



Commission on Justice in Wales A Response by Hafal

1 About Hafal

1.1 Hafal is a charity and company limited by guarantee which speaks for people in Wales with a serious mental illness (including schizophrenia, bipolar disorder, and other conditions involving psychosis or loss of insight), their families and carers, and for a wider group of vulnerable people for whom we provide services.

1.2 Hafal is governed by our Members – about 1,000 people who are mainly service-users and carers – who elect our Trustees who are themselves mainly users and carers. We manage services in all 22 counties of Wales and also facilitate 232 carers support meetings each year. Together these services support over 6,000 service users and carers every year. Many of our 330 staff also have experience of mental illness or as carers.

1.3 We have positive experience of empowering users and carers to support themselves: we pioneered the use of holistic recovery plans for use by users (now incorporated in Welsh legislation) and also rolled out our widely-used 10 Point Plan for Carers.

1.4 In addition to supporting individuals we have mobilised users and carers to support each other through information campaigns, training, and peer support: recent examples include our *Reducing Risk – Achieving Recovery* research project on criminal justice and our *Forces for Change* campaign for members of the police, emergency, and armed services.

1.5 Hafal has extensive experience of working with criminal justice agencies through our *Appropriate Adult*, *Prison Link*, *Out of the Blue*, and *Access to Justice* services.

2 Consulting Service users and Carers

2.1 During 2017, as part of our ongoing work on *Reducing Risk – Achieving Recovery*, we talked to over 300 service users, carers and interested professionals and held an all-Wales Seminar to find out how we can improve the lives of people with a serious mental illness who get in trouble with the law - or just encounter criminal justice agencies when they become unwell.

2.2 We heard many individual stories of encounters with the criminal justice system. The following quotations give an indication of what we found:

On prevention: “I was diagnosed while in care and had no intervention apart from medication. I had no counselling and no help.”

The main issue for the *police* concerned training: ***“I think the police do as well as they can but they haven't been given the correct training or resources.”***

Lack of communication and information was a problem in *courts*: ***“I was treated okay in court but nobody asked whether I had a mental illness. If they had asked I would have told them.”***

Prisons were not geared up to help people with a serious illness: ***“I've been to prison many times and I have had no treatment for mental health. I can get the drugs to 'zonk' me out but not any counselling or treatment.”***

Hospitals did not always provide a safe and therapeutic environment: ***“There is too much violence in hospitals and staff use meds as coercion to make patients more submissive.”***

Too many people received little support with *resettlement*: ***“We need better provision for people who need resettlement: this includes housing and ongoing support for a minimum of six months”***

3 A Case for Change: Strategic and Long-Term

3.1 In our discussion with users and carers we identified key strategic and long-term actions required:

- A specialised pathway is required for people with a serious mental illness who enter the criminal justice system. This pathway needs (1) to protect them from the damaging environments of detention, courts, and imprisonment and (2) wherever possible to divert them systematically to the most appropriate service at each opportunity along the pathway.
- Nobody with a serious mental illness should be in a police cell or prison: sufficient hospital and other specialised provision should be available – with appropriate levels of security – in all circumstances, whether or not any offence was directly connected to a mental illness.
- The needs of women and young people need to be addressed, ensuring appropriate provision is available close to home - in Wales. We note the recent welcome announcement by the UK Government of their intention to develop “Corston” residential women’s centres as an alternative to prison for women: we strongly urge that Wales is put at the forefront of this initiative, ending the practice of sending women prisoners out of Wales.
- Recovery and resettlement should be foremost at all stages of the pathway, providing hope for users and families and a main focus for agencies and professionals. Care and Treatment Plans required under the Mental Health Measure provide a practical model for this focus.
- Inequalities must be addressed in particular the continuing disproportionate representation of people from black and minority ethnic communities in the criminal justice system.
- Carers and families must be supported: often providing the only consistent support for service users along the pathway, carers and families need information, training and support together with easy access to service users and to the professionals who are supporting them.

4 A Case for Change: Short-Term

4.1 In our discussion we also identified short-term actions:

- Wales' Crisis Care Concordat offers a practical means of improving prevention, promoting diversion, and providing a focus on recovery. Our concern is about implementation of the Concordat. We urge the Welsh Government to make the Concordat an overall priority (that is not just in mental health) for Health Boards and Local Authorities, requiring them to report progress to the Minister of Health and Social Services; we also urge criminal justice agencies to make the Concordat a priority; and we urge all agencies to make the Concordat work in practice by adopting and implementing efficient and unbureaucratic referral systems.
- Users' and carers' willingness to support professionals could be given a practical focus by the development of user-led training for professionals, especially those in criminal justice agencies. This could not only improve knowledge but also promote understanding and respect between users and professionals. Hafal is aiming to develop a user-led, specialist training scheme in Wales.
- Housing plays a crucial role both in prevention and in the resettlement and recovery of users. We urge the Welsh Government and local authorities to raise the priority of users with a serious mental illness, and specifically those in the criminal justice system, in addressing homelessness and accessing suitable housing.
- Users and carers have noted the development of specialist mental health courts. We believe these courts can improve the court environment for users and carers, promote diversion, enable informed sentencing, and so produce better outcomes for users. We urge accelerated development of mental health courts in Wales.
- High quality Appropriate Adult services need to be deployed consistently across Wales: we urge expansion of these services to ensure all people with a serious mental illness are supported. Active interventions to promote resettlement and recovery should be available to courts throughout Wales.
- Opportunities for improvement in the use of Places of Safety following the Policing and Crime Act 2017 should be seized: we will monitor implementation of the new rules and work with service users and professionals to identify how practice can be improved.
- There is a need for improved information for users and carers. Hafal has itself developed an interactive Criminal Justice Survival Guide – visit survivalguide.hafal.org.

5 Devolution and Related Issues

5.1 Hafal does not have a settled view on the devolution of justice functions to Wales but we make the following observations about structures for justice services:

- People with a serious mental illness have suffered for many years from an inconsistency in policy and lack of effective practical cooperation between health/social care services and criminal justice services. This problem of course also applies to England so that devolution of justice functions does not offer a solution in itself *without other changes*.
- The proposed "Corston" units pose interesting questions for Wales, requiring a degree of cooperation between justice and health/social services which will test the principle of

cooperation between devolved and undeveloped areas; but these links urgently need to be strengthened now for wider reasons.

- A unified police force for Wales (whether or not devolved) would bring immediate benefits in gaining economies of scale in specialist areas such as mental health. If such a force remained undeveloped the Home Office might consider appointing the National Assembly as the Police Authority, not least to make useful policy and political connections between the health/social care and justice functions.
- Following the roll-out of the “Transforming Rehabilitation” programme and the well documented issues that continue in probation services, serious consideration needs to be given to a review of the new Community Rehabilitation Companies and their performance against tendered promises. Also, with health, social care and education being devolved matters, the Welsh Government must have a far greater role in the commissioning of any future service and in the setting of the priorities for people in Wales.

6 Further Information

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