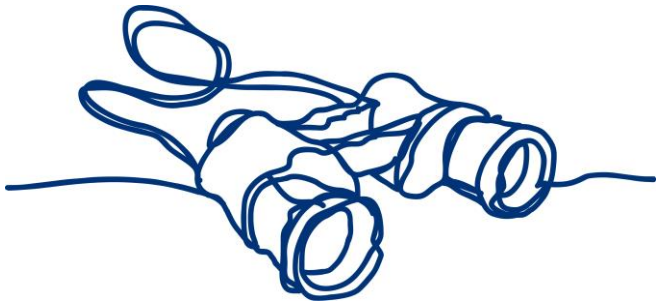
The 'Olole Isbedel' (Campaigning for Change) Local Enquiry Report February 2015

Sharing the Somali Communities' Experiences and Professional Practice in the Mental Health Court Diversion Process across NW London



This report was presented to delegates at the 'Olole Isbedel' Conference on the 25.02.2015

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mind for better mental health
Harrow

1. Executive Summary

This report has been produced in conjunction with Mind in Harrow's 'Olole Isbedel' pan-London conference. This report is a start in Mind in Harrow's 'Olole Isbedel' campaign's aim to document a local evidence base of the Somali and other BAMER communities' experiences of the interface of the criminal justice system (CJS) and mental health service provision.

The case study examples of individuals' experiences of the mental health court diversion process provided by professionals in the statutory and voluntary sectors show that there are a range of challenges in implementing the mental health court diversion process and barriers that prevent an individuals' mental health needs being adequately taken into account as they go through the criminal justice system. This can result in failure to provide the appropriate support at the right time.

Some of the key challenges identified in this local enquiry include break down in communication between services, delays in the provision of psychiatric reports and a lack of communication with an individual's next of kin.

2. Acknowledgements

This report would not have been possible without the input of the 'Olole Isbedel' Campaign volunteers, stakeholders and service users.

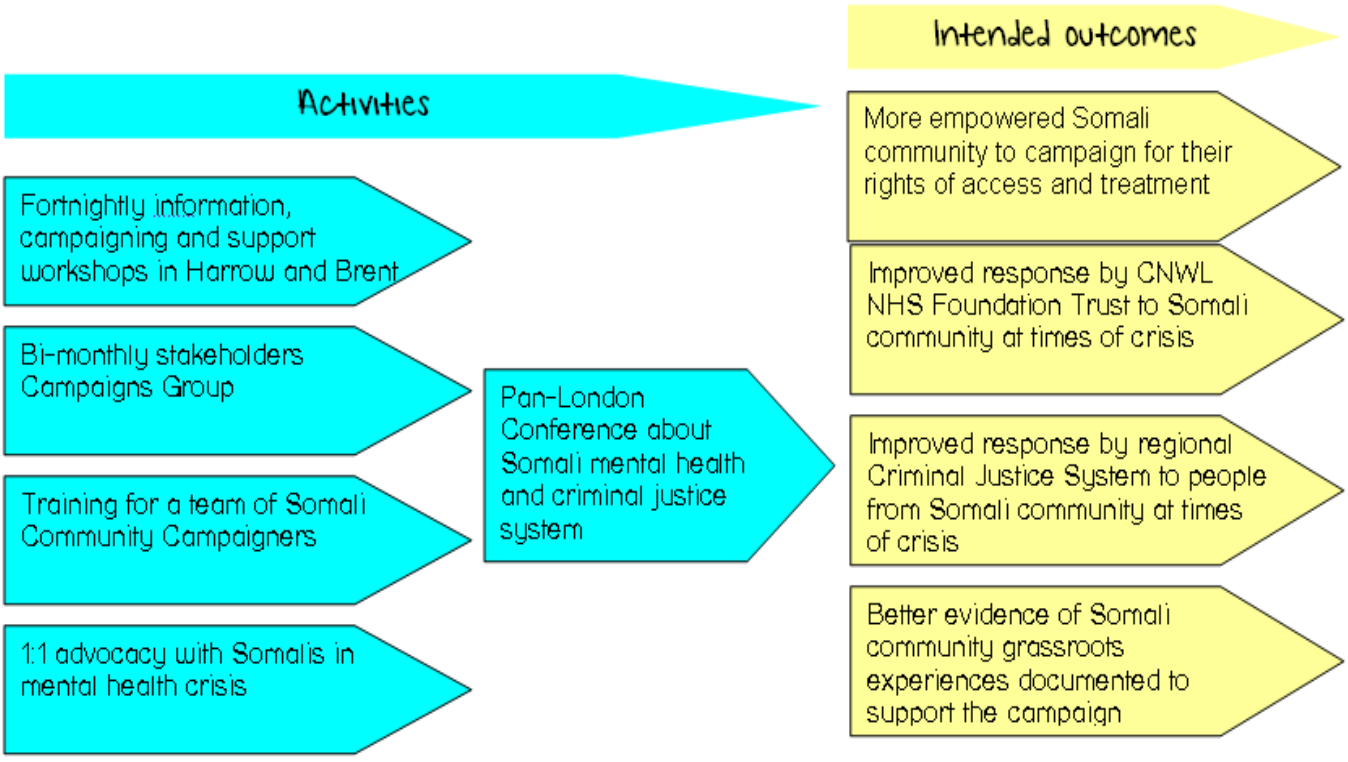
The Campaign has held regular multi-agency stakeholder meetings. We would like to thank the following agencies for their ongoing support: Victoria Climbie Foundation, London Metropolitan Police Service, Central and Northwest London NHS Foundation Trust, PLIAS Resettlement, GP Direct, EACH, HASCAS, Northwest London Urgent Care, Brent Community Mental Health, Harrow Council, Westminster Drugs Project and HASVO

