



A common sense approach

to working with
defendants and
offenders with mental
health problems

Advice for
Her Majesty's Court Service
Police
Prisoner escort agencies
Prison Service
London Probation Trust
Crown Prosecution Service
Solicitors
Judiciary
Youth Justice Board

Foreword

Criminal justice agencies have a duty to keep our local communities safe and to improve public confidence in our criminal justice processes. This includes responding to vulnerable people in need of assistance at whatever point they are within the criminal justice system. This is important in terms of ensuring access to health services and enabling criminal justice agencies to carry out their work effectively and in a timely manner.

Health services are required to work collaboratively with their criminal justice colleagues to ensure that services are accessible to those who need them. However, it is criminal justice staff who are often at the frontline faced with vulnerable people in crisis because of problems such as poor mental health, substance misuse, and/or learning disability. Having the knowledge to recognise and understand these issues is essential for staff in planning a more effective response.

The common sense approach supports staff to do just that. It gives relevant information on different mental health problems and how they might affect a person's behaviour. It also gives invaluable advice on how to respond in a way that will benefit both the person in distress and those professionals and services trying to keep the person safe.

We are extremely pleased to be able to recommend this guide to you and very much welcome the inclusion of advice on substance misuse and learning disability. This serves as a reminder to us all that individuals often have multiple needs which requires a multi-agency response.

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*The Department of Health, London Offender Health
Programme was delighted to support and contribute to
this guide*

9 out of 10

prisoners have a
mental health disorder

Over 70 per cent

of prisoners have two or
more mental health disorders

Less than 1 per cent

of offenders in the
community are being
referred for mental health
treatment

Diverting an offender,
where appropriate, from
prison to a community
sentence can save
up to £20,000

Introduction

‘At any one time, one adult in six suffers from one or other form of mental illness. In other words mental illnesses are as common as asthma’
(Department of Health, 1999)

It is widely acknowledged that people with mental health issues are overrepresented in all parts of the criminal justice system. When the mental health problems of offenders or defendants are not recognised or dealt with appropriately their problems often get worse, leading to increased levels of distress and disruption. Also, when mental health problems remain undiagnosed, re-offending may be inevitable.

How Together helps

Since 1993 Together’s Forensic Mental Health Practitioner (FMHP) Service has successfully broken this cycle in London for hundreds of offenders with mental health problems.

Our independent service identifies people in contact with the criminal justice system who have mental health issues. Together then provides a crucial link between the person and the local statutory or voluntary sector services that can help.

By ensuring people get the support to stay well, we help to reduce re-offending rates – this is a better outcome for the individual, for criminal justice agency staff, and for society as a whole. In 2009 Together’s work, in partnership with London Probation, was highlighted in Lord Bradley’s review of people with mental health problems or learning disabilities in the criminal justice system, as an example of good practice.

Referring people with mental health problems into the right care and treatment is possible at any stage of their journey through the criminal justice system. Doing this ensures that people get the services they need and that resources are used effectively by all agencies. People working in the different criminal justice agencies all have a vital role to play.

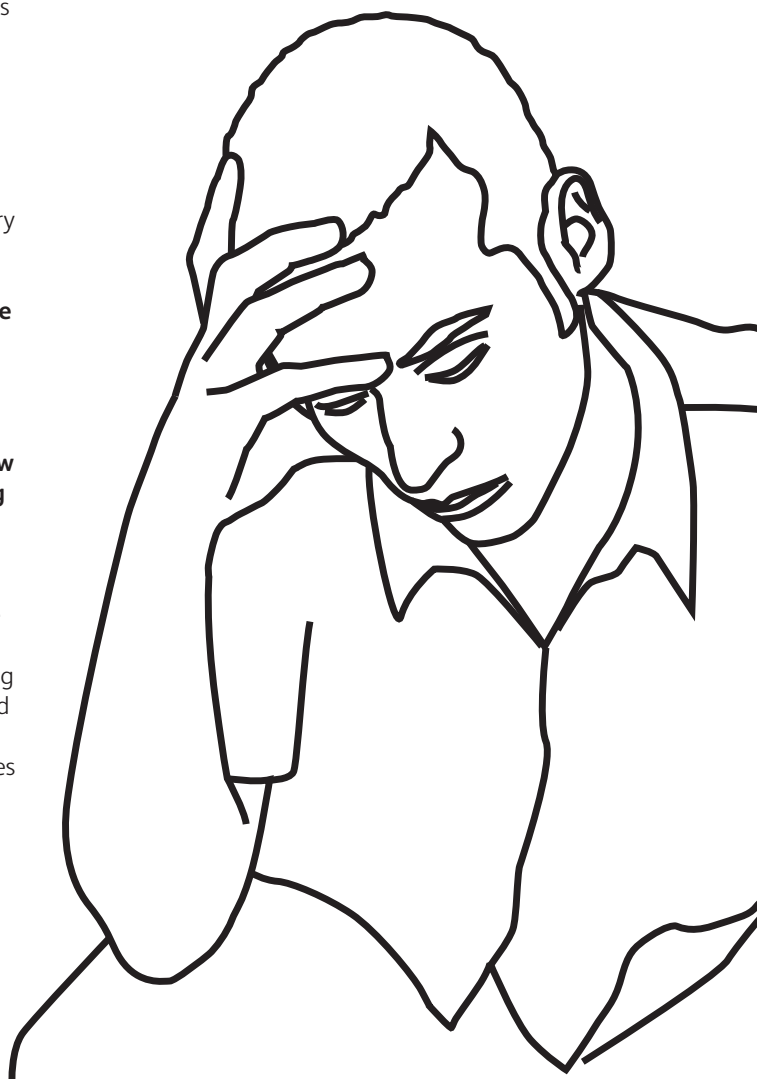
Using our guide

Drawing on our many years of first-hand experience in criminal justice settings we have put together this practical guide. Each of your agencies will have its own priorities, practices and protocols and you should always follow your own guidelines. We hope, however, that the guide will give you more confidence when dealing with people with mental health problems and will help you feel that you are helping to create a more safely managed working environment.

