Mental health, multiple needs and the police: Findings from the Link Worker scheme

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KEY FINDINGS

1 There is a consistent, defined group of people with mental health and multiple needs who come into contact with the police and who fall through the net of health, housing and social care.

- Police made 733 referrals of individuals with mental health and multiple needs to the Revolving Doors Link Worker scheme in Bethnal Green, High Wycombe and Islington in two and a half years.
- The mental illness, age and gender profiles of referrals were similar for all three police station areas, irrespective of local differences in police procedure, housing, health and social care provision.

2 There are high levels of serious mental illness in this group. Mainstream mental health services are not engaging with a significant minority.

- An Institute of Psychiatry study showed over 80% of a sample of the scheme's clients had significant mental illness requiring psychiatric treatment.
- 33% of the sample were found to be clinically depressed, and 15% had symptoms of psychosis.
- 29% showed evidence of some personality disorder.

3 Black people were less likely to be referred to the Link Worker scheme.

- Referrals to the scheme broadly reflected the ethnic make-up of the local populations. However, the proportion of black people from African and Caribbean backgrounds referred to the scheme was smaller than the proportion arrested.

4 Drug or alcohol misuse was the rule rather than the exception.

- Almost two thirds of people referred to the scheme were assessed as having problems associated with drug or alcohol misuse.
- Drug misuse commonly related to acquisitive crime, whilst alcohol misuse related to violent crime and a greater risk to self and others.

5 Most had unmet housing needs

- Up to 37% of people referred to the scheme were statutorily homeless.
- Women arrested for soliciting were much more likely to be of 'no fixed abode' than people referred after any other type of arrest.

Our cost study conducted with the LSE compared the scheme's clients, with those referred and not seen (non-clients) and with a control group from a neighbouring police station. It found:

6 The total average cost of services to people in the sample group without Link Worker interventions was £8,493 per person per year.

- The greatest single cost element when accommodation costs are removed is acute health services.

7 The cost of arresting people in the sample group is more per annum than the cost of their use of emergency services, community health services and social services.

- All people included in the study were arrested on average three times as often as they saw a social worker.

8 One year after referral to the scheme the number of Link Workers' clients living in hostel accommodation had decreased by half; the numbers of clients in Bed & Breakfast accommodation had decreased by 100% and the number living in local authority tenancies increased by 67%.

- Hostel accommodation costs 2.7 times as much as a local authority tenancy.

9 The number of clients registered with a GP doubled in the year after their referral to the scheme.

- A greater proportion of clients became registered with GPs in the year after their arrest than non-clients or the control group.
- An increase in client GP registrations was closely linked to a decrease in accident and emergency attendances.

10 A&E attendances and ambulance use by Link Worker clients decreased in the year after their referral to the scheme. A&E attendances resulting in 'no treatment' also decreased for clients after referral.

- The control group and non-clients showed an increase in A&E attendances, ambulance use and visits resulting in 'no treatment' in the same period.

11 Following referral to the scheme clients had increased access to psychiatric inpatient services, psychiatric outpatient services and community health services.

- The use of hospital and community-based health services is closely associated to being registered with a GP and the use of acute psychiatric services is closely linked to being a Link Worker client.

12 Our findings indicate that there is scope for a redistribution of resources between community agencies, so that the 'revolving doors' group may be linked in with appropriate services to better meet their needs.

Acknowledgements

We are very grateful to the vast number of individuals and organisations that have helped us with the Link Worker schemes and the attendant research. To list them individually would require a separate volume. However there are some who must be singled out for special thanks.

Much of the data collection for this study has been conducted alongside a separate Home Office evaluation. The input and expertise of their researcher, Robert Street, has been central to the development of many of the concepts we present here. Professor John Gunn provided academic supervision for the Institute of Psychiatry study of psychiatric morbidity and assisted with data collection when the deadline was looming. Professor Martin Knapp from the LSE's Personal Social Services Research Unit provided help in getting the cost study off the ground, and academic supervision throughout the project.

of the content of this report is a result of the work of the Revolving Doors team over the past three years. Thanks to them and to the partner agencies and individuals with whom they've worked.

And thanks to the funders for making it all possible - in particular the Gatsby Charitable Trust who funded the cost study researcher post and Smith's Charity who supported our research and development work.

INTRODUCTION

This is a report of what we found in two and a half years in our experimental 'Link Worker' scheme. Bethnal Green, Islington and High Wycombe police stations were the focus of our efforts to test out a new way of engaging people with mental health and related needs who were not receiving the support they needed to cope in the community.

Our approach was rooted in investigative and developmental work carried out since 1993, when Revolving Doors Agency was set up in response to the ITV Telethon/NACRO 'Revolving Doors' report[1]. This study looked at the relationship between mental health, homelessness and contact with the criminal justice system. The research stemmed from a growing perception that mentally ill people were ending up on the streets, getting in trouble with the police and spending time in prison. It made a series of recommendations, one of which was that a pilot be set up to address some of the issues raised.

The term 'revolving doors' has been in use for some time, but was probably first applied to people with mental health problems in contact with the criminal justice system in the late '80s. It has also been used to describe:

- people moving out of psychiatric hospitals, failing to receive a similar level of support in the community, becoming ill and becoming re-admitted;
- people leaving prison, not being housed or provided with benefits, and rapidly re-offending;
- people being rehoused, but support falling away, resulting in failed tenancies and homelessness.

So many uses of the same term raise important questions: to what extent are the processes interlinked; and to what extent are the people affected the same people?

The 'Revolving Doors' report focussed on the 'diversion' of mentally ill people from the criminal justice system and highlighted several problem areas. Mentally ill and homeless people were often not diverted, and where they were the process did not necessarily result in the additional support or housing provision they needed. The report highlighted the gaps between services as a major factor in a system that passed people between services without ever stabilising their situation or meeting their needs.

Further clarification was provided by a review of all the custody records from Camden and Islington police stations for evidence of mental illness,

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[1] Jones, H. (1992) *Revolving Doors: Report of the Telethon Enquiry into the Relationship Between Mental Health, Homelessness and the Criminal Justice System*, NACRO, London

conducted by the new Revolving Doors Agency between 1993 and 1994[2]. The 500 people identified were 'followed up' through the records of a range of other agencies. The result was a very detailed picture of the lives of people with mental health problems and their contact with health and social care providers. Again, the picture was of poor co-ordination between services. 82% of the group with local addresses were already known, but were somehow still falling through the net.

The study identified some of the factors that compounded the effects of mental illness, in a cycle of increasing deprivation and isolation. Drug and alcohol misuse, poor housing, limited access to or contact with mental health services, family and childhood problems, and social isolation were all significantly associated. This work also provided evidence of the need for the Agency's experimental Link Worker scheme which was set up as a direct response to our findings, in 1997.

The scheme provided pairs of 'Link Workers' in police stations in three areas to:

"Establish relationships with people with mental health and multiple problems in contact with the police in order to improve the ways in which the full range of their needs can be understood and met".

From the start our aim was to obtain first-hand knowledge of the client group and their contact with services. Partnerships with the Institute of Psychiatry, the Home Office and the London School of Economics were developed to supplement our own knowledge in specific areas. Together they provide the picture of the client group and its use of services included in this report.

* * *

This report consists of two main sections. The first uses information collected from the Link Worker sites to describe the characteristics of a 'revolving doors' group of people. The second examines and costs the service use by this group, and looks at some of the effects of introducing a Link Worker service A final discussion then draws out the main issues and themes, and shows how the Revolving Doors Agency is planning to carry them forward.

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[2] Keyes, S. Scott, S. and Truman, C. (1998) *People with mental health problems in contact with the criminal justice system: A service mapping project in Camden and Islington*, Revolving Doors Agency, London.

SITE PROFILES

The Link Worker scheme took referrals from the Metropolitan Police in Bethnal Green and Islington in Inner London, and from Thames Valley Police in High Wycombe, south Buckinghamshire. The data presented in *Section 1* of this report was collected over all three sites. The data presented in *Section 2* is all taken from the Borough of Islington: from Islington police station where the scheme ran and Holloway police station, which provided the 'control group'. The following descriptions of the three sites provide a context in which the findings can be seen. An overview of the development of the scheme and the principles on which it built is given in *Appendix 7*.

HIGH WYCOMBE

High Wycombe police station was the site of the first of the Link Worker sites to start up. Setting up the scheme there allowed us to demonstrate that the problems with which we were concerned were not exclusive to inner-urban areas. Our ability to do so reflected the level of multi-agency interest and our knowledge of the need from an assessment project across the Thames Valley the year before[3].

Population

In mid 1997 the population of the High Wycombe district was 163,795. Three quarters of this group live within the High Wycombe and Marlow urban areas. The overall population seems to be in slow decline[4]. The proportion of this population that are of working age stood at 62.6% as compared to 61.4% nationally. The proportion of the population who are retired stood at 15.3% compared to 18.2% nationally.

The standard of living in this part of Buckinghamshire is high in most areas, but several isolated pockets of deprivation exist. High Wycombe itself has a relatively high level of unemployment following the demise of the furniture industry on which it grew. Unemployment stood at 1.7% of those of working age.

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[3] Beech & Keyes Thames Valley Police: Managing People with mental health problems (1997) Revolving Doors Agency.

[4] Wycombe District Council (1997) *Housing Plan*

There is a large Asian population, concentrated around the town centre. Minority ethnic groups made up 7.5% of the total population, constituted mainly by black (2.6%) and Asian (4.0%) communities.

Crime

Crime is low in comparison to neighbouring counties and is perhaps more visible as a result. In High Wycombe offences are often alcohol-related and include high levels of shoplifting. Concern about street drinkers in the town centre is constant feature of local politics, and leads to periods in which the police make a high number of drink-related arrests.

Housing

There is a shortage of supported housing in the area but no obvious street homelessness problem. Plans for a new homeless hostel - the 'Tea Warehouse' - will include a dry house, a wet house and spaces for the mentally vulnerable.

Local services

Many mental health services in High Wycombe are only available to people with a diagnosed 'severe and enduring mental illness'. They include psychiatric hospitals, social services, community mental health teams and their associated day centres. The Link Workers, who are based with social services but not with the CMHTs, nevertheless had good contact with them.

The voluntary sector is small in relation to the London sites. Relevant local services include:

- A local alcohol agency providing short term, single intervention focused counselling and treatment, in conjunction with a methadone clinic.
- A couple of drop-in centres.
- The restorative justice scheme, and the newly formed YOT (youth offenders team) scheme.
- A youth enquiry service, which provides counselling, support and advice.
- The rent deposit scheme.
- A health promotion team works mainly on HIV and related issues, and provides health information and a needle exchange service
- A police station Drug Arrest Referral Scheme.

The Social Services Department has recently employed a dual diagnosis Care Manager, who has regular contact with the Link Worker team.

BETHNAL GREEN

Population

Tower Hamlets was recently identified as the poorest Borough in London. The area is characterised by poor housing, overcrowding, homelessness, high levels of substance abuse and a level of offending that falls just below the average for London Boroughs as a whole. In 1998 13.6% of the population of approximately 180 000[5] were unemployed. The Borough has a long history of ethnic diversity and has a very large Bangladeshi community, a smaller number of people from Somalia and houses high numbers of asylum-seekers.

In stark contrast is the wealth of the surrounding areas of Docklands and the City. There are also pockets of regeneration in parts of the Borough, including a young café society in and around Brick Lane. This area remains surrounded by several large council estates, where gangs and drug taking are rife.

Crime

The Crime and Disorder Audit of 1998 concluded that the number of offences per 1000 residents was 13,452. This compared to the Inner London average of 13,852. There are two main police stations in the Borough, at Bethnal Green (the source of our referrals), and Limehouse. These are currently being merged to provide 'Borough-based policing'.

Housing

There are a number of housing providers in the Borough: Providence Row, offer a whole range of services to the homeless, including hostel accommodation, resettlement, drop-in, advice surgeries and a wet shelter. HHELP, the Homeless Mentally Ill Initiative run day centre sessions, offer advice, and provide access to hostels and assessments for resettlement. They also employ specialist staff for people with substance misuse problems.

The Borough's Homeless services are based on the Isle of Dogs, a difficult part of the Borough to get to. B&Bs in the Borough are few and far between

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[5] London Research Centre (1998) Mid-year Estimates for Tower Hamlets

and most people allocated temporary accommodation are sent miles away from their support networks.

Local services

The Link Workers in Bethnal Green were based with the local Adult Mental Health Social Work Team. At the time of writing, this team is in the process of amalgamating with community psychiatric nurses to form a community mental health team (CMHT). Social services also run a vulnerable adults team.

Drug Arrest Referral Schemes have been set up at both police stations in the Borough which also provide a screening service to people detained in Thames Magistrates Court. A mental health worker offers assistance to the Court on a daily basis and a Mental Health Assessment Scheme provides access to a psychiatrist once every week.

Demand for GPs in the Borough outweighs supply and many practices have closed lists as a result, making it difficult to register some of the people known to the Link Workers. Primary care provides a pivotal role in gaining access to housing and secondary health services.

ISLINGTON

Population

The Borough of Islington is the tenth most deprived Borough in England and the fourth most deprived Borough in London[6]. There is a relatively high rate of unemployment (more than 12%), with large numbers of people living in social housing and existing on a low income. However, Islington has also become a fashionable Borough in recent years and there are significant numbers of people with high incomes living in private housing, resulting in stark social contrasts.

Around 24% of the population are from ethnic minority communities. In recent years there has been an influx of people seeking asylum in the Borough, particularly from Eastern Europe. The main languages spoken by people in Islington are English, Turkish, Bengali, Chinese, Greek, Gujarati, French Arabic, Tigrian and Farsi.

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[6] Index of Local Conditions (1998) cited in LB Islington Community Care Plan 1999-2002

Crime

Islington has a high level of violent crime compared to the other two sites. It also includes King's Cross-with its own unusual crime profile.

There are two main police stations: Islington in Tolpuddle Street in the south of the Borough; and Holloway on the Hornsey Road in the north. These are in the process of being merged at the time of writing. It is anticipated that the new custody suite will deal with around 12,000 detained people a year.

The Borough of Islington contains two prisons – Pentonville, a local prison and Holloway which takes female prisoners from a wider geographical area.

Housing

Housing difficulties are common amongst this group in Islington: many are street homeless and even more have difficulties with their tenancies. During the life of the project, Islington Housing Services has undergone a major audit and redevelopment, particularly in the Special Needs Housing Strategy. One of the benefits of this was that Link Worker clients are now almost always assessed as being 'vulnerable' and thus a priority for emergency housing, by virtue of the fact that the Link Workers are a mental health service.

Local services

The Link Workers have been based with the Calshot Community Mental Health Team, with whom they have built effective and close working relationships.

There is a wealth of drug and alcohol agencies, including an Alcohol Advisory Service, the Drug Dependency Unit (Camden & Islington Community Health Services NHS Trust) and the voluntary sector Alcohol Recovery Project. Services range from a drop-in for informal support, to structured counselling, admission for detox. and rehabilitation.

South Islington now has a 24-hour service for people experiencing a crisis related to their mental health at risk of hospital admission. For clients with severe and enduring mental health problems who have had numerous admissions to hospital and who are 'difficult to engage', an Assertive Outreach Team has been developed.

There are several voluntary sector agencies offering services at Islington police station. In April 1999, the Capital Care Project was set up to provide a

service for women arrested for prostitution related offences in the King's Cross area. A Drug Arrest Referral Scheme came into being after the study period in May 2000. Highbury Corner Magistrates' court deals with all criminal cases for the area and has a weekly Psychiatric Assessment Service and a full-time mental health court worker.

Other examples of the wide range of services available in Islington include two mental health respite services; a Stress Project and a Day Centre for day-to-day support and the opportunity to engage in activities and therapeutic groups.

THE CLIENT GROUP

AIMS

The main objectives of this study were:

- To look at the similarities and differences between referrals to the scheme in three areas, and draw conclusions about the level and patterns of need.
- To see what the similarities and differences were between this group and other people in contact with the mental health and criminal justice systems.
- To investigate the interactions between ethnicity, poor housing, mental illness, drug and alcohol use and contact with the criminal justice system, and the way they combine to exclude the most vulnerable people from services

The characteristics of referrals

Our previous research had identified a population with particular characteristics and needs from record searches. The Link Worker scheme aimed to show whether the group identified by a practical scheme would match the group identified on paper. By collecting separate data from 3 sites, we aimed to find out if the characteristics of the group remained the same in different areas, and if not what the differences were.

Similarities and differences with similar groups

The Link Worker scheme was targeted at people with mental health problems in contact with the police. A second aim of the study was to look at the study group and compare it to the two wider populations - people with mental health problems, and people in contact with the criminal justice system.

The first *Revolving Doors*[7] report and the subsequent service mapping project in Camden and Islington[8] identified a group of people with multiple needs that

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[7] Jones, H. (1992) *Revolving Doors: Report of the Telethon Enquiry into the Relationship Between Mental Health, Homelessness and the Criminal Justice System*, NACRO, London

[8] Keyes, S. Scott, S. and Truman, C. (1998) *People with mental health problems in contact with the criminal justice system: A service mapping project in Camden and Islington*, Revolving Doors Agency, London.

no one agency was in a position to meet completely. This led to the hypothesis that a variety of factors, including mental illness and contact with the criminal justice system, were compounding one another, effectively creating an excluded ‘multiple needs’ group. Other multiple needs groups have emerged on the edges of many areas of service provision (e.g. ‘dual diagnosis’ within mental health, drug an alcohol dependency amongst rough sleepers and so on). A third aim, then, was to look at the characteristics of referrals to the Link Worker scheme to determine any overlap with similar groups.

METHODS

Various analyses were performed on data from four main sources:

- An electronic database of information about referrals to the scheme kept by Link Workers in all 3 sites.
- A set of standardised questionnaires distributed to new referrals to all 3 sites over an 18 month period.
- A review of case notes of all clients seen by Link Workers over the same 18 month period.
- Case material and verbal feedback from Link Workers.

Together with the Home Office, we developed an electronic database[9] into which Link Workers entered information about referrals to the scheme, and about the work they did with clients. The main method consisted of a systematic numerical exploration of this data, picking out patterns and inconsistencies for further exploration. The findings are presented utilising the main headings under which data was collected. Further explorations of the data consisted of further numerical interrogation of the data, feedback from Link Workers, comparisons with other studies, and in one case a supplementary study.

A study of psychiatric morbidity amongst people referred to the scheme was organised by Dr Tim McInerny of the Institute of Psychiatry. Link Workers distributed standardised self-report measures to all new clients, initially for a one-year period from June 1998. From the outset, we knew that this group of people were likely to find it difficult to complete questionnaires, and this indeed proved to be the case. To supplement the knowledge that could be gleaned from questionnaires, psychiatrists conducted a review of case notes of all clients of the scheme, looking for evidence of mental illness and of rejection by psychiatric services.

[9] Designed by Rob Stead. Tel: 0800 074 064 5 Web: www.robstead.co.uk

Email: enquiry@robstead.co.uk

FINDINGS

THE BASIC PROFILE: AGE, GENDER AND ETHNICITY

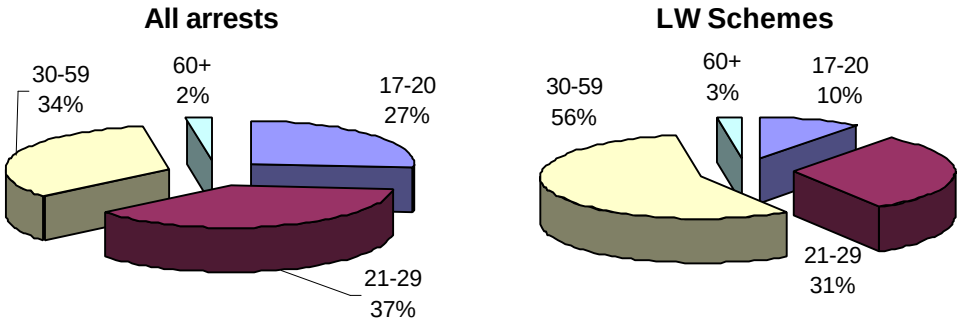
Age

Summary

- Mental illness in the general population tends to increase with age, and arrests in the population tend to decrease with age. Referrals to the scheme were concentrated in a 'hump' between 35 and 45, reflecting both tendencies.
- Ages of people referred to the scheme were the same for the three police stations.

The date of birth and the date of the arrest leading to referral were recorded for each referral to the scheme. Data was available for 461 of the 639 people referred. This enabled the calculation of ages of referrals at the time of arrest (or on the date referred to the scheme for those not arrested).

A Home Office study[10] of all people arrests in the general population found that the majority were young. The most recent statistics show that 18 year-olds account for about 10% of convictions and cautions for indictable offences, with the figures decreasing to less than half this amount by the age of 23[11]. Figure 1 compares the ages of people referred to the Link Worker scheme with the results of the Home Office study.