Thank you also to Victoria Silver for her professional advice and guidance.

3. Background

The 'Olole Isbedel' conference is being delivered as part of the 'Olole Isbedel' Campaign activities. The conference aims to broaden the reach and influence of the 'Olole Isbedel' Campaign and share the campaign's learnings with health and social care professionals and commissioners, including those working within mental health and criminal justice; as well as Somali black/African community organisations and Somali community members from across London.

The 'Olole Isbedel' Campaign, translated as 'Campaigning for Change' in Somali, aims to improve the experiences of the Somali community in Harrow and the surrounding areas in accessing mental health services and the interface with the criminal justice system. The campaign activities and intended outcomes are shown in the diagram below:



4. Methodology

In documenting a local evidence base, the 'Olole Isbedel' Conference Coordinator carried out seven 30 minute semi-structured case study interviews; five with Mind in Harrow's 'Olole Isbedel' Project Coordinator and one with professionals from two external agencies; the London Metropolitan Police (South Harrow) and PLIAS Resettlement.

In compiling a local evidence base, the Conference Coordinator intended to gather evidence in the form of individual case study interviews from five professionals from a range of voluntary, statutory and community services that are involved at different stages of the mental health court diversion process. However, due to the pressurized working environment and heavy work loads of the professionals working at the interface, only two professionals from external agencies were able give us their time. In all the case studies, personal and sensitive information is anonymised.

The case study interviews consisted of the Conference Coordinator asking the interviewee to talk through an individual's case where their agency had been involved at some point in the mental health court diversion process. Interviewees were specifically asked to explain how an individual's mental health needs had been taken into account. The case study interviews were written up by the 'Olole Isbedel' Conference Coordinator and the information was verified for accuracy by the interviewees. However the data is largely anecdotal and therefore the exact dates and times of events cannot be confirmed.

As part of the 'Olole Isbedel Campaign' activities, the Project Coordinator provides 1:1 advocacy for Somali community members in mental health crisis. The case study interviews were carried out face to face over the course of a month. The case studies were picked to represent a variety of Somali community members' experiences of the court diversion process. The two case study interviews carried out with professionals from external agencies were carried out over the phone.

The case studies were thematically analyzed to indentify key challenges in implementing the mental health court diversion pathway.