If you are concerned that an offender, defendant or somebody in your care might have a mental health problem, use this guide for practical advice on what to do and which agencies to go to for help.

Linda Bryant,
Manager

Together Forensic Mental Health Services (London)



A common sense approach to working with defendants and offenders with mental health problems

The four-step process

1. **SPOT** the potential issue
2. **UNDERSTAND** the impact of the surroundings
3. **ASK** questions to find out more
4. **RESPOND**

IMPORTANT:

This guidance should not replace the protocols and guidance set by your employers. It outlines approaches that we have found successful in dealing with hundreds of defendants and offenders with mental health problems, over many years. It focuses mainly on mental health, but some of it may help if the individual you are trying to help has a learning disability or learning difficulty.

The quick reference guide on page 13 provides more detailed information.

Step 1.

SPOT the potential issue

High and immediate risk

If you are concerned that a person under your care has a mental health issue and you think there could be immediate risks – risk to the person’s own safety or a risk to others – turn to page 10 for the steps to immediately ensure everyone’s safety.

More common problems

You are more likely to think that the person you are dealing with is acting in a way that is unusual, unfamiliar or causing them distress. Common outward signs of mental health problems are sometimes found in the following (sometimes in combination):

Difficulty in expressing themselves coherently

- Jumbled speech
- Difficulty concentrating
- Difficulty remembering things
- May talk very fast
- May appear over-confident and self-important

Seeming distressed, anxious or distracted

- Not trusting what you are saying to them.
- Convinced by beliefs that have no factual basis (believing, for instance that they are related to the royal family or are in danger of being attacked.)
- Thoughts may jump around very rapidly.
- Crying easily.
- Easily startled and panicked.
- Feeling hopeless and helpless.
- Difficulty eating or sleeping, sometimes for extended periods.
- Blaming themselves, expressing guilt unnecessarily, attempting to leave the situation to relieve feelings of discomfort.
- Over sensitivity to rejection or abandonment by others.

Appearing uninterested

- Finding it hard to complete simple tasks and activities.
- Lacking interest in their surroundings.
- Difficulty expressing emotions, seeming cut off from their feelings, emotionally numb.
- Quiet, appearing tired, listless, lacking in energy.
- Lacking any interest in their appearance.

Panic

- Sudden, intense feelings of anxiety, loss of control
- Trouble breathing
- Trembling, shaking
- Over-sensitivity to noises or sudden movements

Over-excited or extremely angry

- Over-active and excitable behaviour.
- Quickly and irrationally becoming irritable or extremely angry.
- Over-anxious, wanting to leave the situation.

Speaking to themselves, or experiencing unusual things

- Claiming sensations that do not exist (something crawling on their skin, seeing bright colours or objects.)
- Hearing voices or sounds that are not there.
- Flashbacks (related to a past trauma.)
- Nightmares and disturbed sleep, intrusive thoughts and images.

Dressing flamboyantly, acting compulsively, spending excessively

- Debt is an associated problem.
- Acting eccentrically, dramatically or erratically.
- Making inappropriate demands.
- Becoming very persuasive in order to be offered more than is realistic.

Difficulties in relationships

- Mistrustful of professionals and people in authority.
- Have unrealistic expectations of the help they can receive.
- Incapacity to maintain long-term relationships.
- Indifference to social relationships.

Physical symptoms

- Includes increased heart rate, rapid breathing, excessive sweating, tense muscles, headaches, nausea.
- Require frequent toilet visits.
- Trouble with breathing, shaking, trembling due to a panic attack.

Phobias

An extreme irrational fear, such as:

- Fear of going out
- Social occasions
- Crowded places

Alcohol and use of illegal substances

Some of the behaviour mentioned above may also indicate that a person has been either using or is withdrawing from excessive use of illicit substances and/or alcohol.

For more information about common signs and symptoms relating to specific mental health conditions and information about addiction and dependency, go to the quick reference guide on page 13.

Step 2.

UNDERSTAND

the impact of the surroundings

A person's response to their surroundings will have an impact on their sense of emotional wellbeing and how they relate to others.

Stress exacerbates mental health problems

Contact with the criminal justice system is stressful for anyone. Coping with it is even more difficult for someone with a mental health problem, particularly if they are unwell at the time.

Increase in anxiety

Anxiety may increase if medication or a mental health appointment has been missed. Being in a police station or the cells at court is likely to make the person feel even worse and may make it harder for them to communicate with you.

Surroundings may trigger symptoms

People may find it difficult to cope with noisy, busy police stations, for example, with people sometimes behaving unpredictably and impulsively.

Something you are unaware of may have caused the person to become unwell or distressed

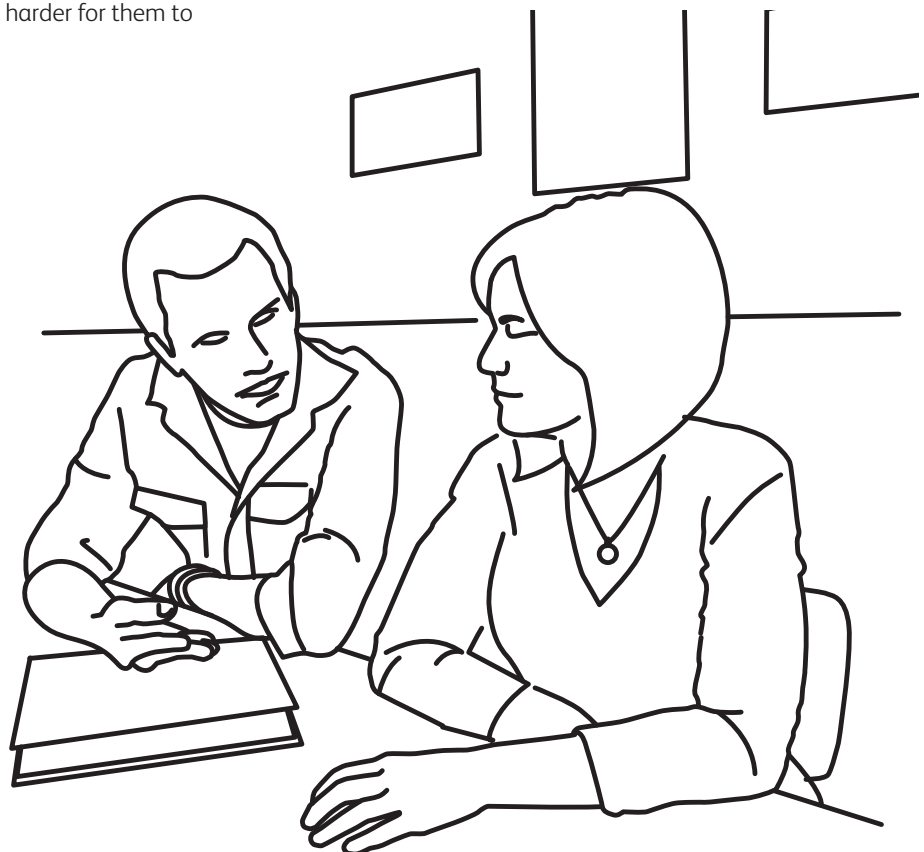
For example, the person may have run out of medication, been involved in a quarrel or been the victim of a crime.

