reason, although training for professionals who come into contact with people experiencing mental health difficulties did emerge from the evidence given at this Inquiry as an important issue, Members wish to avoid duplicating recommendations and wish to express support for the actions in this area highlighted in the Summit Action Plan.

4.4.5 There is however a related issue about basic training for frontline local authority staff who have face to face dealings with people who may have mental health issues which needs to be addressed. This would include staff who work in the Benefits Advice Service who may be dealing

with mental health patients in relation to welfare benefits, housing benefit, Council tax benefit and accommodation where staff need to be able to recognise where a person has mental health issues and to be able to refer them to appropriate support services such as the proposed single point of access suggested in Recommendation 9 of this report.

	Recommendation	**Responsibility**	**Completion Date**
R08	That frontline local authority staff who have face to face dealings with people who may be experiencing mental health difficulties receive additional basic training to enable them to recognise where mental health issues exist and to make an appropriate referral.	Cabinet Member for Social Cohesion and Equalities	January 2015

Single Point of Access

4.4.6 It became apparent from the evidence that there are some examples where work is already in progress developing or providing dedicated telephone advice lines where people with mental health issues can get advice and support. The Birmingham Cross City CCG is working on developing a single point of access to mental health service within that CCG in the form of a single telephone number which patients can ring which provides referrals to or signposts individuals to a pathway to a specialised service. BSMHFT also provide funding and accommodation to the Lateef project to provide a dedicated mental health telephone advice line which is targeted at Muslims but also open to others. Currently this only operates during office hours but potentially could be extended if the funding were available. This seems like a very constructive approach to providing advice and support for mental health patients, family members, local councillors and other people who may be working in community organisations who come into contact with people with mental health issues and who need advice. The aim should be to develop a single telephone number, along the lines of existing numbers such as 999 where people can ring for emergency services or NHS 111 which is a free 24 hour telephone service where people can get urgent advice where they need medical help quickly but where the situation isn't a 999 emergency. This approach needs to be explored to see how a single telephone number for the whole City and which is available 24 hours a day can be established where people experiencing mental ill health, family members and others seeking advice and support can ring to get help and advice from and access to an assessment by a mental health professional.

	Recommendation	**Responsibility**	**Completion Date**
R09	That the Birmingham Integrated Commissioning Board should explore the best way of establishing a single telephone service for the whole of Birmingham. It should provide a single point of access which people experiencing mental health	Birmingham Integrated Commissioning Board (ICB) working with Chairs of Clinical Commissioning Groups	January 2015

	issues, family members, Councillors and other individuals who come into contact with mental health patients, can use to access advice, referral or signposting to specialised services and assessment by a mental health professional.		

Diverting people from the Criminal Justice System and use of the recovery model

4.4.7 People with mental health and substance misuse needs are over-represented in the criminal justice system compared with the general population. Whilst acknowledging that the complexity of need of people within the criminal justice system presents significant challenges for the system, it remains the case that when these problems are not recognised or dealt with appropriately this often exacerbates the problems. Too many people pass through the criminal justice system without their needs being recognised and there is often limited support for people with mental health issues as they move through the system. As highlighted by the Cabinet Member in his evidence to the Inquiry[13], there is a need to focus on interventions at an earlier stage to facilitate prevention and recovery rather than allowing the situation to escalate to a stage where the criminal justice system is involved.

4.4.8 Support whilst in prison, providing advice on issues such as benefits and finding suitable accommodation should ideally be picked up and settled prior to release from prison. It is equally important for mental health patients to continue to be supported on release from prison. Patients can lose their accommodation/ supported housing if they spend an extended period of time in prison and as a result can become homeless which often exacerbates any mental health issues. Reference was made to the partnership working and pathway from HMP Birmingham for those being released into the community who still require addiction treatment where BSMHFT staff in HMP Birmingham work with the prison to ensure the service user is referred to community services before release.

4.4.9 In addition to the need for support for prisoners with mental health issues whilst in prison and on release, alternative options need to be available to magistrates in order to avoid people with mental health issues ending up in prison in the first place due to a lack of any available alternative.

4.4.10 Members heard magistrates often experience feelings of helplessness when faced with someone experiencing mental health difficulties. For instance when looking at bail magistrates often have an unenviable choice of assessing what to do with these people. The options are either to release them into the community where they are vulnerable or to remand them in custody where they are also vulnerable. Unfortunately there is no specialist half way accommodation for people with

[13] Social Cohesion & Community Safety Overview & Scrutiny Committee, 15th October 2013

mental health issues where they can be offered specialist care, either when awaiting trial or after sentence.

4.4.11 In addition Members were informed that there was a gap in provision especially in providing vulnerable mentally ill people with a place to go for respite and support.