5. Summary and Presentation of Case Studies

The case studies (see appendix 1) draw on the experience of six Somali men and one male who identified himself as black African. Five of the six case studies, document individuals' experiences of the mental health court diversion process. The case study provided by PLIAS Resettlement presents a case where mental health support in the criminal justice system is initiated by a voluntary sector agency in order to increase the individual's chance of

being able to reintegrate back into society on release from prison. The case studies are presented in tables and attempt to map the stages of the court diversion process identified in a flowchart produced by Rethink Mental Illness (see appendix 2).

6. Key Challenges in Implementing the Mental Health Court Diversion Pathway

Specific implementation challenges were identified at each stage of the mental health court diversion pathway. These challenges were identified through the case studies and also in additional discussions with the professionals that were interviewed. They are presented in the table below:

Mental Health Court Diversion Stage	Challenges
Prevention	
1. Lack of community – service provider engagement	Lack of engagement by service providers with the Somali community. Service providers need to spend time understanding the community's cultural context. Somali community also needs to take responsibility for educating themselves about 'the system'.
Police	
1. Risk assessments	Risk assessments are carried out by the police when an individual is arrested. Whilst questions are asked in order to assess an individual's physical and mental health (see appendix 3), where the symptoms of mental ill health are not obvious and an individual appears to be in a fit state to be interviewed, these questions seem to rely on an individual identifying and disclosing that they have a mental health problem. There are a number of possible reasons why this does not happen; relating to stigma, lack of understanding about 'mental health', different ways of conceptualising 'mental ill health' across different cultures and language barriers. The police use interpreting services but it is not clear whether these services have

	been trained in interpreting within a mental health context. We know that there is no word for 'depression' in Somali. It is important to remember however that it is an individual's right not to disclose that they have a mental health problem.
2. Information sharing: psychiatric history	There is a lack of information-sharing between services. The police are not aware of an individual's psychiatric history. Legal representation at the point of arrest/charging is rarely available, particularly with the reduction in the provision of legal aid. Solicitors might not be aware of how an individual's mental health affects him.
3. Transferring to hospital	Where a mental health problem has been identified by a Force Medical Assessor and a Section 12 doctor has sectioned the individual under the Mental Health Act, there is a delay in the transfer from the police station to the hospital due to a shortage of hospital beds available. This means that individuals are held in police custody when in fact they need immediate access to mental health crisis care. This puts additional pressure on police resources.
Court	
1. Provision of psychiatric reports	These take a long time to be provided to the courts; meanwhile an individual's mental health is deteriorating and the appropriate support for an individual's mental health needs is not put in place.
2. Liasion/communication with mental health services	The courts are unaware of the implementation of the mental health court diversion process meaning that individuals receive court orders whilst in hospital
Diversion: Prison/Hospital	
1. Funding	Funding decisions can prevent or slow down the diversion process. It is unclear which bodies are responsible for decision making

	with regards to funding.
2. Wider issues: status	'Status' – understanding where the individual's application for asylum is in the system can hold up the mental health court diversion process and can also can have a significant impact on an individual's ability to reintegrate back into society once released or discharged.
Other Service Provision	
Communication: individual's family, community mental health services and the criminal justice system	Often an individual's next of kin/wider family is unaware of where the individual is in the system due to communication break down with Care Coordinator. Examples of where the next of kin does not know to which prison or hospital his or her son has been sent.
Responsibility as access different service streams	Where issues arise, during service transfers in the court diversion process, it can be unclear who is accountable for an individual's care. Examples of where an individual's care falls in between the gaps.

Mental Health Court Diversion Stage	Opportunities
Prevention	
Cultural based advocacy	A new dimension is added to the traditional role of an advocate. The advocate brokers an improved understanding of the service user by informing the professionals involved in the individual's care about the individual's specific cultural context. The advocate acts as a 'cultural broker' to address underpinning barriers to accessing support and receiving treatment. To be an effective 'cultural broker' the advocate is ideally bilingual and ideally share common values, cultural background and experience (Mind in Harrow/Kings Fund, 2010)

