



YSS Bradley Mental Health Development Project

Foreword by Lord Bradley

‘In June 2013 I was pleased to be a keynote speaker at the YSS Mental Health Conference and now to endorse this report on the continued work of the YSS Bradley Project. The report sets out the key aims and achievements of the Lloyds TSB funded project which has targeted service users with mental ill health and multiple needs in the criminal justice system and who are under served by traditional health services.

This project has all the hallmarks of the positive YSS approach: a holistic approach to service users, meaningful and flexible engagement, and good knowledge of the work of partner agencies in the local criminal justice system. Whilst there has been considerable progress nationally since my 2011 review was published, the severity and complexity of need of those in the criminal justice system remains high. YSS have illustrated the importance of co-commissioning and close partnership working between agencies to ensure that a client’s offending history does not act as barrier to access to mental health services.

The work of this project shows the value and creativity that a voluntary sector organisation like YSS can provide by working in partnership with the statutory services.’

Rt Hon Lord Bradley

YSS Bradley Mental Health Development Project

Summary

Why do we need a mental health project?

- Around 40% of offenders subject to community orders have a diagnosable mental health disorder
- Almost two thirds of this group receive no treatment
- Nearly three quarters of prisoners have more than one mental illness
- Many also have housing, financial, relationship and employment problems

What are the Bradley project's aims?

With funding from Lloyds TSB the YSS Bradley Project aims to meet the needs of those in the CJ system with mental health and other multiple and complex needs to:

- reduce offending
- improve health and wellbeing
- improve social stability and inclusion
- contribute to efficiency savings in West Mercia.

What are our main achievements?

- Trained 55 YSS practitioners resulting in a significant increase in their ability and confidence
- Responded to 316 individuals for enhanced screening and support
- Responded to 674 referrals , many of these are repeat presenters who revolve in and out of the CJ system
- Through specialist screening we identified a wide range of mental health issues prompting referral for specialist assessment
- Using the health assessment tool, TAG, recorded scores demonstrating a high level of severity of mental health need

What did we do?

- Mental health awareness training and coaching for YSS staff and volunteers
- Increase workforce skills in screening and supporting those with mental health and other multiple needs
- Assist staff in navigating referrals through mental health and social care systems
- Deliver CBT based Moodmaster sessions to YSS service users
- Provided expert consultation and advocacy for those with most complex needs

- Supported and troubleshooting referrals and helped staff and service users to navigate mental health and social care systems
- Female specific support for those with mental health and well being difficulties
- Worked to Improve cross agency networks

Did it make a difference?

Our SROI assessment showed that out of every 10 service users:

- 8 made improvements in their health
- 6 reported changes in self reported offending
- 4 showed improved employment prospects
- 2 reported they were better off financially
- 2 made progress towards securing permanent accommodation

SROI results confirm national evidence of the cost effectiveness of such diversionary schemes and that commissioners and communities could expect a return of **£7.50 for every £1** invested in the scheme.

Based on self assessment scores, 63% of those service users who had themselves identified mental health problems showed an improved score when reviewed at the end of their YSS intervention.

What happens next?

The project in its present form will finish in July 2015 with the end of the Lloyds funding.

Mental health will continue to be a clear strand of all YSS's work on each of our projects through our skilled workforce.

We will continue to deliver a, albeit limited, number of CBT sessions.

We will continue to explore with commissioners in health and in criminal justice further opportunities to provide a specialist link worker role to support the work with service users with mental illness and multiple needs in the criminal justice system and who are under served by traditional health services.

YSS Bradley Mental Health Development Project

Update May 2015

Introduction

The YSS Bradley Project aims to reduce offending, improve health and wellbeing, improve social stability and inclusion and contribute to efficiency savings in West Mercia. The project seeks to achieve these aims through supporting YSS and local partners meet the needs of those in the criminal justice system (CJS) with mental health and other multiple and complex needs more effectively:

- Building capacity in YSS staff and partners through delivery of mental health awareness training and ongoing coaching
- Improving cross-agency networks of support for those with criminal justice, health and social needs
- Increasing YSS workforce skills in effective screening and support for those with mental health and other multiple needs
- Supporting and troubleshooting referrals and helping YSS staff and service users navigate mental health and social care systems
- Delivering a CBT-based MoodMaster intervention to YSS service users with mental health difficulties
- Providing expert consultation, enhanced screening, advocacy and support for service users with the most complex needs
- Delivering female specific support with mental health and wellbeing difficulties
- Diverting those accessing YSS services with mental health and complex needs from expensive crisis resources and reducing costly repetitive contact with the CJS.

This YSS project targets those underserved by statutory health and social services. Using highly engaging approaches, it seeks to divert them away from crisis and high costs settings through more effectively meeting their multiple needs.