[10] Phillips, C. and Brown, D. (1998) *Entry into the criminal justice system: a survey of police arrests and their outcomes*, Home Office, London p.16

[11] Home Office (2000) Digest 4, Chapter 3 *Offending and Offenders*, p.6

Figure 1: Comparison of ages of people referred to the Link Worker scheme, and of typical arrests based on national data.

It can be seen that the Link Worker group were on the whole much older, probably reflecting their mental health needs. Mental illness, depending on the diagnosis, will usually develop after puberty, and will often come and go for the rest of a person's life. Consequently, the level of mental illness in the population generally increases with age[12]. The age group of people referred to the Link Worker scheme can therefore be seen as the product of an interaction of mental illness and offending. The former generally increases with age, the latter decreases with age, so the two combine to produce the 'hump' typical of all the curves shown in Figure 2.

Figure 2 compares the age profiles of people referred to the 3 sites where the scheme operates, of men and women, of the major ethnic groups and of results from Link Worker scheme with results from the Camden and Islington[13] study. The age profile of clients is similar for all 3 sites, and almost the same for women as for men.

There are also similarities in the profiles for the largest ethnic groups, although these are less obvious. Because the 'White' group makes up nearly 78% of the total population, the close matching of this curve with the total is to be expected. While the average ages are similar, the 3 other numerically significant ethnic groups have noticeable 'spikes' representing modal age groups. In each case one 5 year age band accounted for more than 30% of the total number of referrals for these groups.

The consistency of the three sites with one another and the Camden and Islington scheme, the similarity of profiles for both genders and ethnic groups are all evidence of internal consistency in the population.

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[12] Meltzer, H., Gill, B. Petticrew, M. and Hinds, K. (1995) *The prevalence of psychiatric morbidity among adults in private households*, OPCS Table 6.13 P.89

[13] Keyes, S. Scott, S. and Truman, C. (1998) *People with mental health problems in contact with the criminal justice system: A service mapping project in Camden and Islington*, Revolving Doors Agency, London. (original data set)

FIGURE 2: AGE COMPRISONS

Gender

Summary:

- A third of the people referred to the scheme were women. This is higher than previous studies of 'mentally disordered offenders' would have led us to expect.
- People referred to the scheme without being arrested were half-and-half men and women.
- The proportion of women referred was broadly similar for all three sites (25 - 33%).

Figure 3 shows that between a quarter and a third of people referred to Link Worker scheme were women. This figure is fairly consistent across all three sites, the proportion for all sites being 31%.

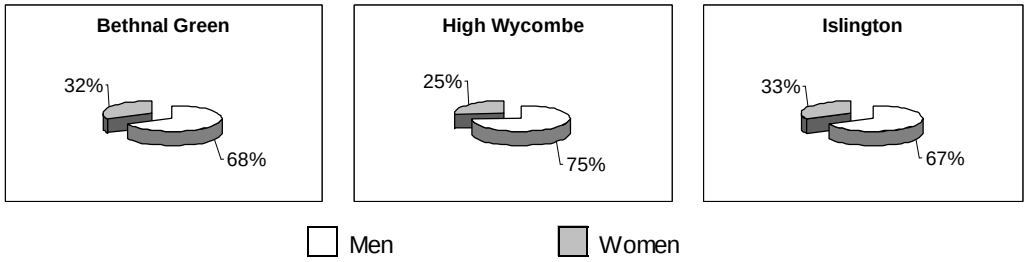

Figure 3: Proportion of genders for referrals to Link Workers at all 3 sites

The proportion of women referred to the scheme seems very high when one considers the relatively low of contact women are usually believed to have with the criminal justice system. According to national figures, only 8% of women have a conviction by the age of 40, compared to 34% of men[14]. Only 15% of those arrested nationally are women[15]. A recent summary of studies of

[14] Home Office (1999) *Statistics on Women and the Criminal Justice System: A Home Office publication under section 95 of the Criminal Justice Act 1991*, Research, Development and Statistics Directorate, London

[15] Phillips, C. and Brown, D. (1998) *Entry into the criminal justice system: a survey of police arrests and their outcomes*, Home Office, London p.11

mentally disordered offenders in London stated that typically 90% were male[16].

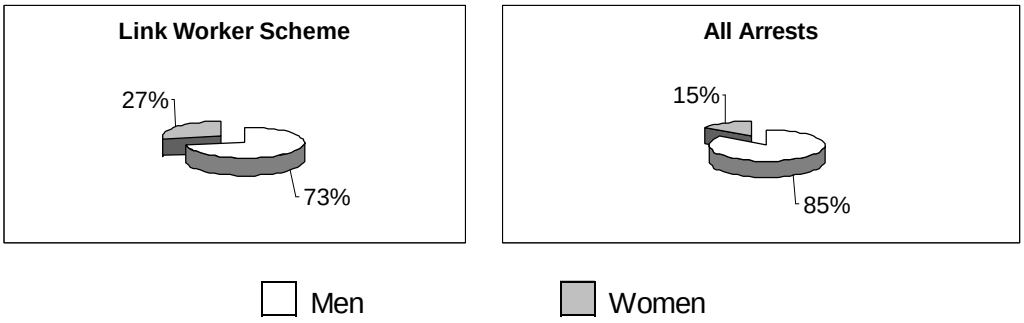

Figure 4: Proportion of women amongst referrals to the Link Worker scheme following an arrest and from Home Office data for all arrests nationally [17]

The higher proportion of women is explained in part by the scheme's relationships with Community Safety Units. People referred without having been arrested were almost half-and-half male and female. Referrals of people not arrested therefore push the proportion of women up from the 15% usually cited. There was a large variation between sites in the numbers of people referred without arrests - almost a third of people referred to the scheme in Bethnal Green were not arrested, compared to about 1 in 10 of the other 2 sites (see *Contact with the police* below). Excluding people not arrested gives a different picture for the gender of referrals to the scheme in Bethnal Green, with the proportion of women dropping to 22%. However, the figure for all 3 sites moves down less dramatically from 31% to 27%.

Gender Case Study: Lisa

Lisa is a 28-year-old divorcee with 3 young children who are currently living with her ex-husband. She was referred to Link Workers after the police were called to her flat by neighbours, who were worried by her behaviour. At the time she was living in temporary accommodation, and had spent sometime out of the area after her marriage split up. She moved back in order to have some contact with her children.

[16] Guite, H. and Field, V. (1997) *Services for mentally disordered offenders* in Johnson, S. (Ed.) London's mental Health, King's Fund, London p.109

[17] Phillips, C. and Brown, D. (1998) *Entry into the criminal justice system: a survey of police arrests and their outcomes*, Home Office, London

Lisa has a history of sexual abuse, and a long-term alcohol problem that appears to have been triggered off by the death of her brother, and to have increased significantly as a way of coping with her stressful marriage. After the birth of her youngest child she was admitted to a mother and baby unit, suffering from postnatal depression. She has also had admissions to mental health wards for detox., and after having taken overdoses or self-harmed. There are some concerns about her physical health, but Lisa has refused to have physical examinations or maintain regular contact with her GP. She has no positive social contacts.

When Lisa moved back to the area she was able to see the children regularly, but her relationship with her ex-husband became strained. This resulted in him gaining taking out an injunction to prevent her from approaching him or the children. She now has supervised contact every fortnight. Lisa would like to sort out her problems in order to be able to maintain a relationship with her children but is finding it difficult without family support. She is currently going through a detox. and is maintaining regular contact with Link Workers.

Ethnicity

Summary:

- Referrals to the scheme broadly reflect the make-up of the local population. However, there is evidence that black people from African or Caribbean backgrounds were less likely to be referred to the scheme.
- There are a number of possible explanations, one being that the police may find it more difficult to recognise mental illness in people in these groups.

Data on ethnicity was collected for referrals in all three sites where the scheme operated. The 9 categories used by the OPCS for the 1990 census were adopted. These were thought to provide an appropriate level of detail for the predicted sample size.

Valid data was collected for 642 people across the 3 sites. Table 1 shows the percentages in each ethnic group for the 3 sites, and the overall figure.

	BG (%)	HW (%)	IS (%)	ALL (%)
Bangladeshi	12	0	0	4
Black African	1	0	4	2
Black Caribbean	8	5	13	10
Black Other	1	2	0	1
Chinese	0	0	0	0
Indian	0	0	1	0
Mixed Race	2	2	1	2
Pakistani	0	4	1	1
White	72	86	77	78
Other Ethnic Group	4	1	3	3

Table 1: Percentages of referrals of different ethnic groups in Bethnal Green (BG), High Wycombe (HW), Islington (IS) and overall(ALL).

The most numerous group of referrals consisted of those in the 'White' category. This category can be broken down further by looking at data on nationality[18]:

- 86% of the 'White' group were UK residents,
- 7% described themselves as Irish
- 5% said they were from other European countries, and
- 2% were from elsewhere.

[18] Based on self-perception rather than legal status.

The other large ethnic groups were 'Black Caribbean' and 'Bangladeshi', with 'Black African' and 'Pakistani' groups being significant in some sites but not others.

One would expect to see some differences in the ethnic make-up of referrals to the different sites, as the local populations differ. The largest ethnic groups amongst referrals were the same as the main ethnic groups in each of the areas (see *Local profiles* above). Table 2 gives the breakdown of people arrested in Islington between April 1999 and March 2000, according to police figures[19].

ETHNIC GROUP	DESCRIPTION	% Of Arrests
Group A	White & dark-skinned Europeans	69%
Group B	Afro-Caribbean	27%
Group C	Asian/Pakistani	3%
Group D	All other	1%

Table 2: Ethnic groups of all arrests, Islington Police, April 1999 – March 2000

Table 3 shows the ethnicity of people referred to the Islington Link Worker scheme over the same period, from our own data:

Ethnic Group	NUMBER OF REFERRALS	% Of Arrests
White	78	81%
Black African	4	4%
Black Caribbean	12	12%
Indian	2	2%
Other Ethnic Group	1	1%
TOTAL	**97**	

Table 3: Ethnic groups of all referrals by Islington Police to Link Workers, April 1999 – March 2000

Categories used by the police were different from those used by Link Workers, as was the process of classification (referrals to the Link Worker scheme were asked to classify themselves). However, broadly equivalent categories can be produced by combining the 'Black African' and 'Black Caribbean' groups among referrals to Link Workers, allowing comparisons to be made. People in the 'Afro-Caribbean' group produced in this way were less likely to be referred to the scheme than people from other ethnic groups (they made up 27% of arrests, but only 16% of referrals). Although police figures

[19] Figures supplied by the Performance Review Unit, Islington Police Station

are not available for the other 3 sites, Link Workers reported a similar situation.

The group of referrals from the two 'black' groups above are fairly typical of referrals to the scheme as a whole in terms of the other data recorded. They had no obviously different characteristics that would account for the apparent lower levels of referral. Explaining the lower level of referrals relates more to the issue of who was *not* referred to the scheme. The fact that people from minority ethic groups were not referred in the same numbers as they were arrested raises the possibility that mental health problems were not being detected by the police as successfully as for the largest ('White') group. When records at neighbouring Holloway Police station were searched for evidence of mental illness to identify a control group for the cost study (see *Sample* in *Section 2* below), researchers found 22% in the 'Afro-Caribbean' group – again, slightly higher than the 17% amongst referrals to the scheme[20].

It is widely recognised that mental illness is least likely to be recognised where the cultural and linguistic gap is greatest[21]. The cultural gulf between the police and the ethnic minority population of Inner London is significant, although reducing it is a current government[22] priority. Under these circumstances, it is reasonable to suppose that a lack of recognition of symptoms of mental illness will be a factor in the apparent under-referral. However, recognition by police is only one of a large number of possible explanations. The different representations of people from minority ethnic groups in mental health services and the criminal justice system are currently

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[20] The small sample size means that this difference is not significant

[21] Indeed, the debate has largely moved beyond recognition of mental illness to the different social construction of concepts such as 'madness' and 'mental illness'; and their different meanings within different cultural groups. c.f. Fernando,S. (1995) *Mental Health in a Multi-ethnic Society*, Routledge, London and Littlewood, R. & Lipsedge, M. (1989) *Aliens and Alienists: Ethnic minorities and psychiatry*, Unwin Hyman, London

[22] 'We must actively promote race relations and the benefits of diversity, in the recruitment and promotion of staff, the treatments of victims, witnesses and defendants, and the management of offenders.' Home Secretary Jack Straw in the foreword to *Statistics on race and the Criminal Justice System: A Home Office publication under section 95 of the Criminal Justice Act 1991*(1999)

the focus of a great deal of research, but no consensus has yet emerged (see *Conclusions* below).

Ethnicity Case Study: Shofuk

Shofuk is a 30 year-old man with a diagnosis of schizophrenia. He was referred following a dispute with a neighbour, whom he threatened with a screwdriver. The police felt he was confused, unable to cope and had a drink problem. Shofuk could speak some English, but did not have a good grasp of the language. He was often misunderstood by services and invariably he did not fully comprehend the importance of the advice he was offered. This breakdown in communication ultimately resulted in the loss of his home and the closure of his case by social services when he failed to turn up to his day centre.

Shofuk was extremely isolated from his family, who disapproved of his alcohol use, and did not understand the behaviour linked to his mental health problems. He has little contact with his local community.

Shofuk was rehoused on a temporary basis by the Homeless Persons Unit because he was perceived to be extremely vulnerable. However, this was some distance from his familiar territory, and he disappeared within 48 hours.

DRUG AND ALCOHOL MISUSE

Summary:

- Almost two thirds of people referred to the scheme were assessed as having problems associated with drug or alcohol misuse.
- The two groups were distinct, drug users being typically about 10 years younger than the group misusing alcohol.
- Drug and alcohol use were associated with different types of offending. Drug misuse commonly related to acquisitive crime, whilst alcohol misuse related to violent crime and a greater risk to self and others.
- Figures from different data sources were broadly consistent, indicating high levels of drug and alcohol use and co-morbid mental illness (dual diagnosis).

The role of substance misuse in both crime and mental illness has gained a significantly higher profile over the previous decade. At the time of writing, mandatory drug testing orders are undergoing field trials, and throughcare programmes for drug users are being set up in prisons across the country. Similarly, 'dual diagnosis'[23] is now widely recognised as a major issue, with the government advocating stronger links between drug and alcohol and community mental health services[24] [25].

The data collected by Link Workers from their initial assessments recorded needs relating to drug and alcohol misuse. A process of assessing the level of dual diagnosis amongst clients of the scheme was developed jointly with the Institute of Psychiatry as part of an investigation into psychiatric morbidity amongst people referred to the scheme (see *Mental Illness* below). This study combined evidence from standardised assessment tools and a review of clients' case notes. The results shown below draw from all of these data sources.

Levels of drug and alcohol misuse

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[23] Throughout this report, taken in its wider sense (a combination of alcohol and drug addiction and a mental illness).

[24] NHS (1999) *National Service Frameworks: Mental Health*, Stationery Office, London, p.18

[25] Appleby. L et al (1999) *Safer Services: National Confidential Inquiry into Suicide and Homicide by People with Mental Illness*, Department of Health, London p.95

The 773 referrals to the scheme consisted of 639 people (some people were referred more than once). In all, Link Workers recorded needs assessments for 374 people[26]. Table 4 gives the percentages of people with drug or alcohol needs by gender. The two groups assessed as having needs relating to alcohol misuse or drug misuse make up almost two thirds of referrals. The groups misusing drugs and alcohol were quite distinct – only 6% of referrals fall into both categories.

	Alcohol misuse	Drug misuse	Both	Either
Of men assessed	40%	29%	4%	65%
Of women assessed	40%	35%	9%	66%
Of all assessments	40%	31%	6%	65%

Table 4: Proportions of referrals assessed by Link Workers as having needs in the area of 'drug misuse' and 'alcohol misuse' by gender

A smaller sample of referrals completed questionnaires on drug and alcohol use as part of an investigation by the Institute of Psychiatry. The study used the CAGE[27] questionnaire to assess alcohol misuse and the Drug Abuse Screening Test (DAST)[28] to determine the level of substance misuse. 45 people completed the questionnaires in both cases, representing approximately a third of people who engaged with Link Workers over the

[26] The rest were never found or fully assessed, or were inappropriate referrals.

[27] Mayfield *et al* (1974). *The CAGE questionnaire: the validation of a new alcoholism screening instrument*. Am. J. of Psychiatry. 131, 1121-1123.

[28] Skinner, H.A. (1982). *The Drug Abuse Screening Test*. Addictive Behaviours, 7, 363-371.

study period[29]. The low response rate is indicative of the difficulty in persuading people in this group to fill out questionnaires (see *Mental Illness* below).

- 61% of people scored 3 or more on the CAGE questionnaire, indicating significant alcohol misuse.
- 44% scored more than 5 in DAST, indicating drug abuse, with
- 23% scoring more than 10, indicating serious drug misuse problems.

41 of the 45 people completing questionnaires went on to become clients of the scheme[30], meaning results may not give a good indication of dual diagnosis in those who do not go on to engage with Link Workers. To gather more evidence on the psychiatric needs of clients, two senior psychiatrists from the Institute of Psychiatry examined case notes of all clients seen during the study period (n=133). Table 5 shows those for whom alcohol or drug needs were determined.

[29] Whilst the sample size is low, the group were broadly representative of all referrals to the Link Worker scheme in terms of age, ethnicity and gender. 58% of those completing a CAGE questionnaire were assessed as having an alcohol need, compared to 39% of all assessed referrals to the Link Worker scheme. 20% of the sample group were assessed as having a drug need, compared to 31% of all referrals assessed by Link Workers.

[30] Defined here as people having their cases reviewed by Link Workers and having seen Link Workers on more than one occasion over the study period.

	Alcohol misuse	Drug misuse	Both	Either
Clients (n=133)	47%	29%	7%	69%

Table 5: Clients assessed as having problems associated with alcohol or drug misuse, case note review.

As with the groups assessed by Link Workers, only a small percentage had needs in both areas. The criteria used by the Link Workers and researchers from the Institute were different, but agreement was nevertheless good. Of the same population, Link Workers assessed 26% of this group as having needs in the area of drug misuse and 43% as having problems in the area of Alcohol misuse.

The case note review offered a further possibility – looking at the co-morbidity of drug and alcohol use with one or more mental illnesses (dual diagnosis). Figure 5 shows the co-morbidity of drug and alcohol misuse for the three main diagnostic categories used in the case note review.

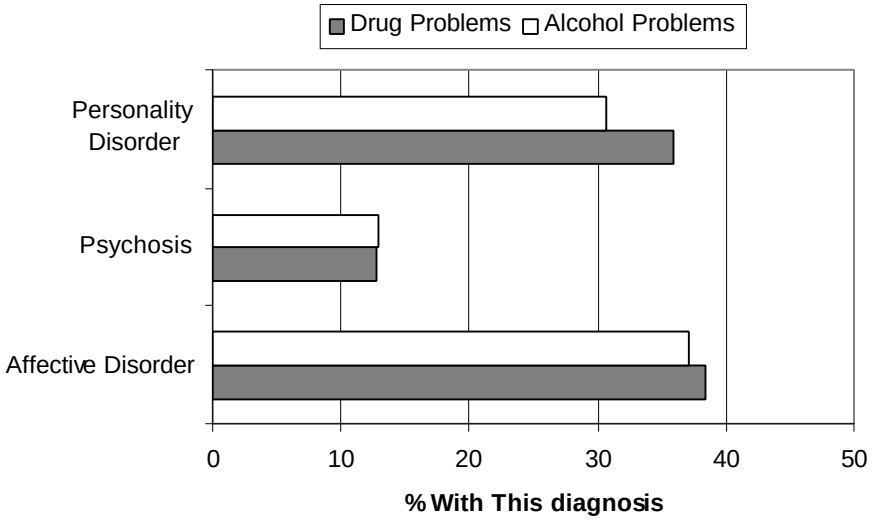

Figure 5: Dual diagnosis amongst clients from review of casenotes of clients, 1/7/98 – 1/1/00.

In all, approximately 70% of case notes assessed as indicating alcohol or drug problems also showed another mental illness in one of the above 3 categories. Perhaps surprisingly, the profiles of mental illness amongst drug and alcohol users matched very closely. In fact, the levels of personality disorder, psychosis and affective disorder were very similar irrespective of the presence or absence of drug or alcohol misuse.

The samples assessed by Link Workers, by self-report questionnaires and by case note reviews were all different. Similarly, three different sets of criteria for needs in the areas of 'alcohol misuse' or 'drug misuse' were used. Nevertheless, there was substantial agreement in the results. All 3 sets of data showed two groups that were largely distinct from one another. All three

report slightly higher levels of alcohol misuse than drug misuse, and all three show high levels of co-morbidity with mental illness.

