

Putting NICE guidance into practice

Resource impact report: Mental health of adults in contact with the criminal justice system: identifying and managing mental health problems and integrating care (NG66)

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Summary

This report looks at the resource impact of implementing NICE's guideline on [mental health of adults in contact with the criminal justice system](#) in England.

The report focuses on the recommendations that have been identified as likely to have some resource impact, and will need the most additional resources to implement or potentially generate the biggest savings. They are:

- providing therapeutic community programmes
- organisation of services (service structures and delivery)
- providing staff training.

The recommendations to provide therapeutic community programmes and on the organisation of services (in relation to joint working arrangements, and diverting people from standard courts to dedicated drug courts) are considered recommendations because of the limited evidence available.

Because of variation in practice across the country, organisations may therefore incur costs or savings depending on their local circumstances. We encourage organisations to evaluate their own practices against the recommendations in the NICE guideline and assess costs and savings locally. A local [resource impact template](#) has been developed. Organisations can input estimates into the template to reflect local practice and estimate the impact of implementing the guideline.

Implementing NICE's guideline may result in the following benefits and savings:

- improved access and engagement with treatment and services for people with mental health problems who are in contact with the criminal justice system
- long-term cost savings to the NHS resulting from timely and appropriate treatment therefore avoiding costs associated with delays in treatment
- long-term savings to the criminal justice system from potential reduction in re-offending rates.

Implementing the guideline may result in the following additional costs:

- setting up appropriate prison wing space and providing therapeutic community programmes
- developing systems for court liaison and diversion, street triage and police custody
- staff training.

Mental health services for adults in contact with the criminal justice system are commissioned by NHS England, clinical commissioning groups (CCGs) and local authorities ([Strategic direction for mental health services in the justice system: 2016–2020](#)). Providers are community providers, primary care, secondary care and prisons.

1 Introduction

- 1.1 The guideline offers best practice advice on the care and shared care provided or commissioned by health and social care services, for adults (aged 18 and over) in contact with the criminal justice system.
- 1.2 This report discusses the resource impact of implementing our guideline on [mental health of adults in contact with the criminal justice system](#) in England. It aims to help organisations plan for the financial implications of implementing this NICE guideline.
- 1.3 The recommendations to provide therapeutic community programmes and on the organisation of services (in relation to joint working arrangements, and diverting people from standard courts to dedicated drug courts) are considered recommendations because of the limited evidence available.
- 1.4 Because of variation in practice across the country, organisations may therefore incur costs or savings depending on their circumstances. A local [resource impact template](#) has been developed to accompany this report and to help with assessing the resource impact at a local level in England, Wales or Northern Ireland.
- 1.5 Mental health services for adults in contact with the criminal justice system are commissioned by NHS England, clinical commissioning groups (CCGs) and local authorities. ([Strategic direction for mental health services in the justice system: 2016–2020](#)). Providers are community providers, primary care, secondary care and prisons.

2 Background

- 2.1 Based on the Ministry of Justice and HM Prison Service's [population and capacity briefing \(population bulletin\)](#) for Friday 13 January 2017, there were around 85,000 people in prison in

England and Wales. There were 108,600 [community sentences](#) given out in the 12 months ending June 2015 ([Overview tables, table Q5.3](#) – Criminal justice statistics quarterly: June 2016).

- 2.2 All of the people in these groups have a very high risk of mental ill health. For example, 26% of women and 16% of men said they had received treatment for a mental health problem in the year before custody; 36% of prisoners are estimated to have a physical or mental disability ([Prison: the facts, Summer 2016](#), Prison Reform Trust, 2016).