Rehabilitation services	PLIAS Resettlement provides a model of early intervention where an individual is supported to access the appropriate support whilst going through the criminal justice system. This increases the likelihood that an individual will successfully reintegrate back into society on release and could prevent cases of revolving doors.
Cultural hubs	Members of the Somali community, through engagement workshops, have recommended a new approach to improving access for Somalis to NHS services, including mental health services which they call 'cultural hubs'. The concept is based on the evidence that people from new arrival communities are most likely to trust and connect with an access point which is designed around their cultural identity rather than a clinical or service-orientated structure. The service model could include a community venue which offers visits by GPs, mental health & psychological practitioners, public health programmes, welfare rights & employment advisers, advocates as well as culturally tailored social and educational activities.
NHS Forensic Community Services	Models such as the Harrow Forensic Community service (FoCuS) can meet the gap between community mental health services and the criminal justice system. These teams provide specialist, early intervention in order to reduce risk and manage symptoms of mental ill health. They can also provide individuals with opportunities for employment and training.
Police: Arrest and Detention	
Implementation of Mental Health Crisis Care Concordat	Action 2.3 of the Concordat actions states the Department of Health's intention to 'work with voluntary sector organisations to understand and respond to inequalities in access to mental health services, particularly for black and minority ethnic communities' This will improve the outcomes and experiences of black and minority ethnic communities involved with mental health services (Department of Health and Home Office, 2014) Evidence of London-wide engagement by the Metropolitan Police in the implementation of

	the Mental Health Crisis Concordat. This has been evidenced in Harrow with the Olole Isbedel Coordinator being invited to be a member of the Harrow Metropolitan Police Independent Advisory Panel.
Appropriate Adult and Independent Visitors Scheme	An appropriate adult can provide support to an individual when they are arrested by the police. Ensuring that individuals from BAMER communities are trained as appropriate adults could provide culturally appropriate support for these individuals. This could also be applied to the Independent Visitors Scheme.
Court and Prison	
Draft North West London Urgent Care Service Specification	NWL NHS has recommended a new service specification for crisis mental health services. This makes specific reference to a) the Mental Health Crisis Care Concordat b) National Mind's commissioning guidance for vulnerable migrants c) the criminal justice liaison in service model The draft service specification states: 'There are also particular barriers to achieving better outcomes for people in black and minority ethnic (BME) communities, such as the higher levels of detention under the Mental Health Act1983 and the higher rates of admission to hospital that people from some BME groups experience. MIND has drafted guidance for commissioners when commissioning mental health services for vulnerable adult migrants (Johannes Fassil and Angela Burnett May, 2014)'

Appendix 1

Olole Isbedel Case Studies			
Court Diversion Process	**Case Study A**	**Case study B**	**Case Study C**
Background	Male in his early 40s Been in the mental health system for 15 years and the family narrative suggests that he had mental health issues before he came to the UK He was sent by his family to study in India and then returned to Somalia. He came to the UK in 1995 from Somalia to join his family who fled Somalia during the civil war. He arrived in the UK 2 years after his family After 2-3 months of being in the UK he was admitted to hospital under section 2 (for assessment). He was diagnosed with Schizophrenia but after1 month he was discharged Over a number of years he went in and out of hospital as an informal patient Despite concerns having been raised by the Hayaan Project Coordinator with his Care Coordinator about his mental state, he was arrested by the police for taking number plates off cars.	Male, 25 years old Born in Oman and the son of an ambassador He was awarded a scholarship to study in America. In America he was admitted into a psychiatric hospital and diagnosed with bipolar disorder After finishing his studies he came to join his mother and brother in the UK However his application for asylum in the UK was rejected by the Home Office Family were not aware of his previous hospital admission and his psychiatric history. One day there was a household argument and he ended up stabbing his brother in the head.	Male in his late 30s British citizen Lives in Brent History of mental ill health related to misuse of Khat 7 years previously he was admitted to psychiatric hospital in the UK Diagnosis of Schizophrenia