Little work has been done looking at drug and alcohol misuse amongst people with mental health problems at the police station. Robertson *et al* found that 20% of people taken to police stations were drunk on arrival – the single largest category of mental disorder[31]. Drink-related offences made up 8% of the sample identified as being mentally ill, with drug offences making up only 3%[32]. No attempt was made to systematically look for alcohol or drug use amongst the sample. However, drug use was sometimes mentioned in the case studies for people arrested for theft, and similarly alcohol was mentioned in the cases of violence[33].

A recent ONS study of substance misuse amongst mentally ill people in prisons found very high levels of substance misuse – so much so that researchers had little basis to make comparisons between groups who did and did not show dependency.[34] The three types of drug misuse examined all showed strong correlations to personality disorder. Relationships between substance misuse and neurotic and psychotic illness were much less pronounced.

Profile of referrals misusing drugs and alcohol

Other data from the scheme can be examined to build up a more detailed picture of these two groups. Drug users referred to the scheme were typically between twenty-five and thirty, whereas those misusing alcohol were about 10 years older. Men and women were represented in the same proportions as in referrals, and there were people from the largest ethnic groups in both categories. The reason for arrest for these 2 groups clearly reflected issues

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[31] Robertson, G., Pearson, R. and Gibb, R. (1995) *The Entry of Mentally Disordered People to the Criminal Justice System*, Department of Forensic Psychiatry, Institute of Psychiatry, p.5

[32] Robertson, G., Pearson, R. and Gibb, R. (1995) *The Entry of Mentally Disordered People to the Criminal Justice System*, Department of Forensic Psychiatry, Institute of Psychiatry, p.10

[33] Robertson, G., Pearson, R. and Gibb, R. (1995) *The Entry of Mentally Disordered People to the Criminal Justice System*, Department of Forensic Psychiatry, Institute of Psychiatry, p.24 & p.31

[34] Singleton, N. Farrel, M. and Meltzer, H. (1998) *Substance misuse among prisoners in England and Wales*, ONS

associated with substance misuse. Unsurprisingly, people misusing alcohol made up 75% of arrests for drunk and disorderly, drunk and incapable or related offences. Similarly, people with needs in the area of drug misuse accounted for nearly 60% of the arrests for drug offences. However, there are also interesting differences in the figures for other groups of offences.

Offences amongst referrals misusing drugs

Of more interest are the other groups of offences. Drug users constituted nearly:

- 37% of referrals following arrests for burglary,
- 44% of those for robbery,
- 39% of those for shoplifting
- 59% of those for other theft offences,

whilst constituting only 29% of the total group[35]. All these offences can be categorised as 'acquisitive'. Another offence often placed in this category is prostitution, and 84% of referrals to the scheme following arrests for prostitution were assessed as misusing drugs. 60% of those referred on arrested on outstanding warrants also had needs in the area of drug use, possibly reflecting the large number of sex workers among this group (see *Contact with the police* below).

[35] This is slightly different from the proportion of people misused as having drugs amongst referrals to the scheme because some people were not arrested.

Drug use case study: Brian

Brian is an 18 year-old man, who was referred after being arrested for shoplifting. He had been arrested on numerous occasions for similar offences and has been regularly using heroin, crack and cannabis since his early teens He told the custody sergeant that he was depressed and felt suicidal. He was remanded in custody at a Young Offenders Institution. He was released after a month, and re-offended almost immediately. He tried to harm himself, so the custody sergeant discontinued the case and released him to go to the hospital. Link Workers tried to visit Brian on the ward, but he had already left. Over the ensuing months, Brian was arrested on at least three subsequent occasions, all for theft or related offences.

Brian says he hears numerous voices inside his head, of people he does not recognise. The voices tell him he would be better off dead and to hurt himself. He has acted on these "commands", trying to harm himself on numerous occasions. He had a brief informal admission to a psychiatric hospital after being referred by the accident and emergency unit, but went AWOL after three days and was discharged. He received a provisional diagnosis of borderline personality disorder and drug dependency in prison, which means the local social work team will not work with him. He has never been fully assessed.

Offences amongst referrals misusing alcohol

There is a completely different pattern of offences amongst the 39% of referrals assessed as having needs associated with alcohol misuse. Although this group still did commit acquisitive crimes, they are significantly over-represented in the small number of referrals following serious violent crime. They made up:

- 50% of those referred after being arrested for offences
- 60% of those referred after being arrested for arson and
- 50% of those referred after being arrested for other violence, and
- 69% of those referred after being arrested for serious violence.

The numbers of referrals in the first two categories are very small, and the results may not be significant. However, the fourth figure shows a clear association between alcohol misuse and the small but significant number of serious assaults resulting in referrals.

Alcohol misuse case study: Mike

Mike is a 36-year-old man, with a long offending history including armed robbery and false imprisonment. He had served several lengthy custodial sentences. He was on a probation order for assault when he was referred to Link Workers following several domestic disputes. Mike was heavily dependent on alcohol, which made him extremely aggressive and violent towards himself and others. He threatened to commit suicide on a regular basis.

In the past, he had been diagnosed as having a severe personality disorder. This meant he was excluded from mental health services and was too unpredictable for local alcohol services to work with him. Mike wanted to be rehoused, but was not able to make appointments at the Homeless Persons Unit as he was drunk, or arrived too intoxicated to be seen. He was often escorted of the premises by the police, and was subsequently banned from the offices.

Risk to self and others

The greater likelihood of violence amongst the group with alcohol-related needs is also reflected in Link Workers risk assessments:

- 41% of alcohol users were assessed as being a potential risk to others, compared to only
- 26% of drug users.

This means alcohol users were proportionately more likely to be assessed as being a risk to other people than the average referral, whereas drug users were much less likely to fall into this category.

There is also an association between alcohol use and risk of self-harm amongst referrals to the scheme. People assessed as having needs in the area of alcohol made up 49% of those considered to be a possible danger to themselves.

HOUSING

Summary:

- Up to 37% of people referred to the scheme where housing status was known were statutorily homeless.
- Women arrested for soliciting were much more likely to be street homeless than people referred after any other type of arrest.
- Domestic violence was more common amongst couples housed in tenancies.
- Single people were much more likely to be street homeless or living in temporary accommodation.
- The type of housing in which people lived did not vary significantly between ethnic groups, except all owner occupiers were 'White'.

The rising tide of homelessness and the increasing levels of mental illness amongst rough sleepers were already a serious concern by the time *Revolving Doors* was published in 1992. In 1995, the Health Advisory Service published a thematic review that acknowledged the '…*popular perception that homeless mentally ill people are exemplars of the failure of community care*.'[36] This perception was to some extent validated by the service mapping project in Camden and Islington, at least in the case of people in contact with the criminal justice system. Table 6 shows the housing issues faced by 232 people with a mental illness traced through records of social work and probation services[37].

Rent arrears	Homeless	Evicted	Disputes with neighbours	Any Problem
17%	22%	16%	24%	43%

Table 6: Housing problems of people traced through social work and housing records as part of Revolving Doors' service mapping project in Camden and Islington.

Housing status and housing quality

The Link Worker scheme monitored people's housing situations through two processes. Firstly, they kept records of people's actual housing *status* at the

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[36] HAS (1995) *Homelessness and Mental illness: A thematic review*, Health Advisory Service, London

[37] Keyes, S. Scott, S. and Truman, C. (1998) *People with mental health problems in contact with the criminal justice system: A service mapping project in Camden and Islington*, Revolving Doors Agency, London. p.27

time of arrest. Secondly, they recorded people's housing *quality*. Figure 6 shows both.

Figure 7: HOUSING CHARTS

People may have needs in a number of areas that require a range of housing supports. The presence or absence of these supports often effectively determines the quality of the housing. As one might expect, no one who was actually street homeless was assessed as having a 'good' housing quality. However, 4% of people were described as 'average'. People in short-term accommodation or staying with friends had the next lowest quality of housing: again only a tiny percentage were 'good', but with a larger group of 'average'. The next three types of housing all had significant proportions in all three categories, indicating that the type of housing is not necessarily any guarantee of adequacy. The following case study illustrates the point.

Housing case study: Greg

Greg is a 37-year-old man with an anxiety disorder and long standing alcohol problems. He had always lived with his mother in a small council flat until she became old and infirm, and felt she could no longer cope.

Greg was referred to the Link Workers after an arrest for threatening behaviour. They were able to obtain Bed and Breakfast accommodation for him through the local authority. After a brief voluntary admission to psychiatric hospital Greg was allocated his own one bedroom flat.

The transition from living with his mother to living alone and maintaining his own tenancy was a difficult one for Greg. He struggled to deal with Housing benefit applications, utility connections, decorating grants and maintaining regular rent payments. Greg's alcohol intake increased with the added responsibilities and on one occasion he smashed up his flat because he received a large rent arrears demand.

The Link Workers were able to provide support and access to housing and legal advice services. Greg is isolated and visits his mother daily. Cooking and cleaning are areas that Greg finds difficult, and he chooses to occupy only the front room of his flat. It is only with ongoing support that Greg will maintain this tenancy.

Housing and reason for arrest

Looking at the pattern of arrests amongst people in the different types of accommodation helps to build a clearer picture of the lives of people referred to the scheme.

Nearly half the women referred to the scheme following arrests for soliciting were recorded as having no fixed abode, compared to 15% of all referrals. This figure is likely to be inaccurate – Link Workers reported visiting addresses only to find they did not exist, or that the women were not known.

Because bail will not be granted without an address, the suspicion is that sex workers gave false addresses in order to get out of custody.

People living in tenancies make up 73% of all arrests for serious violence, despite constituting only 53% of referrals. Link Workers report that much of the serious violence is between cohabiting partners, and the results tend to support this. People known to be married or cohabiting make up:

- 4% of people referred to the scheme
- 21% of those in tenancies, and
- 55% of those in tenancies committing serious violence.

Link Workers describe a 'pressure cooker' environment, where the combined stresses of poor housing, mental illness and drug or alcohol use can precipitate violent incidents.

Perhaps unsurprisingly, people living with parents or relatives were much younger than most referrals, with 16-20 year-olds being the mode. People in this type of accommodation were more likely to commit burglary and robbery, although these offences are not otherwise concentrated in the younger age groups, who tended to be arrested for shoplifting, theft, or drink-related crimes.

Homelessness

Homelessness as an issue is now much more widely recognised than when *Revolving Doors* was written. Mental illness and drug and alcohol misuse are now firmly positioned on the agendas of many housing providers. However, the level of contact with the criminal justice system may still not be fully recognised. As Bhugra[38] has noted, the changing definitions of 'homeless' make it difficult to compare figures from different studies. Depending on the definition used, 37% of referrals to the scheme could be put into this category[39].

Single people are often cited as being particularly vulnerable to homelessness. Housing authorities and legislation prioritise family units, rarely accommodating single people unless they can prove some special 'vulnerability'. Single people made up:

- 66% of referrals to the scheme whose marital and housing status was known

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[38] Bhugra, D. (1997) *The homeless in London* in Johnson, S. (Ed.) London's Mental Health, King's Fund, London p.119

[39] Combining those street homeless, staying with friends or relatives, and those in hostels or other temporary accommodation.

- 81% of those temporarily housed in hostels or B&B.
- 88% of those sleeping rough, and
- 96% of those living with parents or relatives.

Conversely, couples were more likely to be staying with friends or acquaintances, living in tenancies or owner-occupied properties.

Although all the very small number (n=15) of owner-occupiers referred to the scheme were 'White', housing status did not otherwise vary between the main ethnic groups. However, this does not necessarily mean the level of housing need is similar for all ethnic groups. A study in Newham has shown how people from some ethnic backgrounds will take in others from the same community, disguising the true level of need[40].

[40] Hinton, Teresa (1994) *Battling Through the Barriers: A study of single homelessness in Newham and access to primary healthcare*, Health Action for Homeless People, London. P.31-38

CONTACT WITH THE POLICE

Summary:

- Only a very small number of people referred had been taken to the police station as a 'place of safety' under S.136 of the mental Health Act (1983).
- Community Safety Units were an important source of referrals for people not arrested.
- There were few differences in the offences for which referrals were arrested between sites, or between different demographic groups.
- Police in London were more likely to deal with minor offences amongst referrals with cautions, whereas police in High Wycombe usually charged people.
- A small group of sex workers with drug problems made up most of the people referred after being arrested on outstanding warrants. The same group were much more likely to be charged and less likely to be released on bail.
- Reasons for arrest among referrals to the scheme were fairly typical of arrests in the general population. Drink-related offences were more common, and acquisitive crimes were slightly less common.

All referrals to the Link Worker scheme come via the Police. Both the Home Office evaluation of the scheme (due in September 2000) and the cost study (see *Section 3* below) have utilised record searches to follow people's progress through the criminal justice system. Many of the more interesting questions relate to the final outcome of people's contact with the criminal justice system. However, the data collected by the Link Workers was usually limited to that available at the time of arrest. This consists of the reason for arrest, the alleged offence (if any), and the police action or disposal (including 'police bail', where referrals were released pending further inquiries).

Reason for contact with the police

639 people were referred to the Link Worker scheme a total of 733 times, giving the potential for a detailed picture of contact with the police. The vast majority (78%) of people referred to the scheme were taken to the police station as a direct consequence of the alleged offence. Figure 8 shows the breakdown of reasons for police involvement with the individual.

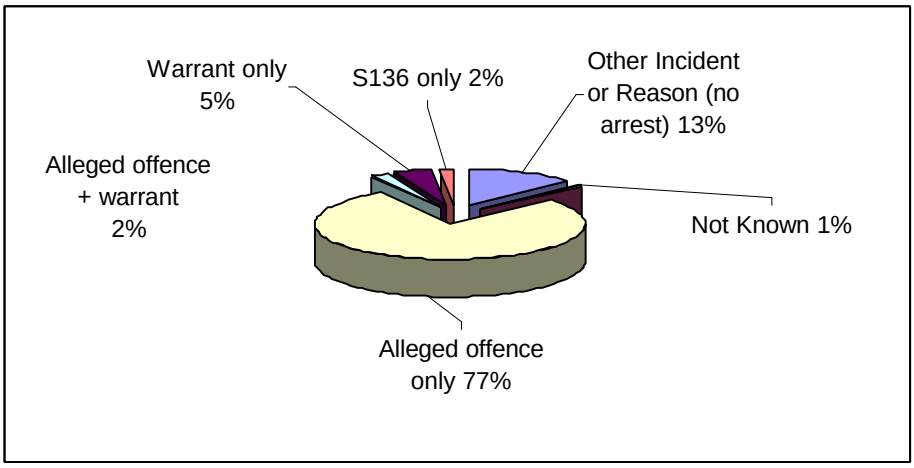

Figure 8: Reason for police contact with referrals to all 3 sites

The basic pattern of contact with the police was very similar for all 3 sites. However, there were some differences:

- There was some variation between the proportions not arrested, the largest number being in Bethnal Green.
- The highest proportion of people coming into contact because of an outstanding warrant was in Islington (8%)
- High Wycombe had a slightly higher number of people referred after an individual was brought to the police station as a 'place of safety' under Section 136 of the Mental Health Act (1983).

Not arrested

Most people referred without being arrested will be witnesses, or victims of crime, or people who repeatedly make complaints or allegations. Many such referrals come via the police Community Safety Units. The higher proportion of people not arrested referred to the scheme in Bethnal Green reflects a more established partnership with the local CSU.

Outstanding Warrants

Previous studies have already shown that police have a great deal of scope in determining how offences will be dealt with[41]. Anecdotally, we know that the way in which police deal with minor offenders often becomes progressively

[41] A Home Office study shows that the triviality of an offence and the existence of a recent conviction are both important factors in the decision to charge or caution an offender. (Phillips, C. and Brown, D. (1998) *Entry into the criminal justice system: a survey of police arrests and their outcomes*, Home Office, London p.104-5)

more severe. Police will not always decide that it's necessary to make an arrest, and also have the option of discontinuing a charge, issuing a formal warning or a caution. Once these options have been exhausted, offenders will be charged and a court date will be set. If they are released on bail, failure to report will inevitably result in a warrant for arrest being issued.

To investigate the apparent over-representation of those arrested on outstanding warrants in Islington, their 'presenting needs' were examined:

- 19% (4) were not seen by Link Workers
- 13% (3) misused alcohol, with
- 71% (14) having needs associated with drug misuse (more than double the usual proportion).

In half of the cases where warrants were outstanding, the original offence was soliciting, with most of the rest resulting from unpaid fines or shoplifting. The officers from Islington are responsible for policing part of the Kings Cross area, a well-known centre for drugs and prostitution. This explains the larger number of referrals following arrest for on outstanding warrants to Islington Link Workers.

Section 136

Only a small proportion of those referred to the scheme had been taken to the station as a 'place of safety' under Section 136 of the Mental Health Act (1983). A Home Office study of entry into the criminal justice system found that about a third of mentally ill people identified by police had been brought as a result of Section 136[42], compared with only 2% of referrals to the Link Worker scheme. People assessed under the Mental Health Act are unlikely to be appropriate referrals for Link Workers, as they are likely to be admitted to psychiatric hospital or to already be on the caseloads of statutory mental health services. The small percentage referred to the scheme will be those where this was not the case.

Reason for arrest

Figure 9 shows the reason for arrest. For easier digestion, offences have been grouped into:

- violence and disorder (spanning the range from serious assault to criminal damage),
- acquisitive crime (including robbery) and
- other (not arrested, warrant only etc.).

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[42] Phillips, C. and Brown, D. (1998) *Entry into the criminal justice system: a survey of police arrests and their outcomes*, Home Office, London, p.32

Each of these accounts for about a third of referrals to the scheme, a figure that remained fairly constant for both genders, for the larger ethnic groups and across all 3 sites. There were, however, some differences worth noting.

FIGURE 9: OFFENDING CHARTS

Variation between sites

It can be seen that most of the referrals following arrests relating to prostitution were to the Islington scheme. As mentioned above, this can be explained by the 'red light district' in the area (see *Islington* local profile in Section 1).

The larger percentage of people referred for drink-related offences in High Wycombe may be a reflection of local police practices. Similarly, the larger proportion of drunk and disorderly offences resulting in prosecution in the area could be seen as a symptom of a lower tolerance towards 'street drinkers' (see *Local Profiles* above). Anecdotally, we know some forces will have occasional 'purges' on street drinking during which all offences detected will result in arrests and charges. On the other hand, it's also possible that the same types of offence (e.g. fights between street drinkers) could have been dealt with differently by the two forces (e.g. police in High Wycombe might have used 'drunk and disorderly' charges, while their London colleagues might have used 'assault' or 'affray' instead).

The larger proportion of shoplifting in High Wycombe may simply be due to the smaller number of shops and consequently greater chance of known shoplifters being spotted (see *High Wycombe* local profile in Section 1).

Variation between demographic groups

Patterns of offending were also broadly similar when looked at in terms of age, gender and ethnicity, although:

- Male referrals were more likely than female referrals to commit violent crimes, and slightly less likely to commit acquisitive crimes.
- As previously mentioned, referrals not following arrest were almost evenly split between men and women, and were more numerous in Bethnal Green than the other two sites.
- The larger number of people referred from the Community Safety Unit at Bethnal Green (which has a large Bangladeshi community) also explains the larger proportion of Bangladeshi people referred without arrest.

Police Action

If the reasons for contact with police, and the offences resulting in arrest were broadly similar in all 3 areas, the same cannot be said for the action taken by police, which varied markedly for the people they referred. The pie charts in Figure 10 show the police action for people referred to the scheme in all three sites[43].

[43] excluding 'not known', 'not applicable', 'other' and 'hospital'

Figure 10: Police Action

The differences between sites are likely to be due to different local policing policies and practices, rather than variations in the pattern of need.

Police in Bethnal Green charged the smallest proportion of referrals to the scheme – 18% in all. Even though this proportion doubles when those not arrested[44] are discounted, it is still the lowest of the three sites. Islington police charged and bailed about the same proportion of their referrals as Bethnal Green, but detained a much higher percentage in custody. The difference can be explained in terms of the 'Kings Cross' effect (see *Outstanding Warrants* above). Where arrests for soliciting or outstanding warrants (which usually stem from an original arrest for soliciting) are excluded from figures, the difference between the two sites becomes very small.

While police in High Wycombe charged and held about the same percentage of referrals as their colleagues in London, they charged and bailed people much more often, the total accounting for two thirds of those they referred. In the vast majority of these cases, arrests were for shoplifting and drink-related offences, both of which were commonly dealt with by cautions in London. This is consistent with other studies, which have pointed to a much lower rate of prosecution in central London[45].

Comparisons with other groups

Table 7 compares the reason for arrest of referrals to the Link Worker scheme compared to two other studies of 'mentally disordered offenders' at the police station, and to a study of arrests nationally. Categories of offence used were different in all 4 studies, so some caution needs to be exercised when making comparisons.