3 Recommendations with potential resource impact

3.1 *Specific psychological interventions*

The guideline recommends that:

- Practitioners should consider referral to a therapeutic community programme specifically for substance misuse for people in prison with a minimum 18-month sentence who have an established pattern of drug misuse. ([Recommendation 1.6.9](#))
- When setting up therapeutic community programmes in prison settings in a separate wing of a prison for people with substance misuse problems, aim to:
 - include up to 50 prisoners in the programme
 - provide treatment for between 12 and 18 months, made up of:
 - ◇ twice-weekly group therapy sessions (mean group size of 8)
 - ◇ daily (5 days only) community meeting for all wing residents
 - ◇ daily (5 days only) social activity groups for all wing residents

- ◇ a once-weekly individual review meeting (20 minutes).
([Recommendation 1.6.10](#))

Background

- 3.1.1 Experts suggested that there is variation in practice in the availability of specific psychological interventions (through both primary and secondary mental healthcare in prisons).
- 3.1.2 Experts also suggested that fewer prisons have either clinical or counselling psychologists, nurses or state practitioners trained in delivering therapy for mental health problems.
- 3.1.3 They also suggested that most prisons are not adequately resourced and a change in skill set among mental health teams in the criminal justice system may be needed.
- 3.1.4 Experts additionally suggested that there may be resource implications when developing or converting existing estates to provide appropriate prison wing space.

Costs

- 3.1.5 There may be additional costs for staffing or training, programme supplies and materials, and for equipment to ensure appropriate space is available.
- 3.1.6 Based on the economic analysis to support the recommendations, the total cost per person for therapeutic community treatment is £815. The economic analysis assumed all therapeutic community treatment sessions to be facilitated by a prison officer. The unit cost of prison officer was estimated to be £18 per hour. This is based on a salary of £27,058 for a prison officer Grade 4 and 1,501 hours per year and includes 25 days annual leave and 10 statutory leave days ([Prison Service Pay Review Body \[PSPRB\], 2016](#)).

- 3.1.7 Organisations can use the [resource impact template](#) (assumptions input worksheet, section A) to estimate the additional costs of providing therapeutic community programmes in prison.

Benefits and savings

- 3.1.8 A systematic review of the clinical evidence indicated that therapeutic community treatment delivered in prison setting may be effective in reducing future re-offending in people who have substance misuse disorders.
- 3.1.9 Any additional costs associated with facilitating such service structures might be expected to result in improved mental health outcomes in the longer term with potential future cost savings to the healthcare system and the criminal justice system.

3.2 *Organisation of services*

The guideline recommends that:

- Commissioners and providers of criminal justice services and healthcare services should support the development of liaison and diversion functions for police custody and the courts ([recommendation 1.8.1](#)).
- Providers of criminal justice services and healthcare services should consider diverting people from standard courts to dedicated drug courts if the offence is linked to substance misuse and was non-violent ([recommendation 1.8.2](#)).
- Commissioners and providers of criminal justice services and healthcare services should consider establishing joint working arrangements between healthcare, social care and police services for managing urgent and emergency mental health presentations in the community (for example, street triage) ([recommendation 1.8.3](#)).
- Commissioners and providers of criminal justice services and healthcare services should ensure effective identification,

assessment, coordination and delivery of care for all people, including those who are transferring from young offender services and those on probation, with a mental health problem in contact with the criminal justice system (including probation service providers) as set out in the guideline ([recommendation 1.8.4](#)).

Background

- 3.2.1 Experts suggested that liaison and diversion functions for police custody and the courts are becoming current practice. However, in some areas they are not available in every court or police custody suite, and also on a daily basis. Therefore, the recommendations may have some resource implications.
- 3.2.2 Experts suggested that dedicated drug courts are not widely used across England, so this would be a significant change in practice but not in resource use. This is because [Drug Rehabilitation Requirements \(DRRs\)](#) are available to courts as a sentencing option in all areas and could be used instead.
- 3.2.3 Experts suggested that police triage schemes are not widely available and vary in scale. Therefore there may be some resource implications for police and mental health teams but savings may also be identified.
- 3.2.4 Experts suggested that joint working arrangements between healthcare, social care and police services are not widely available across England. Experts also suggested that where joint working is available, community psychiatric nurses work in partnership with probation officers to interview and assess people on probation. To increase the use of joint working throughout England may have resource implications but may also lead to potential savings.
- 3.2.5 Experts suggested that identification, assessment, coordination and delivery of care for all people, including those who are transferring

from young offender services and those on probation, with a mental health problem in contact with the criminal justice system (including probation service providers) might require additional staff time. However, they also suggested that organisations may deploy existing community mental health teams and improve access to psychological therapies in a way that encourages engagement.