Police	He was arrested and charged by the police but his family were not informed of his whereabouts The family were in contact with the Hayaan Project and asked the Project Coordinator to help them locate their son. It took the Hayaan Project Coordinator 10 days to find out where he had been sent	Police came to property. He was arrested by the police and charged for grievous bodily harm	Individual was found urinating and masturbating outside school in Harrow. He was arrested by police Police did not know of individual's history of mental ill health He was charged and sent to prison

Prison/Diversion	He was sent to Scarborough With the support of the Hayaan Project he got legal aid and representation Evidence was provided at Hillingdon Magistrates court that he had a history of mental ill health It took 5 months for a psychiatric report to be sent to the court After the report was received he was sent to Northwick Park Hospital where he was then discharged under a Community Treatment Order	He was sentenced for 2 years in prison After 7 months in prison, staff realised that his mental health was deteriorating He still had no 'status' - his appeal for asylum had been rejected and he was being threatened with deportation Prison staff called for psychiatric assessment During psychiatric assessment he disclosed his previous admission to a psychiatric hospital in America Serious concerns about risk of suicide Following assessment he was sent to West Ealing secure unit At this time, his family contacted the Hayaan Project asking for the Coordinator's support Hayaan Project Coordinator met with him; found him to be heavily medicated Status meant that he had no recourse to public funds	After 5 months in prison, prison staff recognised signs of deteriorating mental health His mental health was assessed at Middlesex Hospital At this time, the Hayaan Project Coordinator met with his family and was informed of his situation Hayaan Project Coordinator worked with lawyer to advocate for him to be transferred to Middlesex secure unit under a section 3 He absconded from Middlesex secure unit, left the country via Manchester and went to Somalia for 5 months. On returning back to Heathrow he was caught and returned back to Middlesex secure unit.

Community	Limited support was put in place once discharged back into the community After 5 months he relapsed. Whilst chewing Khat by a bus stop, someone looked at him and he assaulted the individual. He was arrested, charged and sent to prison.	On the recommendation and support of the Hayaan Project Coordinator he was discharged to a rehabilitation centre in Wembley Due to status he had no money, he had stopped going out and had gained weight After a number of meetings, he started to open up and trust the Hayaan Project Coordinator He accepted the Hayaan Project Coordinator's recommendation to reapply for Home Office status Hayaan Project Coordinator supported him with his application and got the support of the local MP Hayaan Project Coordinator encouraged him to enrol on a computer course at a resource centre in Harrow After 3 months he got status to remain in the UK	

Prison/Diversion	Sent to a newly built prison in North London – again took two weeks to find this out. Information was transferred from Harrow Crown Court to Hendon Magistrates Court but no psychiatric information was passed on. Hayaan Project Coordinator liaised with Care Coordinator and it took 4 months for psychiatric information to be provided Eventually sent back to Northwick Park Hospital where he was then discharged to a rehabilitation centre in Hillingdon		

Outcome	He is now receiving proper coordinated support and is taking his medication regularly	With the support of the Hayaan Project Coordinator and his Care Coordinator he was then placed in supported accommodation, specifically for people with mental health problems He was kept under Home Office section 47/31; this meant he was kept under close supervision and was unable to work He remains under Home Office section but he has been transferred to more independent living He has become a finance and admin volunteer at Westminster Mind. He has reconnected with his family and has enrolled for university.	He is now in Middlesex secure unit under a section 3

Court Diversion Process	Case Study D	Case study E
Background	Male in his 40s Came to the UK from Holland in 2010 to join his family Not well on arrival – showed signs of mental ill health	Male in his late 20s Signs of deteriorating mental health. He had dropped out of college and become very isolated. He was chewing Khat His father approached the Hayaan Project Coordinator concerned about his son Hayaan Project Coordinator suspected that drug misuse and or excessive alcohol consumption had induced symptoms of mental ill health Wider family did not recognise mental health issues and had used 'traditional' approaches to try and 'cure' their son. They had asked for readings from the Qur'an.
Police	After a few months in the UK, he was admitted to Park Royal under a section 3. Diagnosed with Schizophrenia After 4 months of being in hospital he violently pushed a nurse and she ended up fracturing her finger. Police were called and he was arrested and taken from the ward to prison.	He committed several offences and was arrested and charged by the police Hayaan Project Coordinator informed the police of the need for a psychiatric assessment Psychiatric assessment was carried out and he was taken to hospital under a section 3. Diagnosed with Schizophrenia. He had started speaking about the influence of Jesus and supernatural forces.

