
An alternative to the panel scheme for the diversion of mentally disordered offenders

The Southampton facilitator approach

Eric F. Mendelson and Carol Frost

Multi-agency review of the diversion of mentally disordered offenders in the Southampton area did not reveal particular problems or lack of professional interest, but delays and difficulties could occur at any stage. To enhance the diversion process a facilitator approach was established. An experienced social worker undertook the roles of acting as a link, educator, supervisor and monitor. This has encouraged discontinuance of criminal proceedings, assisted the integration of mentally disordered offenders into ordinary psychiatric services and reduced the need for specialist assessment and care.

A multi-agency group was established in Southampton to consider improving the channels for diverting mentally disordered offenders. The professionals involved, from psychiatry, social work, police, Crown Prosecution and voluntary agencies, acknowledged that liaison between the professions was not a particular concern; but that care had only not been delivered because of lack of resources rather than lack of professional interest. Nonetheless, it was desired to see how existing arrangements might be enhanced, and if the diversion pathways were seriously failing, how they might best be replaced. It was agreed that the first step should be a thorough examination of how the existing systems were working.

With funding from the Mental Illness Specific Grant an experienced psychiatric social worker was appointed in 1991. Her initial task was to describe the established routes for diversion, to interview the professionals involved, to follow cases through and estimate the numbers involved. The work revealed that the processes of diversion involved complex interactions and issues and that problems and delays could occur at any stage.

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To improve the efficiency of the diversion process, the role of the worker was developed into

a mentally disordered offender's coordinator. She was based in the heart of the local psychiatric service, within the hospital and out-patient complex. Her functions were fourfold: to act as a link, educator, supervisor and monitor.

She became the link to which any agency could turn if they were having difficulty with a suspected mentally disordered offender. By advising them on the appropriate person to contact the appropriate care could be expedited. The coordinator could search the psychiatric records, find out other pertinent details and forewarn of likely problems such as histories of mental illness or suicide attempts. Armed with this knowledge and the method of ensuring social and psychiatric care, discontinuing the criminal proceedings could be explored with the Crown Prosecution Service at an early stage.

The function of education was achieved largely through proactive advice, for example when visiting police stations to explain to officers how psychiatric services operate and improving their understanding of mental disorders. It was noted that the police have a tendency, and perhaps other psychiatric lay people as well, to consider anyone who is disturbed as mentally ill, while the reverse also applies; mental illness is often discounted just because the individual is quiet or passive. Thus, officers' vigilance could be heightened and individuals thought to be in need of help brought to the early attention of the community services. Similar benefits arose from extending this education to bail information officers, forensic medical examiners (GP police surgeons) and even magistrates. The coordinator was also able to advise on appropriate further training courses and other information sources. Advances were made in improving the awareness of the Police and Criminal Evidence Act requirements and on enhancing channels for obtaining 'appropriate adults', by setting up a training programme for lay volunteers, who

together with duty social workers were able to form an on-call 24-hour duty rota.

Many socially inadequate offenders need intense and long-term support. A cost-efficient approach was achieved by employing a community support worker, who did not have a psychiatric training, using a grant from the Mental Health Foundation. She helps such offenders to budget, shop, cook and accompanies them to important interviews and assessments. She also provides information on local resources, for example NACRO (National Association for the Care and Rehabilitation of Offenders) employment training or probation sports counselling. The community worker needs careful supervision from the coordinator, especially to ensure the offenders do not become emotionally too dependent nor overly demanding of her time. The community worker can help up to about eight such offenders to survive in the community.

The coordinator also monitored the progress of cases, keeping other professionals informed of additional relevant information, and when necessary bringing appointments forward, or exploring reasons for missed attendances. Even when the offender is remanded into custody, the coordinator can inform the prison medical officers of existing psychiatric problems.

Initially everyone looked to the coordinator to take on all the work of ensuring diversion. Understandably, many were eager to pass their problem cases to her. But with gentle insistence and the support of the multi-agency steering group, services soon accepted that her role was one of facilitation.

Advantages of the facilitator approach

This is an expeditious approach. Diversion does not have to await the multiple assessments and the subsequent meeting of the Panel Scheme. Mentally disordered offenders can be put into immediate contact with appropriate care. Secondly, assessments are not dependent on the preparation of reports, or court appearances, unlike other schemes. Cases can be advanced by the coordinator ahead of the judicial process, which tends to encourage discontinuance. By

involving the coordinator soon after the arrest of the individual, police were often persuaded not to proceed with charges, knowing the mentally disordered offender was now going to be integrated into psychiatric care.

The facilitator system is relatively inexpensive. Professionals are involved during the course of their normal work and do not need to set time aside to attend Panel committees, a particular problem for busy psychiatrists. Discussion is limited to the professionals who will actually be involved with the offender. By serving existing catchment area services the facilitator approach assists the integration of the mentally disordered offender into normal psychiatric practice. This avoids the need to set up costly parallel systems of care, such as community forensic teams.

Of all the new initiatives to encourage the diversion of mentally disordered offenders, the North-West Hertfordshire Panel Scheme (Home Office, 1990) has had the greatest influence. But we would urge that much can be gained by first considering what problems actually exist within and between local services. A locally devised remedy may be more efficient and cost effective. The facilitator approach reinforces existing services, and helps maintain confidence and skills in general psychiatric practice.

Acknowledgements

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References

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- Eric F. Mendelson, *Consultant Forensic Psychiatrist, Knowle Hospital, Fareham, Hampshire PO17 5NA*; and Carol Frost, *Mentally Disordered Offenders' Coordinator, Department of Psychiatry, Royal South Hants Hospital, Southampton SO9 4PE*