The most striking feature is the similarity in reasons for arrest between referrals to the Link Worker scheme (1st column) and of all arrests nationally (2nd column. It seems that they were a fairly typical group of offenders, at least in terms of the reason for arrest. The main differences are the greater proportion of arrests for drunkenness in referrals to the scheme, and the lower proportion for shoplifting and theft. This pattern is consistent with the other two 'mentally disordered offender' studies (3rd and 4th columns), both of which show higher proportions of arrests for alcohol-related offences than the general population. The different offending profile for people referred to the

[44] excluding 'not known', 'not applicable', 'other' and 'hospital'

[45] Phillips, C. and Brown, D. (1998) *Entry into the criminal justice system: a survey of police arrests and their outcomes*, Home Office, London p.81

scheme and assessed as misusing alcohol has already been discussed (see *Drugs and Alcohol* above).

Referrals to LWs	%	All Arrests[1]	%	Robertson *et al*[2]	%	Keyes
Prostitution/Sex work	3	Prostitution	2			
Burglary	6	Burglary	8	Burglary	3	
Robbery	1	Robbery	2	Robbery	3	
Criminal damage	5	Criminal damage	6	Criminal damage	11	Criminal dama
Drug related offences	4	Drugs	3	Drugs	3	
Sex offences	1	Sexual	1			
Prostitution/Sex work	3	Prostitution	2			
Serious violence	2	Violence	7	Assaults	11	
Other violence	8					
Other public order	3	Public order	12	Public order	22	Violent/sex offe
Breach of peace	7			Breach of Peace	22	
Drunk and disorderly	14			Drunk	8	Drunk/public o
Shoplifting	14	Shoplifting	8	Other theft	11	Burglary/theft
Other theft	7	Other theft	24			
Other offences	4	Other offences	7			Other non-viole
Arson	1	Motoring	8			Arson
Warrant only	4	Other detention*	12	Warrant	8	Breach of bail
Not arrested	15					Mental Health

Table7: Comparison of reason for arrest of referrals to the Link Worker scheme with three other studies.

* S136, outstanding warrants & transfers between prison and court

[1] Phillips, C. and Brown, D (1998) *Entry into the criminal justice system: a survey of police arrests and their outcomes* , Home

[2] Robertson, G. Pearson, R. and Gibb, R. (1995) *The Entry of Mentally Disordered People into the Criminal Justice System* , In table 1 p.10

[3] Keyes, S. Scott, S. and Truman, C. (1998) *People with mental health problems in contact with the criminal justice system: A s Camden and Islington*, Revolving Doors Agency, London. fig. 4 p.13

MENTAL ILLNESS

Summary:

- The police were able to correctly identify mental health problems in those they referred: less than 3% were subsequently refused a service because no mental health problems were found.
- Nearly all clients of the scheme had significant mental illness requiring psychiatric treatment.
- Link Workers assessments of mental health problems showed little variation between referrals from different sites, and were similar for both genders and for the largest ethnic groups.
- 57% of clients seen over an 18-month period had drug and alcohol problems and at least one other type of mental illness (a 'dual diagnosis'), and
- 29% showed evidence of some personality disorder.
- Results from all analyses showed that approximately:
  - 38% of clients were clinically depressed, and
  - between 15% and 25% had symptoms of psychosis

There are three main sources of information relating to the levels of mental illness amongst people referred to the scheme. These are:

- Data from standardised self-report measures (questionnaires) distributed by Link Workers and interpreted by the Institute of Psychiatry.
- Case note reviews, also carried out by researchers from the Institute of Psychiatry.
- Data collected by Link Workers (including their own assessments of particular areas of mental health needs, and whether an people already had a diagnosed mental illness when referred to the scheme).

Standardised questionnaires

Despite being well able to recognise mental illness, Link Workers are nevertheless not appropriately qualified to make formal diagnoses. Colleagues from the Institute of Psychiatry asked Link Workers to distribute questionnaires that, when analysed, would be able to provide more definitive answers to questions about the level of mental illness amongst referrals to the scheme. These were:

- Beck's Hopelessness Scale (BHS)[46], a short questionnaire used to measure despair and despondency.
- The SCL90[47], a 90 item 'symptom checklist' with a further 9 'sub-scales' that can give an indication of mental illness in respect of different symptom fields.

26% of people completing the BHS scored more than 15, showing that they had become seriously hopeless about what their futures might hold. Just over half of the cases (51%) scored above 150 on the SCL90 suggesting psychiatric morbidity[48]. The average score on the SCL90 was 151. Looking at the sub-scales:

- **25% of the cases scored highly (above 20) on the *psychosis* subscale. Similarly,**
- **A quarter of cases scored highly, (above 15), on the *paranoid* subscale.**
- **31% scored highly (above 15) on the *anger-hostility* subscale.**
- **60% scored highly (above 15) on the *anxiety* subscale**
- **73% scored highly (above 20) on the *depression* subscale.**
- 66% scored highly (above 15) On the *obsessive-compulsive* subscale.

Drawing conclusions from the results is difficult because the proportion of people filling in questionnaires was quite small. Only about 10% of referrals to the scheme during the study period resulted in responses. In all, there were

- 465 referrals to the scheme between July 1998 and December 1999, of which
- 72 were inappropriate referrals (see above),
- 39 did not want help from Link Workers at the time, and
- 30 were re-referrals of existing clients.
- 63 were assessed as being appropriate for 'one-off' interventions[49], and were consequently not given questionnaires.
- 142 were not seen immediately by Link Workers: although some were eventually found, the majority were not.

The remaining figure of 119 gives a response rate of approximately 1 in 3.

The vast majority of referrals completing questionnaires went on to become clients. Link Workers will have established some rapport with clients, who were consequently more likely to oblige the scheme with their help. In many cases, Link Workers struggle to overcome problems with communication and motivation, even when helping them complete vital paperwork such as benefit

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46 Beck, A.T. Weissman, A. Lester, D. Trexler, L. (1974b). *The measurement of pessimism: The Hopelessness Scale*. J. Consult. Clinical Psychol. 41, 861-865.

47 Derogatis, L.R. (1977). SCL-90: *Administration, scoring and procedure manual - I*. Baltimore MD: Johns Hopkins.

48 Psychiatric morbidity means the presence of a mental illness.

49 Typically because they were from other areas, were linked in with CMHTs, or did not turn up for subsequent appointments

and housing applications. Obviously, it would be ethically dubious for Link Workers to prioritise research over matters directly affecting the wellbeing of clients, especially where their capacity to concentrate is limited. This provides some context for the apparently low response rate.

As mentioned above, most (91%) of people completing questionnaires went on to become clients of the scheme. This suggests that results from questionnaires could be generalised for clients, if not for everyone referred to the scheme.

Case note review

The 133 clients seen by Link Workers on more than one occasion over the study period made up the sample group for the review. Evidence of mental illness in terms of previous diagnoses and in terms of diagnostic features was noted. Researchers found:

- 10% had no mental illness
- 88% had a mental illness, and
- 2% where there was insufficient evidence to make a decision.

Table 8 shows the proportions in each diagnostic group (excluding drug and alcohol problems – see *Drug and Alcohol* above).

	N	%
Psychosis	20	15
Affective Disorder	50	38
Personality Disorder	39	29
Other diagnosis	27	20
Self Harm	33	25
Learning difficulty	4	3

Table 8: Main diagnostic categories and numbers and proportions of clients, case note review.

It can be seen that the percentages do not sum to 100, indicating that many clients were rated as having more than one diagnosis. More specifically,

- 82% were rated as having a mental illness (other than drug or alcohol-related illnesses)
- 69% were rated as having mental illnesses related to drug or alcohol problems, and
- 57% were in both the above categories, and could therefore be said to have a 'dual diagnosis'.

The case note review also looked for evidence of where statutory mental health services had rejected clients with clear mental health needs. Although

in the vast majority of cases services had accepted referrals (72%), 11% were nevertheless rejected[50].

Whilst outright refusal to work with clients by mainstream services is rare, contact with people in this group frequently breaks down as a result of people's chaotic lifestyles, or because their mental health needs are not detected or fully assessed. The following case study illustrates the point.

Mental Illness case study: John

John is a 46 yr old man who was referred to the scheme after being arrested for alleged deception and outstanding warrants for motoring offences. When seen in custody by the Link Workers he presented as very suspicious and thought disordered. John was living in a squat with chaotic drug users who physically abused him and stole his money. It was difficult to engage with John because Link Workers were unable to gain access to the property.

John had not previously been diagnosed with a mental health problem and had failed to attend a duty social work appointment at his local CMHT. The Link Workers managed to arrange a referral to a Day Hospital, which accepted him as a patient. After a month of ongoing assessment he was diagnosed with schizophrenia. The diagnosis provided the evidence of "vulnerability" required by the Homeless Persons Unit and he was given priority housing by the local authority. When John's placement finished at the day hospital he was allocated an ASW[51] and is now on CPA[52] level 2.

Link Workers' data

The presence of a mental health problem is one of the 2 main referral criteria of the scheme (the other being that all referrals come from the police). In theory, every referral accepted by the scheme should therefore have some sort of mental health problem, although not necessarily a diagnosed mental illness. This is one way of getting an approximate figure for the level of mental illness among referrals to the scheme. Table 9 shows the outcomes of Link Workers initial assessments of referrals.

[50] In 17% of cases, there was insufficient evidence to reach conclusions.

[51] Approved Social Worker

[52] The Care Programme Approach

n=733

Outcome	N	%
Assessed and accepted onto caseload on long-term or indefinite basis	*107*	*15*
Assessed and accepted onto caseload on short-term basis (up to 3 months)	*96*	*13*
Inappropriate or unsuitable referral	122	17
Not found yet/not fully assessed	194	25
One-off intervention	*92*	*13*
Person refuses help or refuses to engage	71	10
Re-referral, kept on caseload	*32*	*4*
Not valid	19	3

Table 9: Link Workers' initial assessments of referrals to the scheme.

A total number of people assessed as appropriate referrals (and therefore having some sort of mental health problem) can be produced by adding together the figures shown in italics. This gives an absolute minimum figure of 327 people, or 44% of referrals, who were assessed by Link Workers as having mental health problems.

The true figure is likely to be higher than this, because referrals in the 'inappropriate' and the 'not found yet /not fully assessed' categories could also have mental health problems. Referrals classified as inappropriate were usually put into this category because they lived outside the catchment area (48%) or were already known to services (27%). It is a testament to the abilit y of police to detect mental health problems that less than 3% of referrals had to be refused on the basis that no mental health problem was present (especially as the majority of these had drug or alcohol problems that can produce similar symptoms).

The levels of different types of mental illness were assessed by Link Workers as soon as possible, usually at the first or second point of contact. In all, 363 assessments were conducted. Of this group:

- 31% were thought to be depressed or anxious
- 2% were assessed as being manic, or having a mood disorder
- 7% were thought to have personality problems
- 7% appeared to be psychotic or delusional
- 57% were assessed as having other mental problems, including vulnerability.

The figures do not sum to 100%, as it was possible for people to have needs in more than one of these areas.

These proportions remained broadly similar for men and women referred to the scheme. The proportions were superficially similar for the three largest ethnic groups, although the numbers were too small for any firm conclusions to be drawn. The proportion assessed as depressed or anxious in Bethnal Green was about half the average for the other two sites, with no other significant differences.

Link Workers, police or forensic medical examiners would often know if an individual referred to the scheme already had a diagnosed mental illness. This information was systematically recorded by Link Workers as part of the referral history. Nearly all the previous data in this section has been drawn almost exclusively from people assessed by and well known to Link Workers. The data on previous diagnosis is therefore especially interesting, as it also refers to groups of people who will not normally be seen or assessed by Link Workers.

n=714

Outcome of referral	% Yes	% No	% Not known
Accepted onto caseload on long-term basis	61	21	19
Accepted onto caseload on short-term basis	44	38	19
Inappropriate or unsuitable referral	34	12	53
Not found yet/not fully assessed	12	8	80
One-off intervention	49	28	23
Person refuses help or refuses to engage	21	15	63
Re-referral, kept on caseload			
TOTAL	34	19	47

Table 10: Referrals with a known psychiatric diagnosis, grouped according to the outcome of referral to the scheme.

Table 10 shows that about a third of people referred to the scheme overall were known to have a previously diagnosed mental illness. The chart can be broken down into those outcomes of referral where Link Workers were likely to see and assess referrals (blue) and where they were not (green). The first groups had diagnosed mental illnesses about half the time, and the second groups an about 1 time in 5. However, the large number of cases where the presence or absence of a diagnosis was not known means that this cannot be taken as a reliable indication of lower levels of mental illness in those people Link Workers do not assess.

Levels and types of mental illness

It is hard to draw together these different sets of data to make an overall assessment of referrals to the scheme because:

- Categories and criteria for the different mental illnesses and mental health problems were not the same, and:
- The different data drew from different sub-sections of referrals

One way of drawing together results is to use Link Workers' own assessments as a kind of common denominator. Link Workers' mental health assessments were recorded for 363 referrals to the scheme, for 41 of the 45 people completing standardised questionnaires, and 123 of the133 people whose

case notes were examined. Table 11 shows the questionnaire results and the results of the case note reviews alongside Link Workers.

	Questionnaire Sample (n=45)		Case Note Sample (n=133)		As
	LW	Questionnaire Results	LW	Case Note Review results	
Depressed/Anxious	40%	26% perceived hopelessness	33%	38% affective disorder	
Manic/mood disorder	2%	73% depression	2%		
Psychotic/delusional	4%	60% anxious	10%	15% psychosis	
Personality problems	4%	25% psychosis & paranoia	5%	29% personality disorder	
Other MH problems	67%	51% psychiatric morbidity	63%	20% other diagnosis 82% any mental illness (not drug or alcohol)	
Not assessed*	5%	0%	7%	2%	

Table 11: Link Workers mental health assessments for three samples of referrals to the sc heme, alongside results of independ samples .

*People may be referred on more than one occasion. This data is based on the individual's most recent referral to the scheme.

It can be seen that the proportions of people assessed by Link Workers as having each type of mental health problem remain broadly similar for each of the three data sets. Furthermore:

- Link Workers' assessments correlate significantly to SCL90 results for depression and anxiety[53] and cases rated as having an affective disorder[54].
- While Link Workers threshold for identifying psychosis was considerably higher than that used in the case note reviews or by SCL90, correlations were again good[55].
- However, correlations between clients assessed as having personality problems and those rated as having personality disorder in the case note review were not significant.

Results from case note reviews and questionnaires for depression and psychosis could therefore reasonably be generalised across all referrals seen by Link Workers.

While there have been several useful studies of mental illness in the police station, few go into much detail on the level and type of mental illness found. A study for the Royal Commission on Criminal Justice looked at the suitability of detainees for interviewing, and mental illness was one factor included. 7% of interviewees were found to be mentally ill[56]. Robertson, Pearson and Gibb found that 1.2% of detainees showed definite signs of mental illness, with a

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[53] All but one person from this sample assessed by Link Workers as 'depressed or anxious' also scored above 20 on the 'depression' subscale for SCL90.

[54] 27 of 40 cases assessed by Link Workers as depressed or anxious were rated as having an affective disorder according by the case note review.

[55] 5 of the 6 referrals assessed by Link Workers as being psychotic or delusional from the case note review sample were found to be psychotic by the review, and both the people assessed by Link Workers as being psychotic or delusional from the questionnaire sample scored very highly on the 'psychosis' and 'paranoid ideation' sub-scales of the SCL90.

[56] Gudjonsson, G. Clare, I. Rutter, S. and Pearse, J. (1993*) Persons at Risk During Interviews in Police Custody: The Identification of Vulnerabilities*, The Royal Commission on Criminal Justice, Research Study No. 12,HMSO, London, p.14

further 0.1% probably being unwell[57]. Perhaps the most relevant study was Revolving Doors' own *Service Mapping Project in Camden and Islington*, which found evidence of mental health problems in records of 499 cases out of a sample of 30,304 (1.6%)[58]. Schizophrenia was found to be the most common diagnosed mental illness, although the majority of the sample had no formal diagnosis.

[57] Robertson, G. Pearson, R. and Gibb, R. (1995) *The Entry of Mentally Disordered People into the Criminal Justice System*, Institute of Psychiatry, London, p.ii

[58] Keyes, S. Scott, S. and Truman, C. (1998) *People with mental health problems in contact with the criminal justice system: A service mapping project in Camden and Islington* , Revolving Doors Agency, London. p.6

CONCLUSIONS

Summary:

- The data collected on referrals from all 3 sites describes a group of people with serious mental health problems and multiple needs with similar demographic characteristics, mental health needs, levels of drug and alcohol misuse and offending profiles. This is strong evidence for the existence of a 'revolving doors' group with mental health and multiple needs who are not being helped by health and social care services as they are currently configured.
- Referrals to the Link Worker scheme were similar to the general population in terms of their reason for arrest, but very different in terms of mental health problems.
- People with multiple needs are less likely to gain access to appropriate health and social care services, and more likely to become victims of the 'revolving door syndrome' as a result. Referrals to the Link Worker scheme can be seen as part of a wider group with multiple needs.

The 'revolving doors' group

The age profiles of referrals to the scheme were similar in Bethnal Green, Islington and High Wycombe. The average ages of men and women referred to the scheme were also the same. The similarities between the age profile of people referred to the scheme and subjects of the Camden and Islington service mapping project were also remarkable, bearing in mind data collection took place over 5 years previously. The proportions of men and women referred to the scheme was again very similar for all three sites. However, there are important differences between the four largest ethnic groups.

The different representation of people from different cultural and ethnic groups in both criminal justice and mental health systems are both well-known phenomena. However, the mechanisms leading to these different representations are less well understood. As the Home Office put it:

'*It is no easy matter to interpret the meaning and significance of these differences*'[59].

[59] Phillips, C. and Brown, D (1998) *Entry into the criminal justice system: a survey of police arrests and their outcomes*, Home Office, London p.184

In 1992 Helen Jones observed that:

'*There is a lack of adequate data … which is compounded both in the case of black people and women, particularly when agencies fail to monitor race or gender effectively.*'[60]

Since that time, the routine monitoring of the numbers of people from minority ethnic groups has improved in both mental health and criminal justice systems[61]. However, the extra numerical data has largely failed to elucidate the processes in question: as Kamaldeep Bhui noted last year:

'*The interaction of race, ethnicity and culture with particular diagnostic labels, symptom profiles, appraisals of offending behaviour and its links with psychiatric symptoms and institutionalised policies, procedures and practice have not been sufficiently well scrutinised to date.*'[62]

This study has produced evidence of the different representations of people from minority ethnic groups in terms of age, gender and referrals to the scheme. Similarly, fewer people from minority ethnic groups were referred than one would have expected from their (over) represen tation in the criminal justice system. The individual mechanisms that could explain the different representations were not scrutinised by this study, but are highlighted by our findings as important areas for investigation in the future.

Levels of drug and alcohol misuse amongst referrals were uniformly high for the three sites where the scheme operates.

People referred to the scheme from all three sites experienced severe housing problems. While the type of housing stock available locally and the variation in specialist housing scheme inevitably impacted to some extent on

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[60] Jones, H. (1992) *Revolving Doors: Report of the Telethon Enquiry into the Relationship Between Mental Health, Homelessness and the Criminal Justice System*, NACRO, London, p.26

[61] For example, the requirement t o publish information on ethnicity and gender under the Criminal Justice Act (1991), and the incorporation of ethnicity in a minimum data set following *The Health of the Nation* in 1992.

[62] Bhui, K. (1999) *Cross Cultural Psychiatry and Probation Practice: A Discourse On Issues, Context and Practice* Probation Journal Vol. 46 No. 2 p.89-100

the housing status of referrals, the pattern was on the whole remarkably similar.

Policing patterns in the three areas were different. The figures for police contact also reflect changing police priorities, which are regularly reviewed at a local level. That being said, the initial reason for contact with the police and the reasons for arrest amongst referrals to the three sites were basically the same. This suggests that there are a group of people with mental health problems who will come into contact with the police, largely irrespective of local variations in police practice.

Groups of clients of the scheme in High Wycombe, Islington and Bethnal Green all had similar mental health needs. While police consistently and accurately identified mental health problems amongst those they referred, the study made no attempt to identify levels of mental illness in those not referred. Although this study describes a minimum level of mental health need in the population studied, the actual level may be higher.

It is therefore reasonable to conclude that there is a coherent 'revolving doors' group, which can be consistently identified by the police amongst the people with whom they come into contact, irrespective of differences in local policing procedures and a rapidly shifting pattern of health and social care provision. The profile of this group's age and gender, housing need, drug and alcohol use, and level and type of mental illness are broadly consistent.