Unfamiliar criminal justice processes

A person may find it genuinely difficult to cooperate with you as you carry out your duties because the procedures are unfamiliar and hard to make sense of.

Fear of stigma and discrimination

People with mental health problems often worry about other people's attitudes and how they will be treated if they admit to their problems. They may not want anyone, including their family, to know about their condition, and be reluctant to ask for help.



Step 3:

ASK questions to find out more

When you think that you have spotted a potential issue, it is important to find out more.

This may involve adapting your behaviour, asking sensitive questions, and putting the person at their ease. Obtaining more information will enable you to deal with the situation more effectively.

How you behave can also make a huge difference to how the person is able to cope. It may also make doing your job, and ensuring their safety, much easier.

Give consistent and clear explanations. Explain who you are, what your role is and what's going on. Show your ID if you have it.

Keep the person informed about what you are doing when you leave them and who will be talking to them next. They are quite likely to be confused. They may not even realise who they have been speaking to.

Use the person's name when addressing them at the start of a question or comment.

Be consistent and repeat things if needed. Do not assume that they have been through the process before.

Ask short, simple and precise questions, sensitively. The person is likely to know more about their mental health problems than anyone else – ask them.

Use straightforward language and try not to use jargon. Listen without interrupting or implying that their replies are unreasonable or made-up.

Avoid talking down to them or belittling them. If a person is not responding it may be due to their mental health problem, substance misuse and/or alcohol problem, or other communication factors, such as English not being their first language.

Stay calm: try to maintain a reassuring tone of voice. Avoid confrontation or arguments. Let the person express themselves if they are very distressed.

Persevere if the person does not want to talk to you. If someone is agitated and distressed it may be helpful to back off to allow the person or situation to calm down while you maintain a watchful eye. If you do back off, return and try to begin again. Be careful that the person does not feel pressured into a response or that repeating questions implies the person is giving wrong answers or is not believable.

Be honest. If the person does not accept what you are saying, for example saying that one of your colleagues has told them something different, discuss the issue with your colleague present, if possible.

Be clear about how much you or your agency may be able to help them (or not), explain how the agencies work together, and how you may be able to get more specialist support.

Find someone they trust. If the conversation is becoming difficult try to find someone nearby or in the neighbourhood whom the person trusts and ask if it's OK for you to speak with them. It could be a family member or friend attending the court hearing – there may be a neighbour who knows the person well.

Avoid noise and crowded places. If possible take the person away from over-stimulating and distracting surroundings.

Be cautious about physical contact. Don't assume that a reassuring hand on their arm, or other contact meant to reassure will necessarily make them feel better.

Observe the person and any changes in their behaviour.

Keep the person informed. It is sometimes difficult for people to absorb and retain information when they are stressed or anxious. It is important to give regular updates and to check that the person understands what is happening. Be prepared to repeat things.

See overleaf for questions that you might ask

QUESTIONS YOU MIGHT ASK

When asking questions you need to think about what you are trying to achieve.

You may need to ask a question again, but in a different way if the person is finding it hard to understand you.

High and immediate risk

If you are concerned that someone is at risk of self-harm and/or suicidal behaviour, follow your own organisational policies to help keep that person safe.

These questions will help you assess risk. Go to page 10 for the immediate steps you might take to ensure safety.

Engaging the person

- My name is and I am a I just wanted to check how you are doing. Can you tell me how you are feeling at the moment?
- Can I get you anything?
- Do you understand why you are here?
- Do you understand the situation you are in?
- Do you need some time alone or would you like me to stay? If you would like me to come back, my name is You can ask for me – I'm around.
- Is there anything you would find helpful at the moment?
- You seem a bit wound up and upset. If you can stay calm, we can find out how we might be able to help you.

Understanding the issues

- You seem really upset/irritated/down/restless. Are you OK? Can you tell me what's the matter?
- Can you think of anything that might help right now?
- Can you tell me if you are feeling unwell?
- How are you feeling at the moment? Is there anything troubling you at the moment?
- You seem a bit preoccupied and distracted. Is there something on your mind?
- You're talking really quickly. Is everything OK for you?
- Can you tell me if there is anything disturbing you? How are you managing that? How can you help yourself with that?

Is the person at risk in any way?

- You're looking really down/low. Sometimes people who are feeling very low may be thinking of harming themselves. Are you having any thoughts like that?
- Are you feeling safe at the moment? Are you worried about yourself?
- What might you do?
- How certain are you that you will do something to harm yourself?
- Is there anything that would help at the moment?
- When was the last time you harmed yourself? What was happening at the time?
- We're concerned about your safety and will need to check that you're OK. This means that (explain the actions to be taken: for example, there will be someone sitting outside the door) and if you would like to talk to someone, then let us know.

Illicit drugs and/or alcohol?

It is very important to find out as soon as you can whether the person is suffering from the effects of illicit drug and/or alcohol use, or withdrawal from these substances, because these can significantly affect their health and behaviour.