Prison/Diversion	In prison he spent a long period of time in segregation with no psychiatric support. After 9 months, he appeared in court for the offence He was then sent back to prison with authorities arguing about his right to be in the UK and threatening to deport him back to Holland It took nearly 2 years for a psychiatric report to be provided to the prison He was then transferred to Ealing secure unit where he was treated for Schizophrenia	Whilst in hospital, he received court orders. The court was not aware of the mental health court diversion process. Hayaan Project Coordinator asked nurse to speak to courts to inform them of his situation The criminal case was suspended.
Community	He was discharged from Ealing secure unit and is now living in a rehab house in Brent.	After 6m under section he was discharged to a flat in Harrow The Hayaan Project Coordinator kept the family involved and informed about his care; encouraging the father to support and monitor his son ensuring that he takes his medication regularly. The family also continued to use traditional approaches. Having built a good relationship with the Hayaan Project Coordinator, he was open about his drug use.

Police/Prison		The pressure of maintaining his flat proved too much and he went back to live with his family. The situation deteriorated and he committed several offences. In October 2014, he was arrested, charged and sent to prison.
Outcome		The case is ongoing. He remains in prison in Ealing and no psychiatric report has been provided.

Court Diversion Process	Case Study F	Case study G
Background	CM is a carer for his son who was diagnosed with Schizophrenia back in 2008. His son is British-born Somali, 27 years of age Initially, when his son's behaviour started deteriorating, CM was of the belief that mental ill health was inflicted on an individual by a higher power. However, CM knew of the Hayaan Project and informed Abdi Gure (AG) of his son's strange behaviour. AG gave CM the number of the local community mental health team and told CM that his son needed to be assessed. CM's son was assessed but there was no follow up and the son told the assessment team to leave.	HA is a gentleman, late 20s who was born in Somalia. His parents separated when he was young and his mum came to Britain. She was granted asylum here whilst his father remained in Somalia. A few years later, at 8 years of age, HA joined his mother along with his sister and brother. HA's mother found it difficult to cope with HA in the UK and HA was taken into foster care. HA dropped out of school and started to commit criminal offences. Learning difficulties were not picked up till later on. He was put in to a young offender's institution.

Police	CM's son was picked up the police on Harrow High Street for pick-pocketing. Having been picked up by the police, he was assessed under the mental health act and taken to hospital. There he was diagnosed with Schizophrenia.	

Prison/Diversion	In hospital, CM was frightened that the injections that were being given to his son would affect him for the rest of life. As a carer, he was however kept informed about his son's treatment and any potential side effects. An interpreter was provided to ensure that he understood what was happening. After 6m CM's son was discharged from hospital.	After his 18th birthday, he was sent through the adult court system. A psychiatric assessment was carried out and he was diverted to Ealing secure unit where he remained for 3.5 years with a diagnosis of Schizophrenia. He was given heavy medication with little alternative culturally appropriate support. During this time, HA was introduced to Abdi Gure (AG) through HA's sister. AG started to build a relationship with HA and as an elder Somali male, HA immediately respected and felt understood by AG.

Community	On discharge, CM's son was provided with his own accommodation and was visited by a social worker from a community mental health team. After 8 months his medication was reduced but no additional support/signposting was given to CM or his son regarding addressing the wider issues affecting his mental health e.g. employment, financial etc. CM's son started chewing Khat again. He found that his JSA has been cut. His mental health started to deteriorate.	AG worked with HA and advocated for him to be discharged into a community setting. Showing slight signs of improvement, HA was discharged to Roxbourne.

Prison/Diversion	CM's son was picked up by the police. He was released on bail however he broke his bail conditions and was then sent to prison. No previous history of mental ill health recorded. He has been in prison now for 6 months and no mental health support has been provided.	Having re-offended, HA was transferred back to Ealing secure unit where he spent another 2 years. His social networks were built around a life of criminality and breaking away from that was difficult. During this time AG remained in contact, providing consistent support.