Why improve outcomes for those in the CJS with mental health and multiple needs?

A large proportion of people in the criminal justice system have multiple or complex needs including a range of mental health problems. For example:

- 9/10 prisoners have been identified with a mental health, substance misuse problems or personality disorder;
- Nearly three quarters of prisoners have more than one mental illness;
- Around 40% of those on community probation orders have a diagnosable mental health disorder (with nearly two thirds of these receiving no treatment);
- Many also have housing, financial, relationship and employment problems including urgent need with rent arrears or homelessness

(Singleton, et al., 1998) (Centre for Mental Health, 2012) (Centre for Mental Health, 2014) (Prison Reform Trust, 2014)

Evidence suggests that needs frequently remain unidentified, even in the case of severe mental illness such as psychosis. One study highlighted that a third of those with psychosis were not identified by probation staff and half were receiving no support from mental health services (Brooker, et al., 2011).

Many in the CJS have repeat contact with the police, courts or crisis settings (e.g. prison, Accident and Emergency units, psychiatric inpatient placement, rehabilitation unit placement, crises team contact etc) yet rarely get identified or get the support they need from public services. Under identification and lack of engagement with effective treatment increases the chance of people getting stuck in persistent, damaging and costly cycles of crime and of placement in custody. There is growing evidence that the costs of crime and particularly of custody, both to taxpayers and to society, are so high relative to the costs of most community-based interventions that only modest improvements are required to cover the costs of diversionary services.

Government response

In 2009, Lord Bradley published a major review investigating linkage between mental health/learning disabilities and criminal justice activity making recommendations for improving the treatment of people with mental health problems and people with learning difficulties in the criminal justice system in England and Wales (Department of Health, 2009). Over recent years the Government announced commitment to extend and further test out the effectiveness and cost effectiveness of models aiming to improve:

- liaison and partnership between health and criminal justice systems
- early identification of and support for those with mental health difficulties in the CJS¹².

However, many areas still lack services which systematically link criminal justice and health activity.

¹<http://www.publications.parliament.uk/pa/cm201212/cmhansrd/cm120112/wmstext/120112m0001.htm#12011281000100>

² <https://www.gov.uk/government/news/extra-funding-for-mental-health-nurses-to-be-based-at-police-stations-and-courts-across-the-country>

About the YSS Bradley service

YSS is a voluntary sector provider in West Mercia (covering Worcestershire, Herefordshire, Telford, and Shropshire) supporting those with multiple needs who offend. The YSS Bradley project seeks to achieve liaison and diversion goals (NHS England, 2014) with particular focus on supporting those referred by Integrated Offender Management, Prolific and Priority Offender, police and probation referral routes. It aims to add value to local provision by targeting those with complex needs 'who no-one else wants to work with' and who traditionally 'fell between the cracks' of other services until problems escalate into more expensive crises.

YSS caseloads are broadly equally divided between those on Community Orders and those on custodial licenses with a minority of service users on suspended sentences. Typically interventions last for 12 weeks. However, the project often receives repeat referrals. The service places high importance on maximising engagement and building bridges to broader services using:

- proactive and outreaching approaches
- early intervention pre-empting and preventing crisis
- holistic, non-judgemental, collaborative and empowering ways of working
- developing good networks with local services

Running costs for the service amount to around 90K per annum covering the employment of two whole-time equivalent mental health specialists (including management, supervision costs and core costs) and volunteer expenses. Since 2011, it has been funded through Lloyds Bank Foundation Trust funding which provided philanthropic investment supporting post Bradley voluntary sector liaison and diversion activity. This funding comes to an end in 2015.

Service outputs and outcomes

1. Fifty five YSS practitioners have been trained since 2011 using Mental Health First Aid approaches. A recently commissioned Social Return On Investment Evaluation of the impact of this training noted a 60% increase after training in YSS workers' ability to support those with mental health problems on their caseload. This is supported by a staff survey showing 53% of YSS staff are confident and very confident, and 39% fairly confident in working with people with mental health issues,.
2. Between 2011 and 2015, the YSS Bradley Project received 674 referrals (relating to 316 individuals) for enhanced screening and support:
 - Around 74% of those referred were male and 96% were white British.
 - Many were repeat presenters suggesting a population at high risk of recycling in and out of the criminal justice system as social stability and mental health problems fluctuated.