You need to explain why you are asking about this – to increase the chance of them telling you.

Ask questions in steps:

1. *Have they been using drugs and/or alcohol?*

- I need to ask you some questions in order to keep you safe and healthy while you are here.
- Can you tell me if you have taken any alcohol or illicit drugs in the last 24 hours?
- If so, can you tell me how much you have been using/ taking?
- Is this usual for you?
- Do you feel you can handle what is happening to you?
- Can you tell me why you think that?

2. *Are they on prescribed medication?*

- Are you taking any medicines prescribed by a doctor?
- Do you take any non-prescribed medicines?
- Do you mind me asking what the medication is for?

3. *Communicate your response (this will depend on any risk issues you have identified and your organisation's protocols)*

- Now that you have told me this, would you like to see a doctor?
- Having told me this, I am concerned that you may need to see a doctor. Do you agree?
- I am concerned about your safety after what you have told me. I am going to call a doctor to see you.

4. *Has the person had any contact with help before? Would they like help?*

- Are you getting any support or help from anyone?
- Who is that?
- Have you ever talked to anyone about things that trouble you /about how you are feeling?
- Are you taking any medication for how you are feeling? Who is giving that to you?
- Do you talk to your GP about how you are feeling/about your problems?
- What has your GP/nurse/counsellor, etc, suggested?
- What kind of help do you feel you need?
- Would you like any help?
- Is there anyone you'd like me to contact?

5. *Explaining onward referral/criminal justice processes*

- I'm concerned about you because Does that make sense to you?
- I would like to contact Is that OK with you?
- I need to do that because and I think this will help you.
- OK – this is what's about to happen, this is what I'd like you to do, which means that will probably happen.
- Have you ever been in a court before?
- Brief the person – explain what the court looks like, what they are likely to be asked (name, etc) and what behaviour is acceptable (avoid swearing, for example.)
- It might help if you understand what is going to happen next – would you like me to tell you?
- I'm worried that if you carry on doing you might harm yourself. It might also mean that we will need to if you continue. We may not be able to get you up to court and your case may be put back.



Step 4:

RESPOND

You may now have a clearer understanding of what might be happening to the person in your care. Important next steps:

- **Write down the information** in your organisational records.
- **Check out your thinking with a colleague and seek their advice.**
- **Get in touch with other agencies**
Using your information and your organisational policies and procedures, consider which other professionals or agencies you need to get in touch with in order to better meet the person's needs and your own duty of care.
- **Consent**
In an emergency that requires immediate action (see 1. opposite) and having followed your own organisation's protocols, you may need to contact external services, such as the person's GP or community mental health team and share information without seeking the person's consent. You should tell the person what you are doing.
- Be aware of your employer's procedures about sharing information.

It is important that you are clear that you are acting in the person's best interests, based on the information available to you and the circumstances you are currently dealing with.

If you are concerned about somebody

What you do now will depend on two main factors:

1. **You are concerned that the person's behaviour presents some immediate risks – to the person's own health and safety or to that of others (including you and immediate colleagues.)**

IMPORTANT: The following questions may also apply to someone who is experiencing the effects of excessive drug/alcohol use or withdrawal.

Consider the following:

- Does the person have limited or no understanding of the situation they are in? You can ask them what their understanding of their current situation is.
- Is the person so distressed that they are not able to communicate with you clearly?
- Does the person seem at immediate risk of harming themselves or others?
- Are you clear that you are acting in the person's best interests based on the information available to you and the circumstances you are currently dealing with?

If your answers to any of these questions is **'YES'**, you may want to contact the following services for an immediate response.

Emergency services

If it is not clear exactly what help the person needs, but immediate assistance is required, contact the Ambulance Service (and the police if there are safety concerns).

Hospital A&E departments

These departments will be able to provide the most responsive medical treatment, particularly if the person has physically harmed themselves. An assessment will be made followed by a possible referral to a duty mental health professional, such as a psychiatrist or psychiatric nurse. Some A&E departments also have psychiatric crisis services (they may be called psychiatric liaison services or psychiatric emergency clinics).

Local community mental health team duty service

Each NHS Trust area has a duty service that can be accessed by the local community mental health teams. This team can help when it is suspected that a person is very unwell and needs to go to hospital for immediate treatment.

Out-of-hours services

Each NHS Trust area will also have a range of out-of-hours services that may be able to assist. This may include helplines that you can phone in order to get advice and assistance.

2. You are worried about the person's behaviour, but do not think there is immediate risk to the person's or others' safety

Consider the following – is the person:

- Able to tell you about their emotional/mental health problems in a relatively understandable way?
- Able to identify supporting relationships that he or she has, such as family, friends, contact with services or a voluntary organisation?
- Not expressing any immediate intent to harm him or herself or anyone else?

If your answers to any of these questions is **'YES'**, you may consider contacting the following services:

Community mental health teams (CMHTs)

CMHTs vary, but generally the team consists of several mental health professionals, including psychiatrists, social workers, mental health nurses, occupational therapists and support workers: they support people with more serious mental health concerns living in the community. The team is usually based in an office or clinic in the community and offers a range of treatments, including medication and counselling.

Ask to speak to the duty worker, or if the person is already in the care of a CMHT, ask to speak to the person's care coordinator.

Drug and alcohol services

These services are provided by the NHS and also by the voluntary sector.

The Drug Intervention Programme, often known as DIP, involves identifying Class A drug-misusing offenders as they go through the criminal justice system and making a range of interventions to deal with their behaviour, getting them out of crime and into treatment and other support. Find the services in your area by contacting some of the organisations in the useful information section.

GP/Primary Care Services

The GP (General Practitioner) is generally the first professional that people with a mental health problem go to – they can offer most people the support they need. When GPs diagnose a mental health problem, they might suggest a number of things to help:

- Referral to a community psychiatric nurse for counselling, or support at home or to IAPTS (Improving Access to Psychological Therapies Service.)
- Medication, such as anti-depressants.
- Referral to a specialist in a community mental health team, such as a psychiatrist.

GPs are often a good point of contact if, with the person's consent, you need more information, particularly about the person's past care. All areas will also have a GP out-of-hours service.