Outcome	No evidence has been provided and the victim has not given a statement. The situation remains unclear. Communication with the family has been poor.	After 2 years, he was discharged back into the community. With the support of the AG, he has become a regular volunteer with the Hayaan Project and he is now trying to develop his skills in order to gain employment.

London Metropolitan Police (South Harrow)

Court Diversion Process	Case study A
Background	Black, British male in his 30s (A) No recorded previous psychiatric history Harrow resident
Police	Early hours of the morning, police called to home address by a family member Family member was frightened for (A's) safety as well as well as her own safety (A) had assaulted a family member - recorded as grievous bodily harm On arrival, police heard what they thought was a discussion happening between a man and a woman In fact it was (A) speaking in two different voices. (A) was partially dressed and told the police that he needed help as someone was coming to get him. He was in a paranoid state speaking about God and the government Police suspected mental health issues
Police station	5am: (A) was arrested and taken to the police station where he was put in custody Police attempted to ask (A) questions and carry out required risk assessment (A) not able to answer. (A) put in cell 5:50am: Police call for a Force Medical Examiner (FME) to assess (A's) physical and mental health FME recommends a mental health act assessment 6:12am: Duty social worker called out 8:50am: (A) is sectioned under the Mental Health Act (section 2) Police and (A) wait for hospital bed to become available

Hospital	12:05pm: (A) is taken to Northwick Park Hospital under a section 2 for assessment. Subsequently discharged from hospital
Police/Court	Following discharge from hospital, (A) is placed on bail with criminal allegation being investigated In a fit state to be questioned, (A) is asked to return to the police station for further questioning Presentation at court, (A) is bailed again pending psychiatric report Currently waiting for psychiatric report

PLIAS Resettlement

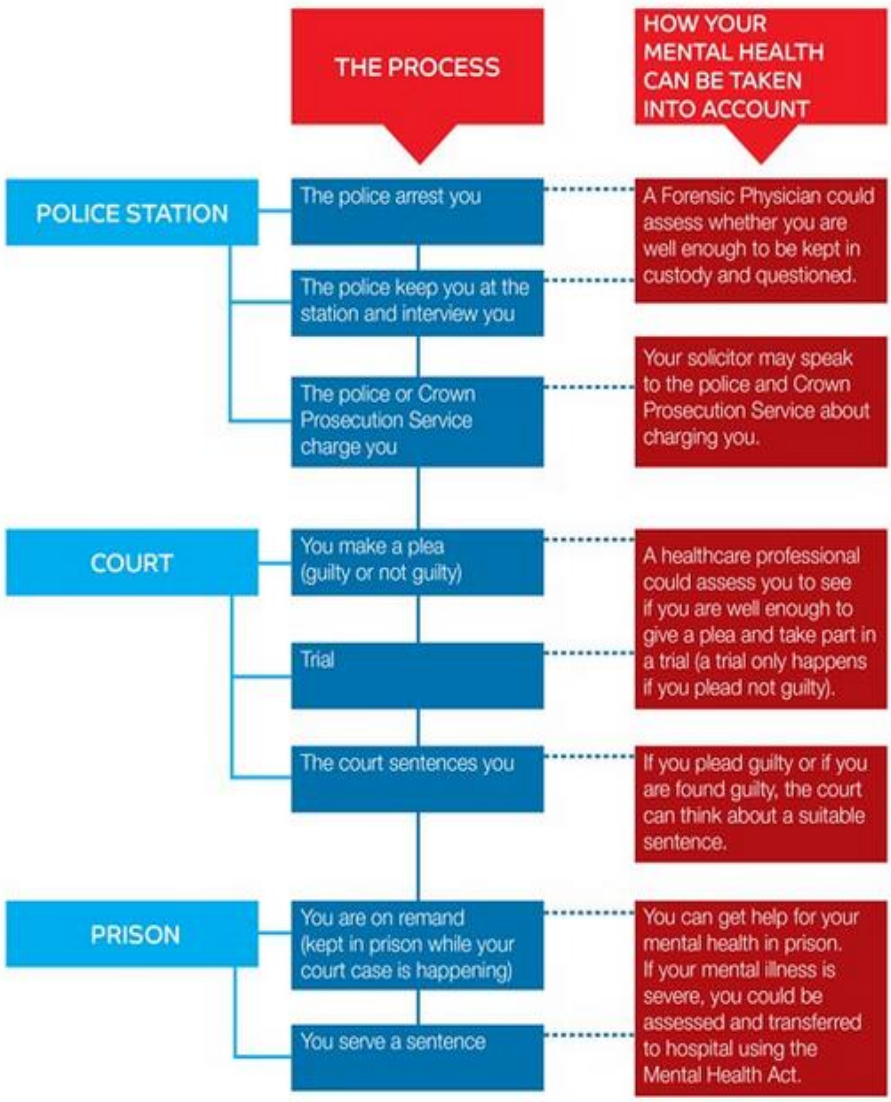
PLIAS Resettlement is a voluntary sector organisation located in the London borough of Brent. PLIAS's services are primarily for offenders and ex-offenders in order to support their reintegration back into society. Their services include information, advice and guidance; employment support; education and training; mentoring and advocacy; and youth engagement.