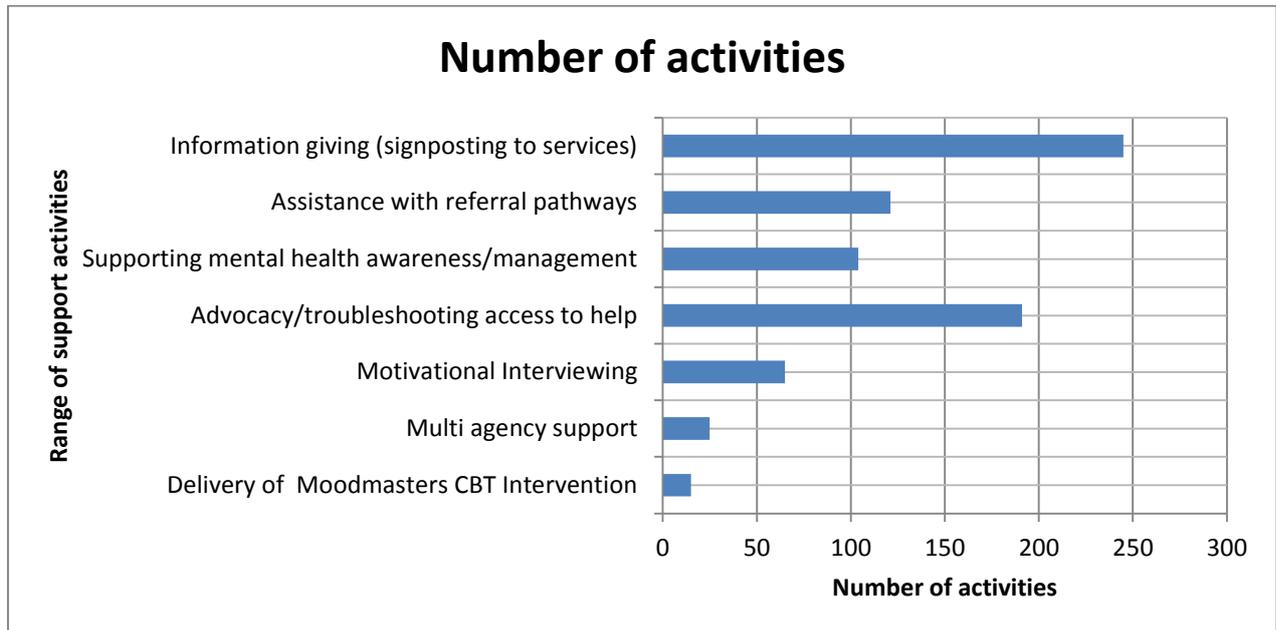
In most instances, broader YSS key workers were coached in screening, referring on and supporting service users with mental health and offending problems by YSS Bradley mental health practitioners.

3. A wide range of potential mental health, health and developmental issues have been picked up through screening with some prompting referral for further specialist assessment. The most common (in order of frequency of identified concern) have included:
 - Depression and anxiety (including symptoms indicative of OCD)
 - Trauma and possible PTSD
 - Drug and alcohol misuse
 - Psychotic disorders (psychosis, schizophrenia or bipolar)
 - Personality disorder
 - Attention Deficit and Hyperactivity Disorder
 - And self-harm and suicidal thoughts
 - Learning disabilities and difficulties

Problems with anger, bereavement, confidence and stress management were also common and in a few instances Tourette's Syndrome and Autistic Spectrum Conditions were identified. Many of those screened showed signs of having more than one presenting health problem.

4. **YSS Caseload and severity of mental health need:** practitioners recently completed an audit of the severity of Bradley Project service users' mental health needs using a validated tool (Slade, et al., 2000). This tool was designed to assist GPs understand when they should refer to secondary health services and anyone scoring in excess of 5 would usually meet the threshold for secondary service referral (although thresholds may currently be rising based on anecdotal evidence). The average score for service users engaged with YSS Bradley scheme was just over 10 (n = 24) suggesting that the project was engaging with and supporting those with a very high level of severity of mental health need. The Centre for Mental Health, who have regularly used this tool to audit caseload severity among secondary care mental health providers note that this level of severity is similar to males recently audited in London gangs and to those on assertive outreach team caseloads. Those on the YSS Bradley caseload tended to have higher severity of need in domains linked to social, psychological and risk to self-compared to groups like gang members who tended to score higher on risk to others as well as to self. Despite these very high needs, many of these YSS service users had struggled to access and engage with traditional mental health services.
5. The range of support offered by the YSS Bradley project following referral is summarised in Table 1. Most support involves providing information, raising service users' awareness of their mental health conditions and self-management issues, delivering short term Motivational Interviewing or CBT interventions or alternatively helping service users' access help for their broader needs:

Table 1



Evaluation: the general evidence for effectiveness

The Centre for Mental Health note that the general evidence for effectiveness and cost effectiveness of Liaison and Diversion projects and Link Worker projects such as YSS Bradley is promising. There are suggestions that schemes have potential to generate cost savings (mainly reduction of criminal justice costs) and cover their costs with very modest shifts in offending (Sainsbury Centre for Mental Health, 2009) (Kane, et al., 2013) (Scottish Association for Mental Health, 2014). In order to maximise chances of achieving promised cost savings, programmes need to have a clear operational model which meets evidence-led best practice principles and components (NHS England, 2014). Given the range of commissioning outcomes associated with liaison and diversion schemes, *joint* health and criminal justice commissioning coordinated through Health and Well Being boards may better promote local development and sustainability.