Voluntary sector services

There will be a wide range of local voluntary sector services (they are generally charities) that can offer support and help to people with mental health problems.

The local Mind organisation often produces a directory of local services; otherwise try the advice phone lines detailed in our useful information section to find services in your area.

Write up any action you have taken in the person's records so that this can be taken up either by your colleagues on the next duty or the agencies who next have contact with the person.

Key contacts:

NHS Choices - Find service

Web: www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx

This allows you to find services in your locality, including mental health services and emergency departments.

NHS Direct

Tel: **0845 46 47**
Web: www.nhsdirect.nhs.uk

NHS Direct provides information and advice on a wide range of health issues via telephone, email and the internet. It may also suggest further sources of support and send information by post.

Local borough council websites

For a directory of council services go to the website for your borough:

Web: [www.\(insert name of borough\).gov.uk](http://www.(insert name of borough).gov.uk)

HOW TO GET THE RIGHT SERVICES

GP Registration

As part of your response, you may need to find out if the person is registered with a GP or help the person to become registered.

GP services are provided by the local Primary Care Trusts (PCTs) and are the gateway for people to access NHS services. PCT websites will provide a list of GP Practices; identify the areas they cover and details of PALS (the Patient Advice and Liaison Service) which can help with any enquiry about the NHS, including GP registration (www.pals.nhs.uk).

The Government has proposed significant changes to the NHS structure, which would result in GPs being given much wider powers to commission services on behalf of their patients.

NHS Services are provided through local Responsible Commissioner arrangements – in other words, establishing who is responsible for paying for a person's care. This is usually automatic if a person is GP registered. If the person is not GP registered you will need to establish 'who pays' before making any referrals. PCTs should be able to help you to understand who might be responsible based on the following:

- Where the person is registered with a GP, the PCT responsible for delivering services will generally be the one that geographically covers that GP practice.
- If the person is not registered, the PCT responsible for providing services will be the one in whose geographic area the person is 'usually resident' and as defined by the person. This could mean living with family or friends.
- The location of the offence may determine which services are responsible for someone's care.
- If the person is unable to give an address, the responsible PCT will usually be the one where the unit or service providing the treatment is located.

It will also help to know the following information:

- Is there a last known address or area where the person has links? This may include living with family or friends or having been long-term homeless in a particular area.
- Location of offence.
- Location of the court (if the location of the offence is unclear.)

Registering with a GP practice

Anyone who is resident in the UK is entitled to the services of an NHS GP, and from there access to a large primary health care team, including administrative staff, practice nurses, health visitors, district nurses, and perhaps a social worker. Registration is also a gateway to specialist care via referral.

People have the choice to register with any NHS surgery in the area where they live. Practices are also required to provide treatment for unregistered patients who are temporarily away from their normal place of residence or require immediate treatment due to an accident or emergency in the practice area. They have the discretion to accept or refuse patients onto their list, including those whose residence status is unclear, as long as they have reasonable grounds for doing so.

How to register

For most people, the process to register at a GP is relatively simple.

It is important to check first that the surgery covers the area where the person lives. You can find that out by using the NHS Choices Service Directory (www.nhs.uk). With help if necessary, the person then needs to contact the GP practice and ask to register with them. The practice will ask that a form called a GMS1 is completed and the person may need to give details such as name and address, date of birth and NHS number, and names of previous GPs.

For some people, GP registration may be more complicated – for example, people who are aggressive or racist in their behaviour or homeless people. If someone is excluded from registering contact PALS or the local PCT for help.

For homeless people, or if you do not know who the responsible commissioner is, there may be specific teams, such as dedicated GP practices or community mental health services, offering services to anybody who is in need and finds themselves in the locality. Again, PCTs should be able to provide that information.

For people living in Approved Premises, they will have temporary registration with a local GP which covers access to immediate primary care services. However you may find difficulties in accessing secondary and specialist care services without a referral from the area where the person was last registered with a GP, even though, importantly, that residency is defined by the person.

¹ *Who Pays? Establishing the Responsible Commissioner - Department of Health, 2007. (www.dh.gov.uk/publications)*

Quick reference guide:

Mental health, alcohol and substance misuse

This section outlines some of the signs and symptoms of the most common mental disorders, and the effects of alcohol and substance misuse. It suggests approaches that might help you in responding to people with these symptoms.

Mental health conditions

Anxiety

We all get anxious sometimes: for a short period anxiety may affect sleep, appetite and concentration but it usually eases when the cause of the anxiety has passed.

When anxiety persists, the feelings can become overwhelming and significantly affect a person's ability to cope. People with anxiety may also suffer with other mental health problems, such as depression.

Signs/symptoms

- Physical sensations including increased heart rate, rapid breathing, excessive sweating, tense muscles, headaches, nausea and needing to go to the toilet more often.
- Worrying thoughts that he or she may pass out or even die.
- Urges to escape a situation in order to relieve his or her physical sensations and reduce distressing thoughts.
- Sudden and intense feelings of anxiety – a 'panic attack' – can include feelings of losing control, trouble with breathing, trembling and shaking.

Effects on the person

- Agitated, restless and distressed.
- Avoids or leaves situations in order to relieve uncomfortable feelings.
- Difficulty concentrating.
- May develop a phobia about going out and may no longer want to see family and friends.

Key information

- **Allow the person to talk** about what is making them feel anxious.
- **It is unhelpful to tell the person to relax** without offering ways of doing this – for example, to take long and deep breaths.
- If the person is extremely agitated and distressed, you may need to **give them time and reassurance** to express themselves, such as being allowed to cry. This will help relieve the tension.

Bipolar Affective Disorder (Manic Depression)

Bipolar disorder is a serious but treatable medical illness. It is marked by extreme shifts in mood, energy, thinking and behaviour. There are 'highs' – periods of mania, greatly elated and excitable states and 'lows' – periods of depression.

There is a strong link between stress and this disorder, which can be triggered when someone finds themselves in surroundings that are stressful for them – for example, a police station or court – or by physical health problems and social factors, such as living in poor accommodation, losing a job, and so on.