CJS/Mental health support	Case study B (PLIAS)
Presentation on referral PLIAS	(B) referred himself to PLIAS in July 2014 Male aged 28 (B) lacked identity, motivation and confidence. Showed signs of depression with a severe lack of hope for his future He could not speak Somali and was disconnected from his community
Background	In Somalia (B) witnessed his father getting shot His mother moved to Saudi Arabia (B) came to the UK with his aunt as an asylum seeker when he was 4 years old At the age of 12, he started showing difficult behaviour and moved in with his brother At the age of 13, he was taken into care and started offending (B) was in and out of various care homes and Youth Offenders Institutes He had completely lost contact with his family At the age of 20 he was he was released from a Youth Offenders Institute. Probation had not found him any housing; he was homeless A man that (B) had previously met in prison invited him to stay. Six days later, (B) committed a crime with this man and two others

Police	(B) was arrested and charged
Court	His trial went on for 9 months and shortly after his 21st birthday he was sentenced to an indeterminate prison sentence
Prison	After 9 years of being in prison, fellow prison mate reconnected (B) with one of his cousins. In prison he attended AA meetings for alcohol and drug abuse He also attended basic education and training courses.
Community Intervention	(B) referred himself to PLIAS in July 2014. He heard about PLIAS through word of mouth. PLIAS's primary aim was to work with (B) to develop his skills and get him into training and employment. The PLIAS worker also provided him with some mentoring In order to build B's sense of identity and confidence, the PLIAS worker linked him up with culturally specific support services: • Identified a Somali support group provided by EACH Counselling Service • Linked him up with a Somali Psychotherapist who met with him once a week With this support (B) started to develop a clear vision of what he wanted to do with his life; to be in the construction industry and become a football coach. In order to achieve his goals: • (B) applied and secured a place on PLIAS Resettlement's CSCS Card training course. A required training course for those wanting to work in the construction industry • To improve his communication skills, the PLIAS worker encouraged him to read
Current Situation	Recently, due to his Home Office status, (B) found that he was not able to work. PLIAS have managed to secure him a biometric card, meaning that he can claim benefits and work once released from prison. In November 2014 his parole was deferred due to a lack of evidence from the probation service about his improvement. He is facing parole in March 2015 and it is hoped that he will be released with the support of PLIAS.

Appendix 2

Flowchart of Mental Health Court Diversion options during the criminal justice process (Rethink Mental Illness, 2013)



Appendix 3

Information about risk assessment carried out by the police

Questions asked related to mental health

- Do you have any medical conditions? If yes, please explain
- Do you have any mental health problems? (Yes/No)
- Have you received any treatment? (Yes/No)
- Are you currently taking any medication? (Yes/No/Other)
- Have you ever tried to harm yourself? (Yes/No)
- How are you feeling now? (open question)