4.4.12 Reference was made in written evidence from BSMHFT to the existence of a Court Liaison and Diversion Service otherwise known as the Community Forensic Mental Health Team (CFMHT) which is operated by Birmingham and Solihull Mental Health Trust and provides a 6 day a week service to Birmingham Magistrates Court. This provides a mental health and substance misuse assessment and can be used by magistrates to divert people from the criminal justice system and towards care and treatment. This team routinely assess all who have committed serious crimes, those who have been flagged by police and court staff as presenting a risk to themselves or others, as displaying bizarre or strange behaviour and those who have a history of mental health problems. From the courts individuals are signposted for further assessment, reports and recommendations are shared with the court staff, magistrates and others and contingency plans put in place with the prison in-reach service.

4.4.13 There is a need to develop more disposal options along these lines in magistrate's courts and for these to be made available across a wider range of courts. This is necessary if we are to move away from the use of a custodial model and towards the more widespread use of a recovery model so that when people with mental health issues do come to court they can be diverted from the criminal justice system and offered care and treatment with access to more talking therapies and counselling in order to facilitate prevention and recovery.

	Recommendation	**Responsibility**	**Completion Date**
R10	That BSMHFT promote and further develop the Community Forensic Mental Health Team and replicate this service on a wider basis, to divert people with mental health issues from the criminal justice system towards appropriate support and interventions in the community.	Birmingham and Solihull Mental Health Foundation Trust	January 2015

4.5 Support for Third Sector Organisations

4.5.1 It is apparent that there is no simple solution to the myriad problems faced by people with mental ill health and that no one agency can resolve these issues on their own. It is also apparent that there is a lot of excellent work being delivered around mental health by voluntary and third sector organisations, such as the example in the previous paragraph of the dedicated telephone advice line being operated by a third sector organisation. There would appear to be scope for the voluntary and community sector to play a greater role in delivering primary care interventions. In order to facilitate this shift, there is a role for statutory organisations such as the City Council and the Birmingham and Solihull Mental Health NHS Foundation Trust to support voluntary and

community agencies dealing with clients with mental health issues. Statutory organisations need to explore whether there are opportunities to utilise some of the capacity and expertise already in existence in the third sector by commissioning voluntary and community organisations to deliver primary care interventions where appropriate.

4.5.2 It also needs to be recognised that often voluntary and community organisations struggle to compete for contracts and resources with larger, better-staffed organisations. While they may have long experience of dealing with particular communities, they may have difficulty dealing with the bureaucracy required to bid for contracts and funding. The local authority and others in the statutory sector also have a role in providing support for third sector organisations where the larger organisations may have appropriate expertise which can be shared with third sector organisations such as providing help and support with bid writing or in signposting/flagging up potential sources of funding which smaller organisations may not be aware of.

	Recommendation	**Responsibility**	**Completion Date**
R11	That statutory agencies should support third sector organisations by: (1) examining opportunities to commission primary care services which can be delivered by small third sector organisations where appropriate capacity and expertise already exists within the third sector; and by (2) providing support in areas where statutory agencies have expertise such as bid writing and signposting to potential sources of funding.	Birmingham Integrated Commissioning Board (ICB) Birmingham and Solihull Mental Health Foundation Trust	July 2014

4.6 Tackling the stigma and prejudice surrounding mental ill health

4.6.1 There can be no doubt that there is widespread ignorance, fear and stigma which continues to surround mental ill health and that something needs to be done to tackle attitudes to people experiencing mental health difficulties. Mental health is still largely a taboo subject and education is needed to help communities better understand mental health issues. The evidence shows that people with mental health problems are no more prone to commit violence than the general population and that they are more likely to be a victim rather than a perpetrator of violent crime. All agencies have a role to play in tackling this stigma and prejudice which surrounds mental ill health.

4.6.2 The evidence given to the Inquiry suggests that there are a number of ways to tackle this. It will require a combination of educating frontline workers who may come into contact with vulnerable people, as already suggested in Recommendation 8, education and awareness raising with the

general public with a view to promoting greater openness and reducing stigma and also by improving awareness of what disability hate crime is, increasing the reporting of disability hate crime and by having a structured approach to identifying and progressing those cases. Currently people who have mental health issues and who are the victims of crime often do not report these crimes, for a variety of reasons. This means that perpetrators are not brought to justice and the cycle of harassment and abuse is allowed to continue. In order to break the cycle of prejudice all agencies involved in working in this area need to work together to ensure that victims of disability hate crime have the confidence and support to enable them to take the appropriate action.