Comparison with others who are arrested or have mental health problems

Referrals to the Link Worker scheme were arrested for similar reasons to those in the general population, although the proportion of arrests in connection to drinking was slightly higher and the proportion the proportion for acquisitive crime slightly lower. The characteristics found to have the greatest impact on the type of offence were drug and alcohol use. This mirrors the findings of recent Home Office research[63] [64], which have highlighted the strong link between drug misuse and acquisitive crime.

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[63] Home Office (1997) *Persistent Drug-misusing Offenders* Research Findings No.50, Home Office, London

[64] Home Office (1998) *Drugs and crime: the results of drug testing and interviewing arrestees*, Home Office Research Study No. 183

As one would expect, mental health problems were found in the vast majority of referrals to the scheme who were assessed. More information was available for those who went on to become clients. These were found to have high levels of personality disorder, affective disorder, psychosis and dual diagnosis. This pattern does not reflect the levels and types of mental illness extant in the general population, or that in those in contact with mainstream community mental health services. Perhaps the group with the most similar characteristics are prisoners: a recent study by the Office of National Statistics found high levels of depression, personality disorder and psychosis in the prison population[65]. The similarity is perhaps unsurprising when one considers that all those in prison will have been arrested at some point.

There appear to be two main reasons for the differences in the type of mental illness experienced by people referred to the Link Worker scheme and those on the books of community mental health services. The first relates to the chaotic lifestyles of people referred to the scheme. This study has described a population who are usually mentally ill, often misusing drugs or alcohol, with unstable housing, and who find themselves on the wrong side of the law. These people are unlikely to find it easy to engage with services that work on the basis of written, timed appointments, and letters of referral. The second reason is the specific targeting of many mental health services towards a narrow group of people defined as having 'severe and enduring' mental illness[66]. This study found a small but significant number of instances where people were rejected by mental health services, usually on the basis that they did not appear to fit into this group. The two factors effectively combine to prevent people in the 'revolving doors' group from gaining access to mental health services, despite the very high levels of mental illness.

The 'revolving doors' group and multiple needs

Referrals accepted by the Link Worker scheme have mental health problems, and can be looked at as one sub-set of this group with an additional set of needs – those defined by contact with the criminal justice system. Data collected for referrals also shows very high levels of need in the areas of

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[65] Singleton, N. Meltzer, H. and Gatward, R. (1997) *Psychiatric morbidity amongst prisoners: Summary report*, ONS, London

[66] For example, standards 4 and 5 of the National Service Framework for mental health focus specifically on people described as having severe mental illness. This description is usually not taken to include people who have a diagnosis of personality disorder.

housing, drug and alcohol misuse and co-morbidity (of more than one type of mental illness, and of mental illness and drug/alcohol dependency). It seems that these needs compound one another, so that the overall level of need is greater than the sum of the parts. The mechanisms for this process can be seen in many of the case studies included in this section.

This study has found large overlaps between groups having needs relating to more than one of the following categories: mental health; membership of a minority ethnic group; being a woman; misusing drugs of alcohol; housing; and contact with the criminal justice system. There is ample evidence for similar overlaps in other research:

- A survey of people in psychiatric hospitals found that 11% were homeless, compared to a national average of 1%[67].
- A study of rough sleepers in London found that over a third had poor mental health, and between a quarter and a third had problems with drugs[68].
- A summary of research into the provision of mental health services to London's ethnic minorities[69] showed that black people's mental health problems were less likely to be recognised in the community or in police stations, and were often only picked up by court diversion scheme.
- A recent Home Office study found that homelessness, drug use and mental illness were significant factors in the reconviction of people receiving community sentences[70].
- A study of repeat offending amongst drug users found that about a half were homeless, and at least 7% were mentally ill.[71]

- 40% of women prisoners in a national study had received help or treatment for an emotional problem in the previous year – more than twice the rate for men[72].

It seems that there is a wider group with multiple needs, of which referrals to the Link Worker scheme are typical. A consistent theme in much of the above research and in this study is that a greater multiplicity of need actually makes it *harder* for people to gain access to health and social care services. For example, finding appropriate accommodation for someone with a mental health problem becomes progressively more difficult if that person is on bail, black, misusing alcohol and so on. People with multiple needs are therefore more likely to fall through the net of services, and become victims of the 'revolving doors' syndrome.

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[67] London Housing Unit (1996) *Being there: tenants with mental health support needs: An analysis of working practices in London,* LHU, London

[68] Cited in Croft-White, Clare (1998) *Evaluation of the homeless mentally ill initiative 1990 -1997*, Home Office, London p.15

[69] Bhui, K. (1997) *London's ethnic minorities and the provision of mental health services* in Johnson, S. (Ed.) London's mental Health, King's Fund, London

[70] Home Office (1999) *Explaining reconviction following a community sentence: the role of social factors* , Home Office Research Study No. 192, Home Office, London

[71] Home Office (1997) *Persistent Drug-misusing Offenders* Research Findings No.50, Home Office, London

[72] Singleton, N. Meltzer, H. and Gatward, R. (1997) *Psychiatric morbidity amongst prisoners: Summary report*, ONS, London

THE COST AND USE OF SERVICES

AIMS

The aims of the cost study were to investigate whether the intervention of the Link Workers would:

1. lead to a change in the client groups use of services and
2. reduce the inappropriate use of crisis services such as Accident and Emergency (A&E) and the police.

We also wanted to see whether a change in service use and associated costs could be shown to be a more efficient use of resources. The third and fourth aims of the cost study were therefore to investigate:

3. whether the increased costs to community agencies of providing services to this group after they have been successfully engaged would be offset by the fall in costs to crisis services.

and:

4. whether the final outcomes for this group in terms of its use of health, mental health, housing and social services could be achieved in a more cost effective manner than had there been no Link Worker intervention.

In a climate of constrained resources, health and social care providers have become increasingly concerned with getting the 'best value' from what they spend. Cost of illness studies have shown that the costs to society of mental health problems run into billions of pounds annually [73&74]. The net cost to society of inefficiencies in the care of people with mental health problems and multiple needs who are also in contact with the criminal justice system the, 'revolving doors' group, is therefore likely to be significant.

The previous section describes a 'revolving doors' group, consisting of people with mental health problems who fall through the net of services and come into contact with the criminal justice system. Whilst existing simultaneously within the remit of many service areas, this group has not historically been a priority within any one of them. This has also meant that they are poorly represented in the research.

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[73] Patel, A. and Knapp, M. (1998). Costs of Mental Health in England. Mental Health Research Review. Number 5.

[74] Guest, J. and Cookson, R., (1999). Cost of Schizophrenia to UK society. Pharmacoeconomics 15 (6)

Costing exercises in the 1990's focused on the cost implications of the reprovision of psychiatric care from long stay hospitals to the community. These studies concentrated on those patients who had packages of care designed to comprehensively meet their needs in the community. However many people with mental health problems and multiple needs fell outside the remit of community care either through issues of diagnosis, treatment[75] or because they found it difficult to engage with services as they were configured at that time[76]. Research into the use and the associated costs of mental health and other community services have largely ignored this group. This study was designed to fill in the gaps of our knowledge about the 'revolving doors' group's use of services.

In addressing these questions we sought to examine the impact that a dedicated service could have by engaging with this group, offering appropriate support and practical help to meet their health, mental health and social needs, and by linking them back into services.

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[75] NHS (1999) National Service Frameworks: Mental Health op cite.

[76] Sainsbury Centre for Mental Health (1998) *Keys to Engagement: Review of Care for People with Severe Mental Illness who are Hard to Engage with Services* , SCMH, London

METHODS

The study design is a quasi-experimental methodology which compares the amount of service use and associated costs by the clients of the scheme to other referrals to the scheme (non-clients) and a control group and the same groups over a period of I year before and I year after the point at which they came into contact with the police.

A control trial depends on the groups in the comparison being similar enough to one another that the differences observed can be attributed to the variables being studied, in this case the presence of a Link Worker scheme at the referral site and the intervention of the Link Workers for those referrals who received a service.

THE SAMPLE

Our study was conducted in Islington and Holloway police stations. Table 1 shows the division of the sample. The total sample is divided between a group of people referred to the Link Worker scheme (the 'referral group') and a control group. The referral group consisted of all people referred by police from Islington police station to the Link Worker scheme for a 1-year period between February 1998 and February 1999. The referral group is further sub-divided into 'non-clients' and 'clients'. The non-clients are those people referred to the scheme who did not become clients of the scheme. The clients are those people who engaged with the scheme. The control group was selected from records at Holloway, a neighbouring police station, to include arrests over the same period. The criteria used for the selection of the sample are outlined in Appendix 1.

Subjects n=334		
Referrals n=165		Control n=169
Non-clients n=124	Clients n=41	

Table X: The subjects of the study

GEOGRAPHY

The police station areas are broadly similar in terms of the demographic characteristics of their populations. The same agencies provide services to the whole area, minimising differences in service provision to the control and referral groups. Both police stations are within the same Local Authority area, which provides social services and housing services to the borough; both stations also share the same Health Authority. A community health services trust and two hospital trusts provide secondary and acute care to both police station areas.

Demographic characteristics

The following table shows the demographic characteristics of individuals in the control and referral[77] groups (including both clients and non-clients).

	Subjects (n = 334)			
	Referrals (n=165)		Control (n=169)	
Age *(mean)*	**34.59 *(standard variation = 10.0)***		**36.16 *(standard deviation = 10.59)***	
Gender	***Men***	***Women***	***Men***	***Women***
	68%	**32%**	**75%**	**25%**
Ethnicity	**22.4% from an ethnic minority group**		**30.5% from an ethnic minority group**	

Table 2: Subjects age, gender and ethnicity

Table 2 shows that the groups are comparable in terms of the key variables of gender, ethnicity and age.

- The mean age and standard deviations of the control and the referral groups are similar. The mean age of the control group is also comparable to the average age at the 3 Link Worker sites (see *Age*).
- The proportion of women in the control group is 25%. This falls within the 25% to 33% range identified for the group at the three sites in which the scheme operated. The higher proportion of women in the referral group agrees with the previous section's finding that proportionately more women are referred to the scheme than are arrested (see *Gender*).
- The proportion of ethnic minority subjects in the control group is higher than in the referral group. This may indicate that a higher proportion of people from ethnic minority groups are arrested than are referred to the

[77] Data describing the referral group in this study is a sub-set of the data on the Islington scheme in the previous section, describing referrals for the first only. There will therefore be some differences in the descriptions of the demographic characteristics of the populations.

scheme. This point has been discussed in more detail in the *Ethnicity* section.

POLICE CONTACT

An important characteristic of the sample is the process by which they come into contact with the police. Figure 10 presents the details of the contact with the police that led to the inclusion of the subjects in the study. This has been termed the 'index contact', and the date of this contact the 'index date'. This chart compares the control group to the referral group, which includes both clients and non-clients.

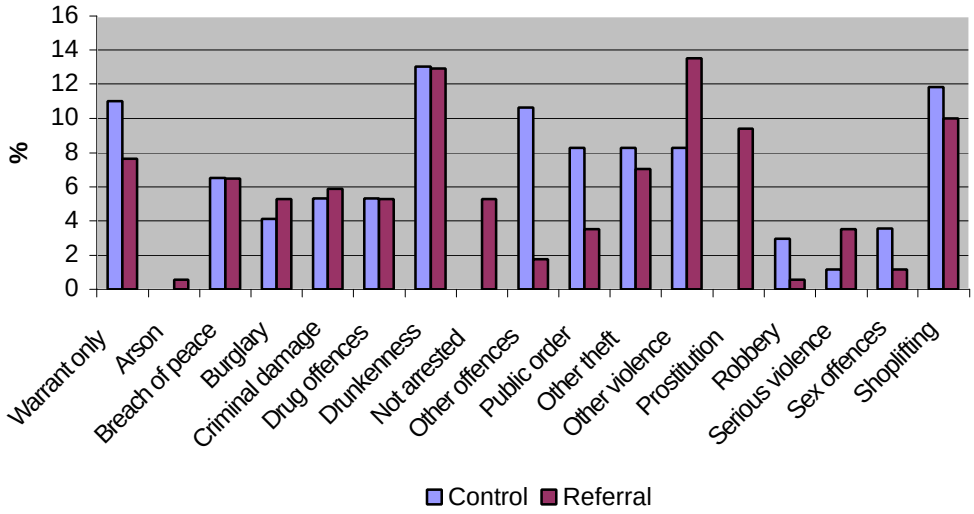

Fig. 10. Reason for index contact with the police.

As Figure 10 shows that the range of offences, except prostitution (9%) and arson (less than 1%), are common to both groups. As described earlier prostitution is a common reason for arrest in the King's Cross area, which is covered by officers from Islington police station but not from Holloway. The high number of warrants issued for the referral group is to a large extent accounted for by those arrested for prostitution failing to appear at court. 7% of the control group were arrested on warrant, a similar figure to the 4% arrested on warrant for all referrals to the 3 Link Worker sites.

When these are broken down into their constituent groups of offences, some differences are apparent. Public order offences are more common in the control group (8%), and 'other violence' is more common amongst referrals (13%). This may be accounted for by the difference in the actual charges used by the police for similar types of offence.

No control group subjects fell into the 'not arrested' category as the subjects were recruited from a search of custody records. Hence by definition they were all arrested.

11% of subjects in the control group were arrested for reasons falling into the 'other offences' category. This category covers a range of offences including nakedness in public, carrying a bladed instrument, harassment and motoring offences. The police choosing to arrest an individual using different offence categories may account for this difference.

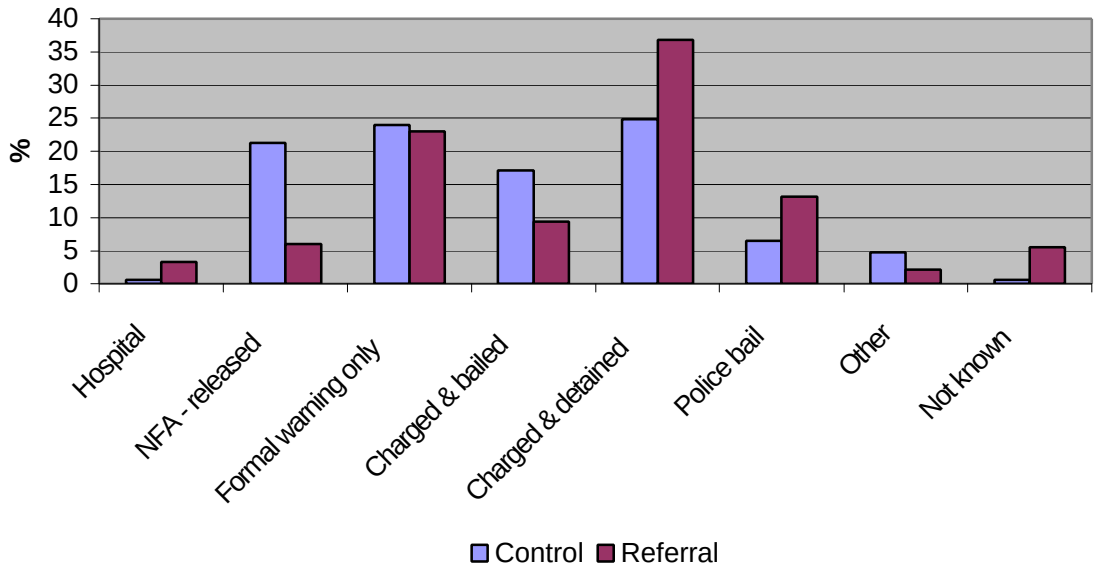

Fig. 11. Police outcome of index arrest

Figure 11shows that the range of disposals available to the police are represented in both groups. The data shows that a minority of subjects were charged in both sites (42% of control group charged, 46% of referral group charged). The large proportion of 'charged and detained' outcomes may be as a result of the high number of arrests for prostitution and associated warrants at the referral site.

For those arrests, which did not result in a charge, the police in the control area took no further action 4 times as often as in the referral area. The data shows the police in both areas use formal warning at very similar rates.

The greater use of police bail in the referral group may be a result of the larger proportion of arrests for 'violence' and ' serious violence' where the police may need to gather further evidence before deciding to charge.

The arrest and outcome data shows that although differences exist between the groups these can be mostly attributed to minor differences in police practise between the areas and to local variation in the crime profile.

Mental Health need

As we were unable to contact individuals in the control group directly, we were unable to collect data about diagnoses, mental health need or substance misuse. A detailed description of mental illness and dual diagnosis in the 'revolving doors' group is given in the previous section *Mental Illness*.

BIASES

There are likely to be some differences between the two populations that have not been described above. Police stations often run independent initiatives, such as crackdowns on prostitution or street drinking, that may affect the groups of people arrested over short periods. Similarly, the police have some scope in deciding whether to arrest or charge people for minor offences and how to categorise the offence.

The largest invisible bias is likely to be police officers' selection of individuals they chose to refer to the scheme. Link Workers provided police with training on the recognition of mental illness, and issued officers with a list of criteria for referrals. However, there will inevitably be some differences between a sample chosen by researchers from paper records according to agreed criteria, and a sample chosen by police on the basis of face-to-face contact.

COSTING SERVICES

We were interested in the range and frequency of services used that would allow us to quantify the cost of the groups' use of community services.

Previous research has focused on costing 'packages of care' for psychiatric patients living in the community [78]. This research has identified a 'global top 10' services accounting for over 90% of the costs of care for people with mental health problems[79]. However as the 'revolving doors' group does not receive statutory managed care in the community [80] the services used by this group cannot be presented as a 'package'. Also due to the unplanned and often chaotic way this group gains access to and uses these services [81] to present the various services they use as a co-ordinated package they may be misleading . This study reflects the important differences between the revolving door group and psychiatric patients in the community in terms of the services that they use, particularly accommodation and the police, and the costs associated with this service use.

Accommodation

The accommodation options available to the revolving door group are more limited and typically less supported than those available to psychiatric patients. The Camden and Islington Study found that accommodation problems were common in the 'revolving doors' group[82]. The study

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[78] Hallam, A. (1998). Care Package Costs for People with Mental Health Problems. In A. Netten, J. Dennett and J. Knight, (Eds.) Unit Costs of Health and Social Care 1998. Personal Social Services Research Unit, University of Kent at Canterbury.

[79] Chisholm, D., Knapp, M., Astin, J., Beecham, J., Audini, B., and Lelliot, P., (1997).The mental health residential care study: the costs of provision. Journal of Mental Health 6, 1, 85 -99.

[80] Keyes et al. (1997) op. cit

[81] Keyes et al (1997) op. cit

[82] Keyes et al (1997) op. cit.

found that this group will not have supported accommodation in the community and is more likely to use non-specific temporary accommodation such as homeless hostels and bed and breakfast (B&B) accommodation. Unsupported local authority tenancies are also a feature of this group's accommodation. These tenancies frequently broke down at great cost to the authorities. As has been reported previously (see Housing*) 16% of the people identified in the Camden and Islington study[83] had been evicted from their tenancies at some point. The cost to local authorities housing services of a failed tenancy, which results in the eviction of the tenant, has been calculated to be as high as £2100[84].*

The accommodation costs for the 'revolving doors' group are likely to be a significant proportion of their total costs. Research has found that the costs of accommodation in London as a proportion of the total package of services used by psychiatric patients in the community ranges from 96% of the total for an acute psychiatric in-patient ward to 58% of the total for a group home[85]. We calculated costs for local authority tenancies, bed and breakfast accommodation and homeless hostels as these were not available. (Appendix 4).

Housing services record 5% of people presenting to housing aid as street homeless. Street homeless people or rough sleepers will spend a proportion of their time in shelters and cold weather accommodation. There was no information available about the proportion of time street homeless people will spend per year in homeless hostels or shelters. This is an additional accommodation cost that has not been considered in this study.

Criminal justice agencies

Previous studies have identified criminal justice services costs as an important omission from the estimation process. It was felt that to include them would lead to only a 'marginally more comprehensive costing of service

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[83] Keyes et al.(1997) op. cit.

[84] Audit Commission (1998). Home Alone and the role of housing in community care. Audit Commission London.

[85] Chisholm et al. (1997) op cite.

use' [86]. However we know that the revolving door group have frequent contact with the police[87] and that therefore their arrests and other contacts were likely to be an important cost for this group. Working closely with the police, unit cost and other financial information was gathered and a cost for a typical revolving door arrest calculated (Appendix 3).

We know that their contact with the criminal justice system often proceeds beyond the police station[88]. However due to the complexity of data systems used by the various elements of the criminal justice system it was beyond the scope of this study to follow up the study group through the full range of criminal justice services (courts, prisons and probation). These are undoubtedly important costs for this group. However although the costs of these court appearances and periods in remand are high[89], police costs have been consistently estimated to account for 65% of total criminal justice costs[90] hence we can be confident that we have included the most significant cost element of the revolving door group's use of criminal justice services.