A person may be unaware of the changes in his or her behaviour or moods and the effect they have on others. However, they may also have long periods when they are well and not experiencing any symptoms.

Signs/symptoms

- Extreme swings in moods: severe depression to periods of feeling elated.
- Unpredictable or unexpected behaviour.
- Unusual beliefs not based in reality.
- Difficulties with eating and sleep.
- Thoughts of self-harm or suicidal feelings.

Note: between the highs and lows the person may be stable.

Effects on the person

In an elated mood the person may:

- Talk at a fast rate, appear overly confident and self-important.
- Be overactive and excitable in his or her behaviour.
- Become quickly angry or irritable.
- Dress flamboyantly, spend excessive amounts of money and end up with debts.

In a depressed mood the person may:

- Feel unmotivated and uninterested and find completing simple tasks difficult.
- Have difficulty concentrating and remembering things.

Key information

- **Keep questions as simple and as clear as possible** and repeat them in different ways if the person is not understanding you.
- **Be patient** if the person is speaking too fast and ask them to slow down.
- **Stay calm** if the person's behaviour is unpredictable and ask them to try to remain sitting.
- **Ask if they are aware that their behaviour is erratic** and whether they have a diagnosis of any kind.
- **Ask if they have any thoughts about harming themselves.**
- **Encourage them to talk** to you and focus on their feelings at the moment.
- **Be as clear as possible about your role** and why you are talking to them.

Depression

Anyone can feel unhappy and low at times in response to life events, such as illness, stress, bereavement, and so on. For some people, however, depression may begin for no apparent reason and become a long-term condition. Sometimes depression comes and goes but is severe enough to disturb a person's day-to-day routine.

Health professionals tend to split the types of depression into three broad categories:

- **Psychological** - this is where a stressful or upsetting life event causes a persistent low mood, low self-esteem and feelings of hopelessness about the future.
- **Physical or chemical** - depression is caused by changes in levels of chemicals in the brain. For example, your mood can change as hormone levels go up and down. This is often seen in women as it is associated with the menstrual cycle, pregnancy, miscarriage, childbirth and the menopause.
- **Social** - doing fewer activities or having fewer interests can cause depression, or may happen because of depression.

People who are severely depressed sometimes want to harm themselves or to commit suicide. It is very important that you ask whether they have any thoughts or plans about harming themselves.

Signs/symptoms

- Feeling hopeless and helpless and with thoughts of harming themselves or committing suicide.
- Feeling very down and low in mood and becoming easily tearful.
- Blaming themselves and feeling unnecessarily guilty about things.
- Appearing quiet and taking no interest in their surroundings.
- Disturbed sleep and lack of motivation in their self-care, for example, their appearance, eating (either much more or much less than usual.)

Effects on the person

- Tired and lacking in energy.
- Lacks motivation and finds it very difficult to complete normal everyday tasks.
- Difficulties concentrating and remembering things.
- Anxious and appears agitated and restless.
- Irritable and angry.
- May isolate themselves and avoid contact with others.
- Finds it extremely difficult to express how they are feeling to others.

Key information

- **Encourage the person to talk** and show that you are listening to them.
- **Try to be positive** and **avoid being critical** or minimising the person's feelings by saying things like 'cheer up', 'it might never happen'.
- **Be reassuring** that it is possible for them to change their situation and that help is available.
- **If they are talking about wanting to hurt themselves you need to take this seriously** – find out if they have actual plans.

Ask: 'Can you tell me about how you are thinking about hurting yourself?;
'How often do you think this?'
'Do you have any plans?'

By asking you are not putting the idea in the person's head and they may be relieved that you asked them.

- **Ask about the person's social support** and where they might be going/what they might be doing when they leave you.

Psychosis

The term psychosis refers to experiences such as seeing or hearing things others might not hear, or holding unusual beliefs that other people do not share. A person suffering from a psychotic illness may have lost touch with some aspects of reality. It is generally considered the most serious form of mental illness.

Schizophrenia is a form of psychosis and is ten times more common in the prison population than in the community in general. 40 per cent of people with schizophrenia will attempt suicide at least once.

Schizophrenia can be highly disruptive to a person's everyday life, affecting their abilities to maintain relationships, find accommodation, keep a job and so on. Symptoms can often be managed by medication and psychiatric help, without too many side-effects.

Signs/symptoms

- Hearing voices and/ or sounds that do not relate to reality².
- Experiencing sensations that do not exist (for example, seeing bright colours, objects, or people, or feeling things crawling on the skin.)
- Thoughts that may jump around quickly.
- Strongly holding beliefs that others do not share and have no basis in reality, (for example, that they are related to the royal family or that someone is out to hurt them.) These are commonly referred to as delusions.

Effects on the person

- Finds it difficult to express him or herself in a way that others clearly understand.
- Ideas and conversation may appear jumbled.
- Distressed, anxious and distracted.
- Has difficulty concentrating during a conversation and may not trust what you are saying to them.
- Acts strangely or dangerously as a result of delusional beliefs or ideas.

Key information

- **Don't argue.** If someone is seeing or hearing things you aren't, arguing with them or pretending you can also hear / see the same things will not be helpful and may block further communication.
- **Acknowledge what they are saying** but that it is not your experience ('I understand that is how you see things, but maybe we could focus on your current situation'.)
- **Encourage them to talk** to you.
- **Be alert to the possibility that those who are experiencing psychotic symptoms may act on unreal experiences and can put themselves and others (including you) at risk.**

Personality Disorder

'Personality' is the pattern of thoughts, feelings and behaviours that makes us different from each other. Although the surroundings and experiences affect how we behave, our responses are generally predictable and consistent. Most people can adapt their behaviour to cope with the more challenging aspects of life. For someone suffering from personality disorder this is often not the case.

A person with a personality disorder may find coping with demanding situations difficult. Some are likely to have experienced abuse (physical, emotional, sexual), trauma and severe neglect in earlier life, which seriously interrupted their normal development. They often find it difficult to establish and maintain positive relationships with others.

People with a personality disorder are three times more likely to be at risk of harming themselves through self-harm and/or suicide than average.