Costs

3.2.6 There may be additional staff costs to provide liaison and diversion functions (which are funded by NHS England). Based on the Liaison and Diversion (L&D) Programme's [Standard service specification 2013/14](#), the core team workforce requirements include:

- adult liaison and diversion practitioners (minimum band 6)
- children and young people liaison and diversion practitioners (minimum band 6)
- learning disability practitioner (minimum band 6)
- speech and language therapist (minimum band 5)
- support time and recovery workers (band 3 or 4)
- administrators (band 3 or 4).

3.2.7 Potential costs would depend on local needs and services and should be assessed at a local level.

3.2.8 Where organisations need to establish dedicated drug courts, additional costs could be for a coordinator (a legal adviser) and other staff, with their time dedicated to the drug court rather than in addition to other responsibilities ([Dedicated drug courts pilot evaluation process study](#), Research series 1/11, January 2011, Ministry of Justice). Experts suggested that because [DDRs](#) are available in all areas, these could be used, therefore off-setting any potential costs associated with dedicated drug courts.

- 3.2.9 There may also be additional costs to train staff (see the section 3.3).
- 3.2.10 Organisations can use the [resource impact template](#) (assumptions input worksheet, sections B–D) to estimate the additional costs of providing liaison and diversion, designated drug courts, and designated care coordinator services.

Benefits and savings

- 3.2.11 Improved services and structures may lead to prompt identification of mental health needs. This early identification will result in treatment and management of any mental health problems at an early stage, and before individuals need more resource intensive management of their problem. Additional costs associated with facilitating such service structures may result in improved mental health outcomes in the longer term.
- 3.2.12 This would lead to potential future cost savings to the healthcare system (timely and appropriate treatment helps avoid the costs of delayed treatment that may be associated with complications) and criminal justice system (improvement in mental health may prevent future re-offending).

3.3 Staff training

The guideline recommends that commissioners and providers of criminal justice services and healthcare services:

- Should ensure that all staff working in the criminal justice system, who provide direct care or supervision, have a comprehensive induction ([recommendation 1.9.1](#)).
- Should educate all staff about:
 - the stigma and discrimination associated with mental health problems and associated behaviours, such as self-harm
 - the need to avoid judgemental attitudes

- the need to avoid using inappropriate terminology ([recommendation 1.9.2](#)).
- Provide multidisciplinary and multi-agency training (as part of both induction training and continuing professional development) to increase consistency, understanding of ways of working, and promotion of positive working relationships for all staff who work in the criminal justice system ([recommendation 1.9.3](#)).
- Give all staff involved in direct care, training (as part of induction training and continuing professional development) and supervision to support them ([recommendation 1.9.4](#)).

Background

- 3.3.1 Experts suggested that some training already takes place but is not mandatory and varies across the country.
- 3.3.2 Experts also suggested that bespoke mental health training for the range of practitioners and clinical problems are rare and not comprehensive. They also suggested that the multi-agency contexts in which mental healthcare is delivered makes the need for training and the application of mental health skills and knowledge skills important.
- 3.3.3 Experts suggested that a mixed approach to training could be used, based on existing training, but with more emphasis on a multi-agency approach.

Costs

- 3.3.4 There may be costs to provide staff training. Costs would depend on the type of training required, number of staff to be trained, duration, and how the training is commissioned, for example, internally, externally or online.
- 3.3.5 Organisations can use the [resource impact template](#) (assumptions input worksheet, section E) to estimate the additional costs of providing training to staff.

Benefits and savings

- 3.3.6 Comprehensive staff training may help staff to promptly identify mental health needs resulting in treatment and management of any mental health problems at an early stage, before individuals require more resource intensive management of their problem.
- 3.3.7 Training may lead to higher detection rates, earlier intervention and better outcomes for service users. Other potential indirect benefits are staff having a respectful and informed awareness of mental health resulting in better working relationships and a more positive culture generally within the criminal justice system.

4 Implications for commissioners

- 4.1 Mental health problems falls under programme budgeting category 5X Problems of Mental health.

5 About this resource impact report

This resource impact report accompanies the NICE guideline on [mental health of adults in contact with the criminal justice system](#) and should be read in conjunction with it. See [terms and conditions](#) on the NICE website.