Voluntary services

The absence of a central record-keeping system made it impractical to collect data from the large number of small voluntary agencies involved with the revolving door group. In the absence of managed care and access to statutory services these voluntary agencies provide mental health, substance abuse and housing support for the 'revolving doors' group.

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[86] Chisholm et al (1997) pp. 90 op cit.

[87] Keyes et al

[88] Data from the first 100 referrals to the Islington scheme showed that 36 were convicted of an offence in the period after referral to the scheme, with 12 receiving custodial sentences.

[89] Home Office (1992) The Costs of Criminal Justice, Volume 5. Home Office, London

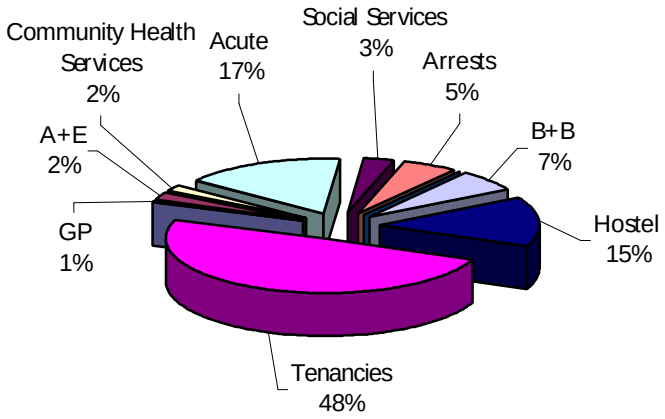
[90] Home Office (1999). Research Findings No. 103; The Costs of Criminal Justice. Home Office, Research, Development Statistics, London

Developing unit costs and cost estimations of the 'revolving doors' group use of criminal justice costs beyond the police station, voluntary sector service provider costs and the costs of services for rough sleepers are important areas for further studies research.

The community services included in this study are:

- *2 police stations in Islington.*
- *Emergency services (A&E and Ambulance) and Acute Hospital Services, (psychiatric and generic in-patient and out-patient services) at 2 hospital trusts in Islington.*
- *General Practitioners in the Camden and Islington Health Authority area..*
- *Community Health Services (including community mental health services).*
- *Local Authority Social Services in Islington.*
- *Local Authority Housing Services in Islington.*

The methodology we used to calculate unit costs and measure service use is outlined in Appendix 2.



The chart shows proportions of the annual costs of the sample group to the range of community services calculated to the nearest whole percent (1998 costs).

The total annual cost for the sample group (n = 334) is £2,836,764. This is £8,493 per person per year.

Accommodation costs account for 70% of the total annual cost at £1,919,657 this breaks down as follows:

- Local Authority (LA) tenancies 67% (£1,291,076) of accommodation costs;
- Hostel accommodation, 22% (£424,377) and
- Bed and Breakfast (B&B) accommodation 11%, (£204,204).

Health services costs account for 22% of the total at £624,088 and are broken down as follows:

- Acute care accounts for 17% of total costs at £480,351. This is made up of generic and psychiatric services (in-patient and out-patient services).
- Emergency services costs 2.3% of the total at £66,605
- Community Health services costs, 1.8%, at £50,950
- GP services .5%, at £15,034

The Police costs of this groups arrests accounts for 5% (£218,95 5) of the total.

Social services costs are 3% (£85,213) of the total.

Figure X: The proportions of the annual costs of the sample group to the range of community services calculated to the nearest whole percent (1998 costs).

Service use case study – BILL

Bill was recently referred to the Link Workers after an arrest for a public order offence. Bill has frequent contact with the police. He also phones 999 to complain that he has no GP or medication and to make unsubstantiated allegations against his neighbours.

Bill is a heavy drinker with physical disabilities and has been diagnosed as having a personality disorder in the past. He takes medication both for his medical complaints and for mental health problems. Bill can be very volatile and his outbursts of rage have led to his removal from more than one GP's list, consequently he has used A+E on a regular basis in an attempt to have his prescriptions renewed.

The Link Workers used the local Health Authorities 'find a doc.' scheme for one-off treatment and to renew Bills' prescriptions. They are trying to get him registered on a permanent basis. Since the Link Workers have begun working with Bill he has attended A+E only once.

Bill can behave in an unpredictable manner and he does things he later regrets. He cancelled his phone-line which was being paid for by social services. He later had this reconnected but built up arrears on his phone bill. The Link Workers successfully negotiated with social services and they have agreed to pay the line rental portion of the arrears on his phone bill.

Bill reported that he was unhappy with his housing and the Link Workers helped him fill in an application for a housing transfer. Bill's application was accepted and he was sent a letter making him an offer of a flat. He responded by scrawling an offensive note on the letter indicating he rejected the offer and sent it back to housing services. The Link Workers are currently liasing with Bill's estate officer about his housing needs.

Despite Bill's chronic disabilities he had no specialist support. The Link Workers referred him to a physical disabilities team at his local social service department and an occupational therapist is now working jointly with the link Workers on Bill's case. Social services have agreed to carry out a full community care assessment.

FINDINGS

SERVICE USE AND COSTS

Figure X presents the total annual costs for the sample group. The greatest single cost element is the cost of accommodation. Health services costs as a whole rank next.
The cost of the sample groups' arrests is the third greatest element. When accommodation costs are removed, the cost to the police ranks second only to acute care and above emergency services, community health services and social services.

By comparing the results of the client, non-client and control groups we can examine the features of the sample group's service use. Further comparisons between the service use of the groups before the index contact and after the index contact can be employed to investigate differences between the groups, which may show the impact of being a client of the Link Worker scheme.

The mean number of service contacts is the average amount of each service used in the time indicated; the standard deviation (SD) describes how the data is distributed around the mean. By using these descriptive statistics we can gain a better understanding of our results. (See Appendices 5 A and 5 B for the tables of results and Appendix 6 for table of means and standard deviations).

Accommodation

There is evidence that clients of the schemes are moving out of expensive temporary accommodation into local authority tenancies.

- The number of clients of the schemes in LA tenancies increased by 67% a year after referral.
- Hostel accommodation costs 2.7 times that of a LA tenancy.
- The number of Link Worker clients in hostel accommodation decreased by 50% a year after referral.
- The number of link worker clients in bed and breakfast accommodation decreased by 100% a year after referral.

		Non-client	Client	Control
Tenancies	£ Before	504,207	106,953	626,439
	£ After	483,835	178,255	682,462
	% change	- 4	67	9
Hostel Accommodation	£ Before	55,656	166,968	292,194
	£ After	55,656	83,484	194,796
	% change	0	-50	-33
Bed and Breakfast (B&B)	£ Before	24,752	49,504	154,700
	£ After	49,504	0	129,948
	% change	100	- 100	- 16

Table X: Accommodation costs and percentage changes

Accommodation costs alone make up the greatest part of the total cost of this groups service use. The 3 types of accommodation costed in this study, are local authority tenancies, Voluntary sector hostels and B&B accommodation. The annual cost of a local authority tenancy was calculated to be £5,093 p.a. (based on a single person living alone in a 1 bedroom flat). The cost of a voluntary sector hostel placement was calculated to be £13,914 p.a. and the cost of bed and breakfast accommodation to be £6,188 p.a. (see Appendix 4). These costs were applied to the accommodation data obtained to determine total costs for each of the three subject groups in the before and after condition. The accommodation costs associated with each group are directly related to the number of people in each type of accommodation on the index date and 1 year later.

Tenancies

Table X shows that there was a 67% increase in the cost of tenancies 1 year after referral to the schemes. This is compared to a 9% increase in the control group and a 4% decrease in the non-client group. Tenancies are the cheapest form of accommodation of the three accommodation types we costed. 80% of

Link Worker clients who were tenants were assessed as having a 'good' or 'average' quality of housing (see *Housing Fig. 6).*

Hostel accommodation

The costs of clients in hostel type accommodation 1 year after referral was 50% lower than 1 year previously at the index date. This is equivalent to a £83,434 decrease in accommodation costs for this group.

There was no change in costs of non-clients in hostel accommodation, and the cost of the control group in hostel accommodation was 33% lower a year after referral. This shows that the greatest movement from temporary to permanent accommodation took place with the client group.

Bed and breakfast (B&B) accommodation

The cost of clients in B&B accommodation fell by 100%, a reduction in costs for the group of £49,504, with no clients in B&B accommodation a year after referral.
In the control group a decrease in the costs of individuals in temporary accommodation was also observed, but only by 16% one year after the index contact. The cost of non-clients in B&B accommodation doubled in the same period reflecting the fact that the numbers in B&B accomodation doubled in this time.

Hostel and B&B accommodation can be grouped into the category Temporary Accommodation. Fewer than 30% of clients who were in temporary accommodation were assessed as having 'good' or 'average' quality of housing (see *Housing Fig 6*).

The effect of the above changes from temporary accommodation to tenancies has important cost implications for the housing services department. This data suggests that facilitating the movement of people from temporary accommodation to tenancies could represent a significant cost saving to the local authority and significantly improve the quality of clients housing.

Street homelessness

Housing services information systems recorded 5% of people presenting to the housing aid centre as street homeless. Street homeless people or rough sleepers will spend a proportion of their time in shelters and cold weather accommodation. There was no information available about the proportion of time street homeless people will spend per year in homeless hostels or shelters. This is an additional accommodation cost that has not been considered in this study and is an important subject for future studies.

Health services

Summary:

- Use of hospital based health services increases for all 3 groups with an associated increase in cost. The large changes observed are a result of a small number of subjects using large amount of each service.
- Use of community health services increased with an associated increase in cost at follow up for all 3 groups. The changes observed are attributable to a small number of individuals.

The health services data is presented in the 5 service areas of; generic inpatient, covering all inpatient specialities except psychiatry; psychiatric inpatients; generic outpatients covering all outpatient specialities except psychiatry; psychiatric outpatients; and community health services including community mental health services.

		Non-clients			Clients			Control		
	Condition	*Mean*	*SD*	Cost	*Mean*	*SD*	Cost	*Mean*	*SD*	Cost
Generic inpatients	Before	*2.13*	*8.37*	87	*2.9*	*9.55*	10	*11.68*	*39.4*	561
	After	*11.0*	*43.02*	322	*8.44*	*25.62*	345	*11.06*	*43.19*	668
	% Change			271%			3250%			19%
Psych inpatients	Before	*1.72*	*8.08*	232	*2.85*	*9.56*	385	*9.02*	*35.02*	1,218
	After	*9.48*	*39.32*	1,279	*6.8*	*24.94*	919	*7.9*	*37.48*	1,066
	% Change			452%			138%			-12%

Table x: Generic inpatients and psychiatric inpatients means and standard deviations of service use and associated costs

Generic inpatient services

Table x shows that generic inpatient costs are lowest for the client group before referral (£10) reflecting the fact that the client group used only 2 days of this service in the period before referral; however costs increased by 3250% (to £345) in the follow up period. A greater spread in the data after referral to the scheme (SD 9.6 to 25.6) suggests excessive use of the service by a small number of individuals.

Table x shows that the costs associated with the non -client group increased less substantially (271%), from £87 to £322. This was also accompanied by a greater spread in the data. (SD increases from 8.37 to 43.02).

Table x also shows an increase in service use by the control group but to a much smaller extent (19%) increasing costs from £561 to £668 in the after period.

Psychiatric inpatient services

The pattern observed in the generic in-patient services was repeated in psychiatric inpatient services; Table x shows that the costs were much lower in the client (£385) and non-client groups (£232) but increased substantially at follow up; by 138% and 452% respectively. Again there appears to be a greater spread in the data (SD for client group increases from 9.55 to 25.62 and SD for non-clients increases from.

Table x shows that the costs of the control group fell by 12% in the follow-up period. This is mainly due to a large proportion of the before costs relating to one off use by individuals. One individual was hospitalised for 330 days in the 'before' period. This is compared with the same individual who was hospitalised for 304 days in the 'after' period.

The spread of in-patient data for the 3 groups was quite extensive. The length of time in hospital will largely depend on the patient's condition and therefore a large variation in the number of in-patients days can be expected. This large spread is a common feature of health services data of this type. The relatively small size of the sample means that these extremes distort the data for the group as a whole.

		Non-clients			Clients			Control		
	Condition	*Mean*	*SD*	Cost	*Mean*	*SD*	Cost	*Mean*	*SD*	Cost
Generic outpatients	Before	0.52	1.72	22	1.1	2.12	35	1.05	3.45	26
	After	0.68	1.94	24	1.66	3.55	57	2.01	5.25	56
	% Change			9%			63%			115%
Psych outpatients	Before	0.15	.79	15	0.51	1.61	50	0.61	2.86	59
	After	0.28	1.09	27	0.71	1.52	69	1.07	3.88	103
	% Change			84%			38%			75%
Community Health services	Before	0.91	4.4	46	0.73	1.82	37	3.47	13.80	174
	After	2.66	13.4	133	3.24	15.86	162	5.0	18.05	250
	% Change			192%			343%			44%

Table x: Generic outpatients and psychiatric outpatients *means and standard deviations of service use and associated costs*

Generic outpatient services

Table x shows that the costs of generic outpatient services increase at follow up for all 3 groups. The costs for the client group in the year after their index contact, increased by 63%. Surprisingly the enormous 3250% increase in generic in-patient costs for the client group was not accompanied by a correspondingly large increase in costs of generic outpatient services as would be reasonable to expect. The mean and standard deviations remain similar suggesting the increase may not be attributable to one off individuals. Standard deviations rose at follow up but remained comparatively low to those observed for the in-patients data suggesting

The increase in generic outpatients appointments is largest in the control group at 115%. Again standard deviations are relatively low suggesting a greater similarity in the data.

Psychiatric outpatient services

Table x shows that the costs of psychiatric outpatients increased for all 3 group after the index date.

The number of client psychiatric outpatient appointments increased by 38% after referral to the schemes. Again this increase is noticeably less than the 138% increase in psychiatric in-patient days. The means and standard deviations appear similar as indicated by the relatively small spread in the data. (SD 1.61 before referral and 1.52 after referral).

The data for the non-client group repeats the pattern for the client group. A fall in psychiatric in-patient costs (12%) was accompanied by a rise of 75% in psychiatric outpatient costs in the control group. Again the data appears similar.

The generic outpatient and psychiatric out-patient data indicate that the distortions which occurred in the in-patient data, caused by small groups of people using large amounts of the service, do not appear to be occurring in this data. Again the data would suggest that there is a greater degree of comparability between the groups and between the conditions than for the in-patient data indicating that this data may be a feature of this groups use of these services.

Community health services

		Non-clients			Clients			Control		
	Condition	*Mean*	*SD*	Cost	*Mean*	*SD*	Cost	*Mean*	*SD*	Cost
Community Health	Before	0.91	4.4	46	0.73	1.82	37	3.47	13.80	174
	After	2.66	13.4	133	3.24	15.86	162	5.0	18.05	250

services	% Change			192%			343%			44%

Table x: Community health services *means and standard deviations of service use and associated costs*

The pattern observed in the in-patient data is again present in the community health data. Table x shows the large differences in the means between the control and referral groups and substantially larger standard deviations in the after condition. The costs for the client group show the greatest change at 343%, compared to 192% and 44% for the non-client and control groups respectively. The standard deviations for all 3 groups also increased substantially in the follow up period. This may again be due to the limitations of the data. The data would also suggest that small numbers of people in the control in both before and after conditions and the clients and non-clients in the after condition were using large amounts of the service. It may also reflect a change in way community health services worked with this group over the 2 year period.

Emergency Services

Summary:
Link Worker clients had fewer attendances at A&E and fewer ambulance journey after referral.

- Service use data is similar across the 3 groups suggesting that use of this service is a feature of this group
- A&E attendances, ambulance use and A&E attendances resulting in no treatment decreased for the client group after referral
- The control and non-client group show an increase in A&E attendances, ambulance use and no treatments after the index date.

This category includes both accident and emergency attendances and use of emergency ambulances.

		Non-clients			Clients			Control		
	Condition	Mean	SD	Cost	Mean	SD	Cost	Mean	SD	Cost
Accident + emergency	Before	0.98	1.77	67	1.41	2.2	91	1.43	2.72	99
	After	1.07	1.87	74	1.22	1.59	84	1.7	5.91	117
	% Change			10%			-7%			19%
Ambulance	Before	0.43	1.09	70	0.68	1.39	95	0.65	1.63	106
	After	0.56	1.29	91	0.46	1.07	84	0.99	5.01	161
	% Change			30%			12%			52%

Table X: *Emergency services means and standard deviations of service use and associated costs*

Accident and Emergency

The use of A&E services by the client group, and hence the associated costs fell by 7%. The number of A&E attendances by the client group that resulted in 'did not wait'; 'no treatment' or 'left before treatment' [91] fell by 20% in the same period. The standard deviations for the client group in both the before and after condition was low (1.39-1.59) suggesting that the data was similar and there was no individuals with extreme data.

Costs associated with the other 2 groups for the use of A&E services has increased in the follow up period: the costs for non-clients increased by 10%

[91] These categories are use on the Accident and Emergency PAS system at both hospital trusts included in this study.

and the costs for the control group by 19%. In the non-client and control groups, the number of attendances resulting in no treatment increased by 16% and 9% respectively. Standard deviations in data for the control group increased in the follow-up period, indicating a greater spread in the data that was probably due to a very heavy use of services by one or two individuals.

Ambulance

Results show a reduction in the amount of ambulance use per attendance of 15% for the client group, compared to an increase in ambulance use per attendance of 18% and 28% for the non-client and control groups respectively.

The use of ambulances by the client group fell by 21% in the period after referral. An increase in ambulance use was observed in the same period for the non-client (30%) and control (52%) groups.

The decrease in ambulance use by the client group is significantly more than the reduction in their A&E attendances of 7%.

Similarly with the non-client and control groups, the increase in ambulance use in the 'after' period was substantially greater than their increase in A&E attendances.
Again the increase in the control group's costs is accompanied by an increase in the standard deviation (from 1.6 to 5) in the follow-up period, indicating a greater spread in the data.

General Practitioners (GPs)

Summary:
The number of Link Worker clients permanently registered with a GP had doubled a year after referral to the Link Worker scheme.

- Registration rates are similar for all 3 groups before referral suggesting a registration rate for the revolving door group of around 30%.
- The client group rate of registration had doubled a year after referral to the Link Worker schemes

	Referral		Control
	Non-client	Client	
% of group registered at index date	30%	32%	29%
% of group registered 1 yr after index date	38%	61%	36%

Table 4: *Proportions of subjects registered with a GP.*

Table X shows the differences in GP registration rates between the groups. At the index date the proportion of the client group registered with a GP was comparable with the non-client and control groups at around 30%. One year later the number of clients registered with a GP was 61% compared to 38% and 36% for the non-client and control groups respectively.

		Non-client	Client	Control
GP contacts	Before	39	41	38
	After	49	79	47
	% change	27%	92%	25%

Table X: *GP costs*

Table x shows that these changes in rates of registration represent an increase in costs for the clients of 92% from £41 to £79 per annum. The increases for the non-client group are 27% and for the control 25%.

A constant visit rate of 7.2 visits per person has been applied to all 3 groups[92]; therefore the increase in average costs for the client group frm £41 per person per annum to £79 per person per annum can be directly attributed to the number of registrations and not an increase in the number of visits per person.

[92] Chisholm, D. (1998). Use and cost of primary care services by people in residential mental health care. Mental Health Research Review. (5) 1998

The visit rate we used is a generic rate for people with mental health problems living in the community[93]. The same study calculated a much higher rate for people with a diagnosis of personality disorder and for people with a dual diagnosis. We found that 57% of referrals to the scheme had a dual diagnosis and 29% showed evidence of a personality disorder (see *Drug and Alcohol misuse* and *Mental Illness*). The cost of GP services calculated here is likely to be substantially underestimated.

[93] Chisholm, D. (1998). Op. cit.

Social Services

Summary:
The 'revolving doors' group appears to have .5 contacts with social services every year.

- Contacts with social services were similar for all 3 groups before and after the index date indicating that this contact rate may be a feature of the group's contact with social services.

		Non-client			Client			Control		
		Mean	SD	Cost	Mean	SD	Cost	Mean	SD	Cost
Social Services costs	Before	0.49	1.49	134	0.34	.79	304	0.7	1.83	330
	After	0.45	1.19	133	0.66	1.49	314	0.75	1.5	332
	% change			-1%			3%			1%

Table x *Social Services means and standard deviations of service use and associated costs.*

In the year after the index contact, a 3% increase in the cost of contacts with social services was observed for the client group compared to a 1% decrease for the non-clients and a 1% increase for the control. The similarity between the groups and relatively small spread in the data suggests that this rate of contact with social services is a feature of the 'revolvi ng doors' group's use of services.