Most people with personality disorders are not violent. However, when violent behaviour occurs it is more likely to be associated with a person with anti-social personality disorder.

Your response to people with personality difficulties is particularly important as they often find interactions with others very difficult.

There are different types of personality disorder but generally the person's traits (whether that be their thoughts, feelings or behaviour) are extreme or unusual in some way. They are likely to experience a range of problems in many different areas of their life, or quite severe problems in a few areas. There are four major patterns of personality disorder.

² It is not unusual for people to have heard voices during the normal course of life, as a result of a particularly stressful experience such as a bereavement or the breakdown of a relationship. This can be short-lived and without the need for contact with mental health services.

The following provides a brief overview of the main symptoms.

Anxious/inhibited

- Tends to feel uncomfortable in social settings.
- Fears being thought of in a negative way.
- Feels inadequate.
- Believes they are socially inferior and inept.
- Avoids activities and involvement with others as a result of a fear of criticism or rejection.

Dissocial (antisocial)

- Irresponsible and antisocial behaviour.
- Disregards and violates the rights of others.
- Unable to maintain enduring relationships.
- Easily frustrated and angered.
- Unable to feel guilt.

Emotional dysregulation (borderline/impulsive)

- Acts impulsively without considering the consequences.
- Emotionally unstable.
- Unstable relationships with others.
- Disturbed self-image.
- Responds negatively to stress, sometimes with self-harming behaviour.

Schizoid

- Indifferent to social relationships.
- Limited range of emotional expressions.
- Tends to be emotionally cold or detached, with a limited ability to express feelings of warmth or anger towards others.
- Prefers solitary activities, with few activities giving any enjoyment or pleasure.

Key information

- **Be clear about your role** and the extent that you/your agency may be able to help them – explain how agencies work together and how they may be able to help them.
- If the person is distressed and agitated **stay calm** and ask them what has happened.
- **Be reasonable** in your tone and, if necessary, ensure that the person understands what might happen if you are unable to ensure their safety or that of others.
- **Be transparent and honest** in your communication – for example, if the person does not accept what you are saying and tells you that your colleague told them something different, discuss the issue with your colleague present.
- **Be consistent** in the information you are giving.
- **Be cautious about making physical contact with the person.**
- **Be aware of how you might experience someone with personality disorder** – they may stir up extreme feelings in you; you may feel abused and/or deceived; you may be treated as either god-

like or as a demon. You may be left feeling responsible if the person is threatening suicide.

- **Avoid taking comments and behaviours personally.**

Post-Traumatic Stress Disorder (PTSD)

After a traumatic event in which somebody has been afraid that their life was under threat people can experience a range of psychological symptoms, known together as PTSD.

Such events can include natural disasters, experiences as part of someone's job (for example, fighting in a war) or events witnessed as part of everyday life (for example, a traffic accident, being a victim of violent assault.)

People may use alcohol or drugs to deal with uncomfortable and distressing feelings, sometimes developing dependency problems.

We are including PTSD in this guide because custodial surroundings, such as police cells, court custody suites and prison (noise, overcrowding, lack of personal control) can make symptoms much worse.

Signs/symptoms

- Intrusive thoughts and images, which can cause irritability.
- Flashbacks – feeling as though the trauma is happening again.
- Disturbed sleep, including nightmares.
- Intense distress in response to real or symbolic reminders of the trauma.
- Depression associated with the trauma.

Effects on the person

- Can seriously affect the person's lifestyle: for example, socialising, holding down a job.
- Being easily startled and experiencing panic if reminded of the trauma.
- Irritability and aggressive behaviour.
- Difficulty expressing affection, cut-off from feelings and emotionally numb.
- Difficulty concentrating.
- Avoiding situations that remind the person of the trauma.

Key information

- **PTSD can seriously affect a person's life** and it can take a long time with specialist help to overcome the most disabling aspects of the disorder. The person can't just be talked out of it.
- **Refer to specialist help.** People suffering with PTSD often need psychological treatment.
- **PTSD is often linked with other problems**, such as anxiety, depression, drugs or alcohol use.

Alcohol and Substance Misuse

Many people use alcohol or drugs to the extent that it affects their ability to manage daily life. An estimated 30–50 per cent of such people also have a mental health problem.

People often fail to recognise they have a substance misuse problem and, as a result, do not get in touch with support services. This means that their addiction can become worse and their lifestyle more chaotic. People with mental health needs may use alcohol and drugs excessively to make themselves feel better and to cope with stressful experiences.

The use of alcohol and drugs can pose significant risks to physical and mental health. However, for people with a drink or drug addiction, the process of reducing or eliminating their substance misuse needs to be managed carefully. Withdrawing from drink or drug dependency can result in life-threatening conditions if not dealt with carefully.

The following symptoms may indicate the need for an immediate response using your organisation's emergency procedures:

- Blue lips and pale clammy skin
- Collapse /unconsciousness/ unresponsiveness
- Breathing difficulties
- Airway obstruction – unusual snoring or grunting noises
- Seizures (fitting)
- Hallucinations/shakes

It is important to ask the person what they have been using, when and how much, and to find out whether they are undergoing any treatment.

Mental Health and Alcohol

Mental health problems are often combined with alcohol problems. Depression often causes excessive drinking as people can feel it helps them deal with issues such as the inability to sleep. However, alcohol is a depressant and often makes the person feel worse. Alcohol can temporarily relieve anxiety but this may also lead to repeated use and dependency.

Binge drinking

Binge drinking is when too much alcohol is consumed over a short period of time, such as in one evening. It is typically this type of drinking that leads to drunkenness.

People who are drunk are more likely to be involved in an accident or assault and be charged with a criminal offence.

Harmful drinking

Harmful drinking is drinking at levels that lead to significant harm not only to the drinker's physical and mental health, such as liver damage and dependence on alcohol but also with the potential to harm other people, with substantial stress and aggression in the family or with partners.

Harmful drinking: signs/symptoms

- Drinking takes priority over other activities and becomes a compulsion.
- Tolerance develops and it takes more alcohol to produce drunkenness.
- After a short period without a drink withdrawal symptoms develop; they are reduced by taking more alcohol.