	Recommendation	**Responsibility**	**Completion Date**
R12	That (1) The West Midlands Police explore how to increase the reporting of disability hate crime and ensure a structured approach to identifying and progressing cases; and (2) BSMHFT consider how best to educate the public and raise awareness about mental health issues with a view to changing cultural perceptions and reducing the stigma associated with mental ill health.	West Midlands Police BSMHFT	July 2014

4.7 Report back to the Committee

	Recommendation	**Responsibility**	**Completion Date**
R13	That an assessment of progress against the recommendations and suggestions made in this report should be presented to the Social Cohesion and Community Safety Overview and Scrutiny Committee.	Cabinet Member for Health and Wellbeing	July 2014

Appendix 1: Contributors

The Committee would like to thank all those individuals, service users, organisations and Councillors that took the time to share their views either in person at one of the evidence gathering sessions or as written evidence to the Inquiry including:

Abdullah Rehman	Balsall Heath Forum
Alan Lotinga	Birmingham City Council
Alicia Spence	African Caribbean Community Initiative
Anthony Kelly	
Beresford Dawkins	Birmingham and Solihull Mental Health Foundation Trust
Bernadette Byrne	Birmingham and Solihull Mental Health Foundation Trust
Beth Wood	Sifa Fireside
Bob Jones	West Midlands Police and Crime Commissioner
Brendan Hayes	Birmingham and Solihull Mental Health Foundation Trust
Carl Russell	Birmingham City Council
Carole Fox	Sifa Fireside
Caroline Berry	Trident Reach
Caron Thompson	Common Unity
Cauline Braithwaite	Time to Change
Chief Inspector Sean Russell	West Midlands Police
Chris Gibbs	Birmingham City Council
Councillor John Cotton	Cabinet Member for Social Cohesion and Equalities
Councillor Steve Bedser	Cabinet Member for Health and Wellbeing
Desmond Jadoo	
Diane Lee	West Midlands Ambulance Service NHS Foundation Trust
Dominic Fisher	Sandwell's Criminal Justice Mental Health Liaison Team (CJMHLT)
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Dr Jeremy Kenny-Herbert	Birmingham and Solihull Mental Health Foundation Trust
Elsie Gayle	
Ghiyas Somra	BRAP
Hanna Thomas	
Ian Smith	Care Never Sleeps
Ibrar Uddin	Birmingham MIND
Imran Hussain	Service User
Inspector Michael Brown	West Midlands Police
Jackie Mould	Birmingham City Council
Jan Kimber	Birmingham Community Safety Partnership
Jane Savage	
Javed Khan	CEO, Victim Support
Jean Jefferies	
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Jo Hemming	Birmingham and Solihull Mental Health Foundation Trust
John Croft	Birmingham and Solihull Mental Health Foundation Trust
John O'Brien	Birmingham and Solihull Mental Health Foundation Trust

John Short	Birmingham and Solihull Mental Health Foundation Trust
John Tyrrell	Sikh Community & Youth Service Birmingham
Jon Tomlinson	Birmingham City Council
Joy Doal	Anawim
Joy Warmington	BRAP
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Keith Shaw	Care Never Sleeps
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Lakhvir Rellon	Birmingham and Solihull Mental Health Foundation Trust
Lincoln Moses	Continental Stars
Linda Bryant	Head of Criminal Justice Services, Together UK
Linton Shaw	PSS
Lorraine Conlon	Birmingham and Solihull Mental Health Foundation Trust
Lynn Wann	Birmingham and Solihull Mental Health Foundation Trust
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Mark Harvey	Birmingham and Solihull Mental Health Foundation Trust
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Matilda MacAttram	Black Mental Health UK
Melvena Anderson	The Black Country Partnership NHS Foundation Trust
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Naheeda Khan	Birmingham and Solihull Mental Health Foundation Trust
Naveed Akhtar	
Nigel Archer	Autism West Midlands
Novelette Aldred	Tranquility Counselling Services
Peter Wilson	Birmingham and Solihull Mental Health Foundation Trust
Rayeth Walters	
Richard Burden	Member of Parliament
Richard Trengrouse	Magistrate
Robert Cole	West Midlands Ambulance Service NHS Foundation Trust
Rosemary Doherty	Midland Heart
Saleha Begum	
Salma Lokat	Mashriq Resource Centre
Salma Yaqoob	Birmingham and Solihull Mental Health Foundation Trust
Santosh Minhas	Rainbow Care and Support
Shirley Bethune	Mothers of Creation
Stephen Jenkins	Birmingham and Solihull Mental Health Foundation Trust
Steve Harris	Station Commander, West Midlands Fire Service
Steve O'Neill	Hallett O'Neill
Sue Davis	Birmingham and Solihull Mental Health Foundation Trust
Terry Rigby	Forward for Life
Tippa Naphtali	United Families & Friends Campaign
Trevor Urch	Birmingham and Solihull Mental Health Foundation Trust