The client and control average annual costs per person to the authorities are similar at £304 and £330 respectively. The average annual costs for the non-client group are lower at £133 per person. The majority of costs to social services relate to bus passes (£1335 per person per year). The lower costs for the non-client group is a direct consequence of a smaller proportion of the group having bus passes.

ARRESTS

Summary:
The 'revolving doors' group appears to have 1.5 arrests every year.

- Arrest data is similar across all 3 groups before and after the index date suggesting that this rate of contact may be a stable feature of the 'revolving doors' group arrests.

		Non-client			Client			Control		
		Mean	SD	Cost	Mean	SD	Cost	Mean	SD	Cost
Cost of Arrests to Police	Before	2.0	4.18	701	1.78	4.16	662	1.93	2.68	461
	After	1.56	3.23	376	2.0	5.55	476	1.43	4.03	342
	% change			-46%			-28%			-26%

Table x: *Police costs means and standard deviations of service use and associated costs.*

5% of the total annual costs were for arrests by the police. The cost of this group's arrests was more than emergency health services, community health services and social services. Table X shows that mean numbers of arrests and standard deviations are similar across all three groups indicating that this arrest rate is a stable feature the sample group's contact with the police.

The average annual costs of arrests per person in the period before the index data were highest in the non-client group, suggesting a greater number of arrests per person. All 3 groups showed a decrease in the number of arrests in the period following the index offence, the greatest change being a decrease of 46% for the non-client groups (Clients; 28%, Control; 26%). This decrease in arrests for all 3 groups is difficult to explain however it may reflect a change in local policing priorities.

ANALYSING THE DATA

An analysis[94] of the service use data was conducted to explore the relationships between the service use, demographic variables and the effect being a Link Worker client would have on use of services after the index date. The results of this analysis showed that:

- The best predictor of contact with health services after referral is contact with services before referral.
- An association exists between being a Link Worker client and being registered with a GP.
- GP registration is also strongly associated with attendance at accident and emergency before referral. While the full implications of this finding are unclear this result suggests that use of A&E is associated with GP registration. Our data indicates that there was an increase in GP registrations after referral. This suggests that a lower rate of GP registration is associated with greater attendance at A&E.
- Generic in-patient use after referral is most closely associated with generic in-patient use before referral. There is no association between being a Link Worker client and generic in-patient use after referral.
- Psychiatric in-patient use is closely associated with age, psychiatric in-patient use before referral and being a link-worker client. Link worker clients are three times more likely to have a psychiatric in-patient episode after referral than before.
- Like generic in-patient episodes, generic outpatient appointments in the period after their index offence are most closely associated with generic outpatient appointments before referral and also with A&E attendances before referral.
- Psychiatric outpatients appointments are closely associated with psychiatric outpatient appointments before and with being registered with a GP.
- Community health services use is most closely associated with in-patient use before referral, use of community health services before referral and GP registration.

While the main finding of this analysis is that a client is most likely to use services after referral if s/he has used the service before, there is good evidence to suggest that:

- After referral to the scheme clients are more likely to be registered with a GP and
- have increased access to psychiatric in-patient services, psychiatric out-patient services and community health services

[94] A logistic regression analysis at p>0.05 using SPSS.

DISCUSSING THE DATA

A common feature of health service data is that some individuals will use services a great deal more than the average. The small scale of this study means that these heavy users of services can distort service use results for the groups to which they belong, meaning that the data will not be 'normally distributed'. Statistical tests of significance rely on data being normally distributed for their results to be reliable. Due to the small sample size the usual non-parametric tests for significance would provide no greater insight into the meaning of the data than the standard deviations that have been utilised here.

Means and standard deviations are broadly similar for all 3 groups in both the before and after conditions for the following services: arrests, A&E attendances, ambulance journeys, outpatients' appointments, psychiatric outpatients, and social services. This shows that there is a measure of similarity in the data, which would indicate consistency between subjects in their use of these services.

However notable differences occur in the means and standard deviations between the control and the other groups and between the conditions for the following health services: generic in-patient and psychiatric in-patient days and community health services. This suggests that differences exist between the groups in the way they use these services.

A re-examination of the data showed that this difference was in part due to a small number of individuals were using large amounts of some services. For example removal of all generic in-patients admitted for more than 100 days reduces the means for the after condition for client groups from 11 days to 3.6 days; the non-client from 8.4 days to 4.8 and the control from 11 to 4 days. In this situation less than 5% of each group were admitted for more than 100 days.

The above example illustrates that a small proportion of the total subject group use large amounts of services. We decided to include these subjects in our study for completeness as excluding them would not show a true reflection of our findings. These individuals have huge cost implications for the services concerned and have to be considered.

The data further suggests that a small group of people included in the control group do not exist in the client and non-client groups. The data suggests that a feature of this small group in the control is a high use of generic in-patients, psychiatric in-patients and community health services before the index date. This high use of these services continues after the index date. The client and non-client groups do not have this feature for use of these services. However

means and standard deviations rise after the index date and become more comparable to the control.

A possible explanation may be that this feature of the control is a particularly needy group known to psychiatric service and in regular contact with these services. This group would not have been appropriate for the Link Worker service and would not have become clients of the scheme. The effect of the Link Worker scheme operating in the police station at the referral site may have been to identify and draw attention to this small group with the result that services became aware of them and successful engaged them in statutory services over the period of the follow up.

This presence of this small group within the control may have happened as a result of the different selection methods employed. The selection and screening process by police and link workers and the self-selection and self-screening of the referrals themselves as to whether they would become non-clients or clients of the scheme was not possible for the selection of the control.

CONCLUSIONS

Summary

- A comparable group to the Link Worker referral group was identified at the control site.
- The data suggests strongly that the Link Worker scheme can have an impact on their client's use of certain community services.
- The Police have more contact with this group than social services. Our cost estimations suggest that the annual cost of this groups arrests was greater than the annual costs to emergency services, community health services or social services.
- Evidence of a fall in client's use of emergency services and temporary housing is coupled with indications of more appropriate use of emergency services and better quality housing .
- There is evidence to suggest that in the longer term the decreased costs to crisis services and of temporary housing may offset the increase in costs in providing appropriate services to health, social services and local authority housing. This is encouraging and suggests greater cost effectiveness for both clients and the community services concerned can be achieved.

There is strong evidence from the service use data to indicate that the Link Workers can impact on the way this group uses services. Changes in GP registration rates and changes in types of accommodation are the most compelling results which highlight the impact the Link Workers can have on their client's lives. This impact can be both direct and indirect. The study shows that Link Worker get their clients registered with GPs. Anecdotal evidence from housing workers suggests that the main effect of the Link

Workers involvement in a housing application is to co-ordinate information and provide evidence of need, for example as might be contained in a letter from the clients GP.
Thus as well as supporting clients and advocating on their behalf directly with housing workers, Link Worker interventions with other services can also impact indirectly on this process. The results of these interventions are clear in that the numbers of clients in temporary housing a year after referral to the schemes has declined dramatically.

Our results show that the use of crisis services is a feature of the revolving door group's contact with services. A&E attendance, use of emergency ambulances and not waiting for treatment once at A&E are consistent across the three groups. Arrests rates are also consistent across the groups at 1.5 arrests per year. The proportion of subjects in temporary housing at referral is high at 38% of the total group.

Our data indicates a fall in the use of crisis services for the client group in the year after referral. This is consistent across emergency services, arrests and temporary accommodation. This change is also more marked for the clients than for the other groups in temporary accomodation and emergency services. This change provides strong evidence that the Link Worker intervention can impact on use of these crisis services.

Our analysis suggests that GP registration is associated with a fall in use of A&E and also with increased use of psychiatric outpatients and community health services. Increased use of psychiatric inpatients is directly associated with being a Link Worker client. This suggests strongly that the Link Worker scheme can have both a direct and an indirect impact on their clients access to and use of health services.

The fall in use of crisis services and the associated fall in costs observed in the client group occurs alongside an increase in the costs of generic hospital services, acute psychiatric services and social services. These findings are complex however further evidence from the *Case Note Review* (pp XX) shows that 73% of clients referred to statutory mental health services after they became clients of the scheme were accepted as appropriate to receive a service. The greater number of appropriate referrals will inevitably lead to greater costs for community mental health services. This can be viewed as costs shifting from crisis services to appropriate mental health services.

The short follow up time scale of this study of only 1 year after referral to the scheme will not allow us to make any firm conclusions about how the distribution of costs between the agencies may change in the longer term. Our results show clearly that on average the police have more contacts per annum

with this group than social services, psychiatric outpatients and community health services [95]; the cost of the revolving doors group arrests is greater than the cost to emergency services, community health services or social services. Given that this group have been shown to be a mentally ill group with multiple needs there is clearly scope for costs to be redistributed more appropriately between services.

The cost-effectiveness of a health intervention is equally dependent on the comprehensive identification of the cost of providing a service and on quantifying the health outcomes the service achieves for its' clients. In this study we have comprehensively calculated costs and shown that intermediate outcomes which are strongly associated with positive health gains in the literature [96]& [97]are achieved for clients. However further research with this group is necessary in order to identify final outcomes for clients and the longer-term impact of the Link Worker intervention.

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[95] for the client and non-client groups before referral

[96] Pleace, N. and Quilgars, D. (1996). Health and Homelessness in London. King's Fund. London.

[97] Stone, E., (1997) Homelessness and Health. Shelter, London

Appendix 1:
Control Group selection criteria

Using these criteria we sought to identify those people who are the target group for the Link Worker schemes who were arrested in the Holloway area and held at Holloway Police station.

We reviewed all the custody records at Holloway for a period of 1 year from February 1998 to February 1999 to match as closely as possible the time period we were studying at Islington police station. The following criteria also match closely the referral criteria given to the police at Islington police station to help them recognise appropriate clients to refer to the Link Workers (see *Referrals).*

The data collection process essentially consisted of 3 stages:

1. **The identification of a sample population, consisting of a control group and study groups.**
2. **Collecting information on which to base unit costs for relevant areas of service use.**
3. **Gathering actual data on service use by the sample group over the study period.**

The control group enables random and inexplicable variation to be 'screened out', isolating the changes in service use and costs that can be attributed to the Link Worker scheme from those that cannot. Taken as a whole, the data also gives a detailed picture of the group's use of services over 2 years.

We selected records containing at least 1 of the following:

- Seen by FME and FME recorded mental health issues.
- Police invoking their powers under Section 136 of the Mental Health Act 1983 to detain a person and conduct them to a place of safety because of suspected mental health problems.
- Persistent drink offences; 5 drink-related offences (excluding drink driving) during the last 12 months.
- Appropriate adult, ASW or psychiatrist called for mental health reasons.
- Behaviour as reported in the custody record;
    - Suicide threats
    - Self-harm
    - Depressed / withdrawn
    - Actively distressed
    - Anti-social behaviour
    - Odd ideas or beliefs
    - Confused or disoriented
- Other mention of mental health problems (e.g. person and their psychiatric history known to police).

Other possible indicators:

- Homeless or in hostels or supported housing
- Placed on half-hourly cell checks because of concern for safety
- Contents of pockets (such as psychiatric medication)

Exclusion criteria:

- Under 16 years old
- Serious violence or sex offences
- Severely mentally ill (e.g. Mental Health Act assessments which resulted in admissions or person currently a psychiatric in-patient)

APPENDIX 2:
METHODOLOGY FOR COSTING SERVICES

The costing model we employed is outlined in Netten et al.[98] This model was developed to comprehensively cost health and social care services. We applied this methodology to police activity with the 'revolving doors' group to allow us to cost an arrest.

The 4 key stages of this model are:

1. DESCRIBING THE SERVICE
2. Identifying the activity level
3. Estimating the cost implications
4. Calculating total and unit costs

[98] Netten, A and Beecham J. (1999). Estimating Unit Costs. In Netten, A., Dennett, J. and Knight, J. (Eds.), *Unit Costs of Health and Social Care 1999*. Personal Social Services Research Unit, University of Kent at Canterbury.

Sources of information

Service use	Unit cost source (1998)	Service element to be costed
▪ A&E costs	Netten and Dennett	Number of attendances @ £69 [99] Number of ambulance journeys @ £162.91 per journey
▪ Community and acute Psychiatric services	Netten and Dennett	Number of contacts with CMHT @ £50 per contact Number of psychiatric inpat. days @ £135 per inpat day Number of psychiatric outpats appts @ £97 per attendance
▪ General Hospital inpats and outpats.	Netten and Dennett	Number of inpat days £211 per inpat day Number of outpats appts. @ £60 per attendance
▪ Social services	Netten and Dennett	Number of referrals (generic unit cost £32 per referral) Travel permit £1335 per person per year (discounted to 1998 levels at 3% per annum).
▪ Police	Average cost per arrest (see Appendix 3)	£330 per arrest.
▪ GP	Netten and Dennett	7.2 surgery visits per year [100], Number of registrations at the Health Authority. Rate £18 per hr
▪ Housing costs	Annual cost per accommodation type (see Appendix 4)	Local Authority Tenancy £5,093 per annum Vol. sector hostel £13,914 per annum B&B accommodation £6,188 per annum

[99] Whittington Hospital NHS Trust from , *Published Contract Prices 1998*.

[100] Chisholm, D. (1998) op cite

- Unit cost information from Netten and Dennett[101] was used for the Health and Social services where applicable. This information was supplemented by local costs in the case of Accident and Emergency attendances [102].

- The costs of an arrest were calculated using information from the Metropolitan Police Ready Reckoner 1998 – 99, expenditure accounts supplied by the Metropolitan Police Service Islington Police Division, and other financial information.

- Legal adviser costs were estimated by Hickman Rose Solicitors, Islington.

- Housing costs were estimated by the London Borough of Islington Housing Services and St Mungo's Association.

Permission to gain access to records was granted by the relevant ethics committees and senior service managers where appropriate.

The sample was identified on:

- *Camden and Islington Health Authority Database,*
- *LB Islington Housing Services, Housing Management Information System,*
- *The Whittington Hospital Trust PAS and A&E PAS*
- *UCLH Trust PAS and A&E PAS*
- *LB Islington Social Services CRISSP system,*
- *The Police Custody computer,*
- *The Camden and Islington Community Healthcare Services NHS Trust FIP system.*

Confidentiality

Subjects were identified from these data sources by name and date of birth.
Information was collected in strict accordance with Revolving Doors Agency's confidentiality protocol. Once subjects had been identified the details were recorded in an anonymised form to protect individuals

[101] Netten et al. (1998) op cite

[102] The Whittington Hospital NHS Trust, op. cit.

identity. Names and dates of birth were stored separately from service use information.

We sought to minimise the bias of often contradictory data sources by concentrating on 1 data source for each service however we were then unable to supplement data where it was missing or incomplete.

APPENDIX 3:

Costing an arrest

Costs have been calculated for each stage of an arrest, based on the assumptions outlined in the tables below.

1. Arrest and transportation of the detained person to the station

ASSOCIATED COSTS	Assumptions made	CALCULATION	COST PER ARREST/ £
2 PC's	An arrest and transportation to the station takes on average 26 minutes[103]	26 mins*PC's unit cost per minutes (0.39)[104]	20.28
Cost of the vehicle – petrol and wear & tear	Average distance travelled 1.5 miles from the station. Van used with engine capacity >1200cc – applicable average rate of	3 miles* 0.241	0.72

[103] Results of survey of Custody Sergeants at MPS Division of Islington

[104]

MPS Unit cost	PC	Sergeant
Staff costs	22	27
Overheads (a)	0.92	0.92
Accommodation Custody		
Islington	0.18	0.22
Total unit cost per hour	23.1	28.14
Total unit cost per minute	**0.39**	**0.47**

All above unit costs are from MPS Ready Reckoner 1998 -1999

[105] MPS Ready Reckoner 1998 -1999

	£0.241 per mile[105]		
TOTAL			21.00

It has been assumed that there were no opportunity costs associated wi th the use of the police van or the other equipment used in the arrest

2. Booking – in

Associated cost	**Assumptions made**	**Calculation**	**Cost per contact / £**
1 Sergeant	Booking time of 20 mins	20*Sergeant unit cost per minute (0.47)[4]	9.4
2 PC's	Booking time 20 mins	20* 2PC unit costs per minute (0.39) [4]	15.6
TOTAL			25.00

Depending on how disruptive the offender may be, additional security/staff may be needed.

3. Custody, Prosecution decision and disposal

Associated cost	**Assumptions made**	**Calculation**	**Cost per hour /£**
Staffing the custody suite	Minimum 2 Sergeants and 1 PC, checking on the prisoner once as hour, lasting 5 mins per contact[3]	2*Sergeant unit costs per hour (28.14) + 1 PC unit costs per hour (23.1)/ 12	6.62
Accommodation	The area of the accommodation suite	(448.79/0.0929[7])*£30 = £144,927 Average	1.65

	is 448.79 sq metres[6], at a cost of £30 per sq ft[5] pa. The average number of cell occupied at any one time is 10.	Cost per cell per hour = (144,927/(10*365*24)	

The costs of custody per detainee will depend on a number of factors:

- the number of hours in custody
- the number of contacts made with staff while in custody
- the number and length of contact with other agencies while in custody. The following table illustrates the cost of other services that may be used whilst the individual is on custody

[6] Islington Police Station

[7] 1 sq ft = 0.0929 sq metres

Forensic Medical Examiner (FME)	Average Audit Commission average from 1998	£45 per hour
Legal Advisor	On average 2 telephone calls @ average cost of £22 each Visits @ average rate of £52 per hour, including travel and waiting time; average 3 hours[8]	£44 £156

Detailed arrest information for a 2 year period was obtained for the client group, and consisted of 218 arrests. This provided details, by individual, of; length of time in custody, number of contacts with custody staff and the amount of time spent with additional services.

Applying the unit costs, calculated in the tables above for each stage of an arrest, to the arrest data obtained, gives £330 as the average cost of an arrest.

This rate has been applied consistently, as a unit cost for an arrest, to the samples arrests. As this is an average cost and the range of offences for the non-client and control groups are broadly consistent, use of £330 as a unit cost has been considered reasonable.

[8] Hickman Rose Solicitors, Islington.

APPENDIX 4:
COSTS OF HOUSING AND BENEFITS CLAIMED.

ACCOMMODATION COSTS

The following outlines the methodology used and the assumptions made in calculating the annual costs for the various types of accommodation used by the group.

All accommodation data was taken from a single source; the Housing Management Information System data base used by the London Borough of Islington Housing Services Department to store data on applications for housing and allocations to various housing options. By using a single source it ensured that the quality of data for any one group was unbiased.

For all individuals in each of the groups (as far as information was available), the type of accommodation used at their index date and 1 year after the index date was recorded. Where information was not available at either of these dates, it was assumed that the individual resided in the accommodation most recently used prior to that date.

It was noted that data was not available for a number of individuals in each group. It has therefore been assumed that the proportions of accommodation types used by the individuals in each group, for which data is available, is representative of each of the groups in total. Proportions of accommodations types have therefore been prorated up for each group. This allows a truer reflection of the total costs associated with each of the groups.

The following provides a more detailed explanation of the terminology used and assumptions made in the 'costs' table.

1. In the case of the 'council tenant' and the voluntary sector hostel, the charges in the accommodation table are the 'costs to the authorities' of running that type of accommodation for one year. 'Authorities' has been taken as the Council and Housing Department together, therefore any intra- authority charges/payments have been considered irrelevant.

   For bed and breakfast (B&B) this is the amount charged by the B&B owner to the authorities per person residing there, per night.

2. Accommodation costs are net of any contributions that have been made by the individual (ineligible charges). It has been assumed that ineligible charges are funded out of income support received by the individual (an additional cost to the authorities), and that no additional costs, to which the individual is contributing, other than those stated, have been incurred by the authorities.

3. Capital costs have been included where the building is owned by the authorities, and no rent is charged to the individual. The market values obtained have been annualised at a rate of 6% as used by Netten (1998) [106].

4. Revenue costs, include all direct costs (transport, catering, cleaning, laundry and overheads) as well as indirect costs incurred by the central finance and management departments.

5. we made the following assumptions about subjects in order to calculate their benefit entitlement.
    - Subject is single
    - Subject is long-term unemployed
    - No recent contribution record.
    - Subject is not available for work.
    - Subject is claiming some form of disability premium.
    - Subject is eligible to receive Disability Living Allowance
    - Excluding Social fund payments

The following table summarises the calculation and presents the annual cost for each type of accommodation.

ACCOMMODATION COSTS AND BENEFITS	**Council Tenant[9]**	**Temporary**		**Rough sleeping / other NFA**
		Vol. sector Hostel[10]	**B&B[9]**	
Capital costs	75,000 (4640.25 pa)	3,000,000 (185,627 pa)	17 per person per night	0
Revenue costs / (Management charges etc)	300 pa	1,057,780		0

[106] Netten et al (1998) op cite

[9] Information obtained from London Borough of Islington Housing Services

[10] Information obtained from St Mungo's and is based on a building providing accommodation for 89 persons.