YSS evaluation

The YSS Bradley project currently has limited resources available for robust evaluation of its activity (e.g. measuring service users’ progress and comparing outcomes with a randomised or matched comparison group) and this limits the extents to which it can confidently attribute changes to the activity of the Bradley project. However, the project has made efforts to do the best that it can with the budget available to investigate and demonstrate impact.

Results from the YSS Client Perspective Inventory show that 63% of clients who had themselves identified mental health problems showed an improved score when reviewed at the end of their YSS intervention.

YSS commissioned a Social Return on Investment (SROI) analysis in 2013. The SROI methodology involves a structured approach to assessing the social impact of project activity making judgements on the extent to which outcomes can be attributed to project activity and also ascribing monetary value to project outcomes. The approach comes with some limitations in terms of the robustness of conclusions but has some government department and Third Sector backing as a pragmatic evaluative approach to outcome monitoring. SROI results for the Bradley project confirm national evidence on the cost effectiveness of such 'diversionary' schemes suggesting that commissioners and communities could expect **a return of £7.50 for every £1 invested in the scheme.**

Outcome data analysed by SROI also suggested that service users supported through the YSS Bradley project (n = 300) made pre and post improvements in the following areas of their lives:

- 8 out of every 10 service users made improvements in their health (including increased confidence and reduced substance misuse)
- 6 out of every 10 service users reported changes in self-reported offending
- 4 out of every 10 service users improved employment prospects
- 2 out of every 10 service users reported that they were better off financially since engaging with the project
- 2 out of every 10 service users made progress towards securing permanent accommodation

It found good evidence that changes could be attributed to the specific activities of the YSS Bradley project particularly in the case of health improvements and offending.

The Centre for Mental Health is also helping YSS Bradley develop its outcome monitoring processes and framework as part of Lloyd Bank Foundation funding. It has worked with the scheme to clarify the organisation's rationale, to develop its Theory of Change (see Appendix one) and future outcome monitoring and measurement processes, to link activities with broader best practice national liaison and diversion aims, models and outcomes and to support sustainability.

Contextual challenges

The Centre for Mental Health and the Bradley Project noted a number of environmental challenges to the project over the last three years.

Strategic governance

Best practice guidance indicates that liaison and diversion projects should not be developed as isolated services but should be supported by a 'shared commissioning strategy' and post diversion service infrastructure to maximise effectiveness (NHS England, 2014). In the past, the project was supported and monitored through the local Criminal Justice Liaison Board. However, recent national and local changes in criminal justice and health commissioning have led to some fragmentation in governance arrangements locally. Joint strategic action to map out and draw together broader diversionary activity in West Mercia into a pathway would give the Bradley Project a key role on this West Mercia liaison and diversion pathway.

Rising thresholds for accessing local services

One of the operational challenges faced by West Mercia Bradley project has been fragmenting provision and rising thresholds for accessing mental health and social care services during the lifespan of the project. Practitioners report a higher proportion of clients with complex needs and/or chaotic lifestyles not getting the early treatment or intervention they need until their circumstances have escalated and they need more expensive crisis management. Although Bradley Project practitioners invest time in building good relationships with local mental health and social services (and have previous histories themselves as mental health practitioners in the area) to facilitate trust and referral, they have recently found it increasingly challenging to get those with high needs the care they need to de-escalate these crises. The shifting and reducing service infrastructure surrounding the team is of concern as evidence suggest that such projects can only operate effectively and prevent more expensive crises if an effective network of services exists to divert service users into to help stabilise their circumstances (NHS England, 2013). Best practice guidance suggests that frontline practitioners need the support of shared commissioning accountability for the post diversion infrastructure to help troubleshoot access problems for those with high needs requiring treatment (NHS England, 2014).

Creating a sustainable future

The project in its present form will finish in July 2015 with the end of the Lloyds funding.

With the increased awareness and confidence of our workforce in responding to mental health issues mental health will continue to be a clear strand of all YSS's work on each of our projects.

We will continue to deliver a limited number of individual support sessions and CBT Moodmaster sessions at our Carden Street Centre.

We will continue to explore with commissioners in health and in criminal justice for further opportunities to provide a specialist link worker service which will support the work of criminal justice partners, particularly those identified in the Integrated Offender Management cohort. We will continue to focus on those in the criminal justice system with mental illness and multiple needs and who are under served by traditional health services.

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Logic model and Theory of Change for YSS Bradley