Ineligible charges	158.08 pa[7] (Water 2.22 per week Charge 0.82 per week)	6.44 pp pw[8]	0	0
Housing benefit	*(Rent 53.98)*	*Charge*	*To council*	*0*
Council Tax	*Council Tax foregone by council not included here*	*Included in charge*	*Included in charge*	*0*
Use of facility	100%	100%	N/A	*No information was available on the proprtion of time rough sleepers will spend in shelters or hostels per annum.*
Occupancy[i]	97%	98%	N/A	
Annual cost of accommodation	**5,093**	**13,914**	**6,188**	**0**

Benefits claimed	
Income support: Personal allowance	52.20
Disability premium	22.25 *(not entitled to premiums if NFA)*
DLA lower mobility rate; lower care rate	28.40

[7] Ineligible charges have been excluded from cost calculation, as they are contributing to a cost that has not already been identified.

[8] Included in the cost calculation as it has been assumed that it is reducing an element of the revenue cost.

Total benefits claimed per annum	**5,348.2**

APPENDIX 5 A

TOTAL COSTS PER SERVICE BEFORE AND AFTER INDEX DATE BY GROUP

1. THE CLIENT GROUP

	Description	Unit cost (£)	Client				
			Before		After		
			Number	Total cost/£	Number	Total cost/£	% change
A&E	attendance	69/attendance	54	**3,726**	50	**3,450**	**-7%**
	ambulance	162.91/journey	24	**3,910**	19	**3,095**	**-21%**
CMHT	Contacts	50/contact	30	**1,500**	133	**6,650**	**343%**
	in-pat days	135/day	117	**15,795**	279	**37,665**	**138%**
	out-pat days	97/attendance	21	**2,037**	29	**2,813**	**38%**
General hospital	in- pat days	211/day	2	**422**	67	**14,137**	**3250%**
in-pats,out pats	out-pat days	60/attendance	24	**1,440**	39	**2,340**	**63%**
GP	Contacts	18/contact	93.6	**1,685**	180	**3,240**	**92%**
SS	Consultation	32/referral	14	**448**	27	**864**	**93%**
	Bus pass costs	total	9	**12015**	9	**12015**	**0%**
Housing	Tenant	5093/pa	21	**106,953**	35	**178,255**	**67%**
	Hostel	13,914/pa	12	**166,968**	6	**83,484**	**-50%**
	B&B	6188/pa	8	**49,504**	0	**-**	**-100%**
	NFA	0	0		0		
Police	Arrest & custody	330/visit	114	**37,620**	82	**27,060**	**-28%**
Total for group				**404,023**		**375,068**	

2. THE NON-CLIENT GROUP

	Description	Unit cost (£)	Non-client Before		After		% change
			Number	Total cost/£	Number	Total cost/£	
A&E	attendance	69/attendance	121	**8,349**	133	**9,177**	**10%**
	ambulance	162.91/journey	53	**8,634**	69	**11,241**	**30%**
CMHT	Contacts	50/contact	113	**5,650**	330	**16,500**	**192%**
	in-pat days	135/day	213	**28,755**	1175	**158,625**	**452%**
	out-pat days	97/attendance	19	**1,843**	35	**3,395**	**84%**
General hospital in-pats,out pats	in- pat days	211/day	51	**10,761**	189	**39,879**	**271%**
	out-pat days	60/attendance	45	**2,700**	49	**2,940**	**9%**
GP	Contacts	18/contact	266.4	**4,795**	338.4	**6,091**	**27%**
SS	Consultation	32/referral	61	**1,952**	56	**1792**	**-8%**
	Bus pass costs	total	11	**14,685**	11	**14,685**	**0%**
Housing	Tenant	5093/pa	99	**504,207**	95	**483,835**	**-4%**
	Hostel	13,914/pa	4	**55,656**	4	**55,656**	**0%**
	B&B	6188/pa	4	**24,752**	8	**49,504**	**100%**
	NFA	0	17		17		**0**
Police	Arrest & custody	330/visit	365	**120,450**	196	**64,680**	**-46%**
Total for group				**793,189**		**918,000**	

3. THE CONTROL GROUP

	Description	Unit cost (£)	Control				
			Before		After		
			Number	Total cost/£	Number	Total cost/£	% change
A&E	attendance	69/attendance	242	16,698	287	19,803	**19%**
	ambulance	162.91/journey	110	17,920	167	27,206	**52%**
CMHT	Contacts	50/contact	587	29,350	845	42,250	**44%**
	in-pat days	135/day	1525	205,875	1335	180,225	**-12%**
	out-pat days	97/attendance	103	9,991	180	17,460	**75%**
General hospital	in- pat days	211/day	449	94,739	535	112,885	**19%**
in-pats,out pats	out-pat days	60/attendance	74	4,440	159	9,540	**115%**
GP	Contacts	18/contact	352.8	6,350	439.2	7,906	**24%**
SS	Consultation	32/referral	118	3,776	127	4,064	**8%**
	Bus pass costs	total	39	52,065	39	52,065	**0%**
Housing	Tenant	5093/pa	123	626,439	134	682,462	**9%**
	Hostel	13,914/pa	21	292,194	14	194,796	**-33%**
	B&B	6188/pa	25	154,700	21	129,948	**-16%**
	NFA	0	0		0		
Police	Arrest & custody	330/visit	327	107,910	243	80,190	**-26%**
Total for group				1,622,448		1,560,800	

APPENDIX 5 B

AVERAGE ANNUAL COSTS PER PERSON:

		Referrals		Control
Arrests	Before	701	662	461
	After	376	476	342
	% change	-46%	-28%	-26%
A&E attendances	Before	67	91	99
	After	74	84	117
	% change	10%	-7%	19%
Ambulance journeys	Before	70	95	106
	After	91	84	161
	% change	30%	-12%	52%
Inpatient days	Before	87	10	561
	After	322	345	668
	% change	271%	3250%	19%
Psychiatric inpatients	Before	232	385	1,218
	After	1,279	919	1,066
	% change	452%	138%	-12%
Outpatient appointments	Before	22	35	26
	After	24	57	56
	% change	9%	63%	115%
Psychiatric outpatients	Before	15	50	59
	After	27	69	103
	% change	84%	38%	75%
CMH Services	Before	46	37	174
	After	133	162	250
	% change	192%	343%	44%
GP contacts	Before	39	41	38
	After	49	79	47
	% change	27%	92%	25%
Social Services costs	Before	134	304	330
	After	133	314	332
	% change	-1%	3%	1%

Table x: Average annual cost and percentage change per person.

APPENDIX 6:
MEANS AND STANDARD DEVIATIONS OF SERVICE USE BY SUBJECT GROUP

		REFERRALS (N=165)				CONTROL (N=169)	
		NON-CLIENTS (N=124)		CLIENTS (N=41)			
Service	**Condition**	Mean	*Std dev*	Mean	*Std dev*	Mean	*Std dev*
Arrests	Before	2.0	*4.18*	1.78	*4.16*	1.93	*2.68*
	After	1.56	*3.23*	2.0	*5.55*	1.43	*4.03*
A&E attendances	Before	0.98	*1.77*	1.41	*2.2*	1.43	*2.72*
	After	1.07	*1.87*	1.22	*1.59*	1.7	*5.91*
Ambulance journeys	Before	0.43	*1.09*	0.68	*1.39*	0.65	*1.63*
	After	0.56	*1.29*	0.46	*1.07*	0.99	*5.01*
Generic inpatient days	Before	2.13	*8.37*	2.9	*9.55*	11.68	*39.4*
	After	11.0	*43.02*	8.44	*25.62*	11.06	*43.19*
Psychiatric inpatients	Before	1.72	*8.08*	2.85	*9.56*	9.02	*35.02*
	After	9.48	*39.32*	6.8	*24.94*	7.9	*37.48*
Generic outpatient appointments	Before	0.52	*1.72*	1.1	*2.12*	1.05	*3.45*
	After	0.68	*1.94*	1.66	*3.55*	2.01	*5.25*
Psychiatric outpatients	Before	0.15	*.79*	0.51	*1.61*	0.61	*2.86*
	After	0.28	*1.09*	0.71	*1.52*	1.07	*3.88*
CMH Services	Before	0.91	*4.4*	0.73	*1.82*	3.47	*13.80*
	After	2.66	*13.4*	3.24	*15.86*	5.0	*18.05*
Social Services referrals	Before	0.49	*1.49*	0.34	*.79*	0.7	*1.83*
	After	0.45	*1.19*	0.66	*1.49*	0.75	*1.5*

Table 3 *Means and standard deviations of service use*.

Appendix 7
the development of the link worker model

The following is a brief description of the Link Worker model and its development. The purpose is to provide context to the findings of the research into the scheme. A more detailed exposition of the model is currently being prepared for later publication.

Our aims

The Link Worker scheme set out to:

"Establish relationships with people with mental health and multiple problems in contact with the police in order to improve the ways in which the full range of their needs can be understood and met".

In two areas of London and one outside, two independent "Link Workers" with extensive mental health experience were made available to the local police to:

- provide support and practical help to people with mental health problems throughout the crisis surrounding their arrest;
- act as an advocate and "go-between" in helping them (re-)build a relationship with local health and social care services
- develop a shared caseload of continuing client work, and
- work with local services to improve the way they can respond to such cases through training, professional support to caseworkers and developing information-sharing strategies.

Link Workers were intended to have a different, though complementary, role to those of the approved social worker, solicitor, police doctor or psychiatrist in the police station. Their uniqueness lay in an independent status and the centrality of multi-agency working to their role. The focus on providing *continuing* and *assertive support* once people had left the police station was intended to improve the chances of maintaining contact with people who historically had fallen through the net.

The scheme was primarily concerned with those individuals:

- whose offending behaviour was related to their mental health and multiple problems;
- whose chaotic use of drugs or alcohol and mental health problems prevented them from gaining access to local services;
- who were likely to have unmet social and personal needs; and
- who were not being adequately helped by existing care services.

WHO DID THE SCHEME AIM TO WORK WITH?

Referral Criteria

The starting point was to make sure referrals did not 'fall at the first post' as a result of restrictive referral criteria. We asked the police and other professionals in the police station to refer all those whom they perceived as vulnerable because of mental health problems, but who were not going to receive assessment or treatment under the Mental Health Act. We provided a series of descriptive labels to help them recognise appropriate clients. The target group included people who were:

- showing signs of being depressed or withdrawn,
- actively distressed but not acutely psychotic,
- behaving antisocially and appearing to find it hard to cope,
- verbalising odd ideas and beliefs, but were not a danger to themselves or others,
- experiencing a number of additional problems, such as those associated with drug or alcohol use,
- confused and disorientated,
- from the local area.

People can sometimes be passed 'from pillar to post' because of geographical boundaries to services, so we made a decision to do focussed, short - term work with people who were arrested locally but who lived elsewhere.

We did not accept referrals of individuals who:

- were violent at the time,
- had no mental health difficulties,
- were under 16 years old.

Violence

It was important that we didn't automatically reject people who had a record of past violence. We developed rigorous risk assessment and management procedures to ensure the Link Workers worked in as safe conditions as possible.

What did the Link Workers do?

Assessment

Everybody referred to the scheme was assessed by the Link Workers, looking at information about the person, clarifying their problems, identifying the support they needed and agreeing and setting goals. Link Workers, their clients and a 'casework consultant' (see *Supervision* below) reviewed these on a regular basis.

Support

The first task of the Link Workers was to link people back in with local services. We recognised that there would be a number of people for whom

this would not be straightforward, and who would benefit from a longer term, more intensive involvement.

Those joining our long-term caseloads were people with multiple problems who met at least two of the following criteria:

- No established contacts with local services.
- No eligibility for care management.
- A history of losing contact with services.
- Did not meet the criteria of any one agency.
- Difficulty sticking to appointment times.
- Housing problems.
- Offending behaviour linked to vulnerability.

We also worked alongside statutory services to help them re-engage with clients they had lost contact with or were unable to find.

Multi-Agency Working

A 'Local Advisory Group' (LAG), with members from the main service provider agencies and other interest groups, met with the Link Workers in each site on a quarterly basis. The LAGs provided a problem-solving forum, enabling Link Workers to negotiate access points to services, and providing services with an opportunity to respond to the strategic issues that the scheme raised. They also gave a range of local stakeholders a real say in the way the scheme developed locally.

After one year we ran local strategy seminars for commissioners, planners and providers to discuss the gaps identified by the scheme and explore ways of developing effective services for this group of people. These produced a series of achievable action points to improve local co-ordination. The Link Workers also developed and ran training packages for front line practitioners involved in supporting people with multiple problems. Regular police review meetings in each area ensured constant communication and feedback between the Link Workers and local police.

Developing Our Approach

Assertive Outreach

We employed assertive outreach techniques to engage people who would otherwise have fallen through the net. Our main priority was to develop the trust of our clients and see them on their own territory. We believed they needed to feel valued and important. The Link Workers visited people at home or in cafes, shelters or park benches.

No closure

We remained sufficiently small and well organised to retain information on clients. This meant not having to re-assess clients who suddenly turned up again after a period of being out of touch, enabling Link Workers to re-engage immediately.

The Team Approach

We adopted the team approach to casework. No individual Link Worker took on a 'key worker' role. Instead, each pair of local workers shared an in-depth knowledge of each client served by the scheme. This ensured that members of the team shared decision-making and responsibilities regarding all their clients.

Supervision

The Team Approach requires a close working relationship and a high level of feedback between each pair of workers. In supervision, joint planning about clients was prioritised and we allowed regular individual time for personal reflection and development. This involved casework-focussed pair supervision alternating with individual meetings on personal development within the organisation and developing new ideas.

As teams were based in local social services teams, we also appointed three social work team leaders as casework consultants. Their role was to provide:

- local knowledge,
- advice on appropriate interventions,
- and suggestions on relevant places to refer.

Decisions on whom to take onto the caseload were made by the Link Worker team alone. As the scheme progressed more of the detailed client work was dealt with through line management supervision, while the casework consultants concentrated on local issues.

Training and reviews

Review days for the whole Link Worker team were held in order to:

- assess each team's work over the previous month,
- provide a forum to share case work and,
- cover specific training issues.

Training was organised to include a wide range of topics aimed to reflect the diversity of the clients needs. Each of the Link Workers came from a mental health background, and wanted further input on working assertively with people with a diagnosis of personality disorder and/or drug and alcohol dependency.

The Sainsbury Centre for Mental Health provided training on assessing and managaging risk. All of the Link Workers also attended the Richmond Fellowship's *Dealing with Dangerous, Difficult and Disturbing Behaviour* course.

Review days provided a forum for sharing approaches and the Tavistock Centre was commissioned to run an *Advanced Mental Health Training Course* run over a ten-week period. "The training arises out of the conviction that outreach work with severely mentally ill and mentally disordered offenders is the most difficult type of human services work"[107]

[107] Navarro, T. (1998) *Beyond Keyworking* in Foster, E. & Roberts, V. (Eds.) *Managing Mental Health in the Community* Routledge, London

THE LINK WORKER MODEL

PROFESSIONAL PROFILE - Link Workers are:
a multi-disciplinary team drawing on the wealth of experience of its members who have been nurses, probation officers, voluntary sector workers, social workers and occupational therapists. Appointments to the team are made on the basis of experience - professional qualifications being one factor amongst many; and team members being
action researchers and development workers as well as practitioners. What the Link Workers learn from their front line work goes straight into discussions about the development of services locally, and vice-versa.

PRACTICE APPROACH – they make use of:
inclusive referral criteria – Link Workers work with people on the basis of their needs and our ability to meet them, a medical diagnosis is not required. We work with people who have a personality disorder or complex, overlapping needs which make it difficult to categorise them at all;
assertive outreach methods usually associated with work with people with schizophrenia. Described as *"a flexible and creative client-centred approach to engaging service users in a practical delivery of a wide range of services to meet complex health and social needs and wants… "* [108] assertive outreach has been repeatedly demonstrated to succeed with people who are traditionally seen as hard to engage;
the team approach[109]**:** our clients don't have individual keyworkers but relate to both Link Workers equally, benefiting from the range of skills provided by a multi-disciplinary team, improving the chances for other services to communicate quickly with someone who knows the case, and reducing risk and burnout; and
no case closure – clients in a stable phase might go on the back-burner, but when they need help or things go wrong we'll pick things up where we left off and won't insist that they return to square one for reassessment and reallocation. People tend to come in and out of services – we can quickly re-engage with them when we need to.

MANAGEMENT – all Link Worker scheme sites have:
a **local base**: Link Workers operate out of community mental health teams and receive local support from social work team leaders;
a local, **multi-agency** advisory group to monitor and advise on the development of the scheme. Having a practical piece of work provides a useful focus to agencies seeking to work together to improve services to this group; and

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[108] Steve Morgan, The Sainsbury Centre for Mental Health

[109] Navarro, T. (1998) *Beyond Keyworking* in Foster, E. & Roberts, V. (Eds.) *Managing Mental Health in the Community* Routledge, London

an independent agency to manage the scheme, so people who have had negative experiences of statutory services are more prepared to engage.

SOME IMPLICATIONS

Three years of putting our research ideas into practice has given us first-hand evidence of a group of people with high need who are unsupported in the community and who come into contact with the police. We think we can now say a number of things with confidence about this group of people and the services that will help them cope in the community. We also have some views on the ways forward, to fill remaining gaps in our knowledge and to begin to develop a coherent multi-agency response.

Firstly, it's now clear that anywhere you go in London there will be this consistent, defined group of people with mental health and multiple needs who fall through the net of health, housing and social care and who come into contact with the police. Based on the level of referrals to our scheme, we estimate that a minimum of 100 people a year in each existing police division fall into this category – that's 200 per London Borough and over 6,000 people in the whole of London. And the same group exists in semi-urban areas outside London.

These people have high levels of serious mental illness which need the attention of mental health services. Yet definitions of 'severe and enduring' mental illness continue to exclude those with 'multiple needs' who could benefit from their service.

We now know that there is something we can do. Our Link Worker schemes have, over the past three years, engaged and worked with this group of people in three areas, gaining their trust, sorting out housing and other problems and slowly but surely reintroducing individuals to local services and helping them achieve a greater degree of stability in the community. Another part of this picture consists of the experiences of the Link Workers, the impact on service users and the responses of partner agencies[110]. Taken with the findings presented here, they show that a practical, preventive initiative working with broad referral criteria

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[110] Link Worker Scheme Local Reports 1998/99/2000; Revolving Doors Agency Annual Reports 1998 & 1999; Ashdown Park in November: a report from the 1999 Policy Event, (all Revolving Doors Agency); Home Office: Evaluation of the Link Worker Scheme (publication pending).

and delivering a flexible range of supports, can engage people successfully and stop them 'falling through the net' of services.

And it can be done with little or no impact on the overall cost to services. The before and after comparisons of our cost study show that preventive Link Worker interventions shifted the cost of services used by this group away from expensive crisis services - the police, accident and emergency and temporary housing. They shifted them instead towards primary care and community mental health services – a more appropriate way of supporting this group, and likely to improve their quality of life. Linking people back into services produces a better balance of costs and outcomes.

For our own part we'll be developing the Link Worker model for a further three years to work across the criminal justice system and to home in on some of the issues identified in this report. The fact that being from a black or minority ethnic background makes it even more difficult for people with mental health and multiple needs in contact with the police to get support requires us to design services to meet these needs. New Link Worker teams will include black & minority ethnic workers who, using the 'team approach' will ensure the whole team is able to engage with and provide support to people from black and minority ethnic groups.

Drug or alcohol misuse was the rule rather than the exception for people referred to the scheme and most had unmet housing needs. Agencies working with mental health in the criminal justice system must address these issues as an integral part of the support and treatment they offer.

However, substantial improvements for people with mental health problems in contact with the criminal justice system are ultimately dependent on changes in the 'big picture' of service provision. There have been many references to work at the mental health and criminal justice interface in policy initiatives over the past decade. Resulting multi-agency initiatives have begun to lead to new alliances between agencies who have previously operated at a distance. But they remain constrained by narrow definitions of mental illness and the boundaries between organisations across which funds and strategy rarely go.

It's only by changing the policy imperatives of the major players, putting cross-boundary work at the heart of the agenda, that real improvement can be achieved. This means resources specifically allocated for the

gaps between different agencies' responsibilities: new funding for 'multiple needs'.

It also requires a new culture in mental health, social care, housing and criminal justice services across the sectors, underwritten by a common sense of purpose amongst professionals. A culture of responsibility for people who don't sit neatly under the remit of one organisation or another. People whose behaviour in the police station one day may well be affected by their health or housing problems on another.