Alcohol withdrawal

In order to prevent longer-term and potentially fatal complications of alcohol withdrawal, it is important that a person receives immediate treatment.

Signs/symptoms

The person is likely to be very anxious and may also have feelings/thoughts of paranoia (intense fear or suspicion which is usually unfounded), as well as some of the following symptoms:

- Tremors – shaking hands and/or body
- Sweating
- Nausea/vomiting – including vomiting blood
- Hallucinations – including experiencing frightening images and a physical sensation of something on their body: for example, insects crawling on their skin

- Convulsions
- Seizures
- Impaired judgement relating to their behaviour and decision-making
- Unusual behaviour
- Insomnia

In more serious cases confusion, fever, severe depression, disorientation with visual hallucinations can occur.

Mental Health and Drugs

Among people with mental health needs substance misuse problems can be common, particularly when they are very unwell.

Information you may find helpful:

- People with both mental health problems and substance misuse problems probably have other difficulties, such as keeping their accommodation or job, and maintaining positive relationships. As their lifestyle deteriorates, the risk of falling out of contact with support services increases as does the risk of coming into contact with the criminal justice system.
- Around three-quarters of male and female prisoners have two or more mental disorders and more than half (55 per cent) are problem drug users. There is an increased risk of violent incidents (both as victim and perpetrator.)
- Psychotic illnesses may be caused by drugs such as cocaine and speed. Some research suggests that prolonged or heavy use of cannabis can trigger mental health problems or make them worse.
- Using drugs may also make a person's mental health problems worse. For example, they may feel more anxious or depressed. Some people use drugs to make them feel better or calmer, but gradually they will need more of the drug to achieve the same effect.

Drug dependency

Dependence describes a compulsion to continue taking a drug in order to feel good or avoid feeling bad. When people do this to avoid physical discomfort or withdrawal, it is known as physical dependence. When there is a need for stimulation or pleasure or to escape reality, it is known as psychological dependence.

People can develop a physical dependence to substances such as alcohol or heroin, as well as to tranquillisers such as benzodiazepines. They can become psychologically dependent on drugs such as cocaine, amphetamines, ecstasy and cannabis.

Drug withdrawal

It is important to find out if someone has been using substances. The effects of withdrawal can sometimes produce mental health problems or symptoms similar to a mental illness.

Withdrawal is the body's reaction to the sudden absence of a drug on which the user is physically dependent. Users can develop physical dependence to substances such as alcohol, heroin, other opiates and tranquillisers, such as benzodiazepines.

Signs/symptoms

People withdrawing from drugs do not all react in the same way.

Opiates withdrawal (including heroin):

- Flu-like symptoms, such as aches and pains, hot and cold sweats, shivering
- Nausea/vomiting
- Diarrhoea
- Insomnia
- Rushes of emotions
- Feeling tired or 'spaced out'
- Feeling anxious

Opiate withdrawal is rarely fatal. It is often, however, highly distressing and the person is likely to become depressed and/or anxious.

Overdose, particularly when the drug is taken with alcohol and additional substances, is the main risk from opiate use and can be fatal. If a person has been free of the drug for a period of time and uses again there is an increased likelihood of overdose, because the body has a reduced tolerance.

People withdrawing from **methadone**, which is commonly prescribed in the treatment of heroin addiction, experience the same symptoms as for opiate withdrawal.

Cocaine and crack-cocaine withdrawal:

- Depressed mood
- Irritability
- Agitation and anxiety
- Tiredness
- Feeling physically unwell

As with opiates, direct withdrawal is seldom fatal.

However if the drug has been taken in combination with alcohol and additional substances this increases the likelihood of a fatal overdose.

The experience of withdrawing from substances may make the person want to use them again.

Quick reference guide:

Learning disabilities and learning difficulties

This Common Sense Approach Guide is primarily to support frontline criminal justice practitioners working with people with mental health problems. However, people with mild or moderate learning disabilities and learning difficulties are as likely to find themselves in contact with the criminal justice system as the general population.

It is estimated that between 20-30 per cent of prisoners have learning disabilities or difficulties that interfere with their ability to cope within the criminal justice system. This group are also at risk of re-offending because of unidentified needs and consequent lack of support or services. They are unlikely to benefit from programmes designed to address offending behaviour and are often targeted by other prisoners when in custody (Prison Reform Trust, 2007.)

As a vulnerable group of people who may not be able to fully understand or participate in what is happening to them without additional help, it is important that criminal justice staff are able to identify who may need support and which agencies to contact.

It is also important to understand the differences between someone experiencing mental health problems and someone with a learning disability.

Generally mental health problems can develop at any time in someone's life, can be as a response to specific events and can change over time. Treatment can usually help to reduce or stop symptoms. A learning disability is a life-long condition which cannot be 'treated', but is still likely to require the person to receive the support of services.

What is a Learning Disability?

A learning disability is defined as:

- A significantly reduced ability to understand complex information or learn new skills.
 - A reduced ability to cope independently.
 - A condition which started before adulthood (18 years of age) and has a lasting effect.
- (Department of Health, 'Valuing People White Paper, 2001).

Signs/symptoms

People with learning disabilities will have different, individual experiences that affect their abilities to understand, manage and cope with different situations. This may include:

- Being slower to understand information.
- Finding certain tasks difficult such as filling in forms, following instructions or directions, concentrating for long periods of time and keeping appointments.
- Needing extra support to cope with everyday activities.
- Experiencing difficulties in communicating and expressing themselves.

What is a learning difficulty?

A learning difficulty refers to specific problems that a person experiences when processing certain types of information. The term learning difficulty includes a number of different conditions and people often have more than one type of learning difficulty or condition. These include autistic spectrum disorders, dyslexia and attention deficit (hyperactivity) disorder (ADHD). As around 1 in 100 people have some form of autism (National Autistic Society), more detailed information about the condition now follows. The 'Useful Information' section at the end of the guide provides references for finding out more about other conditions you may come across.

Autism Spectrum Disorders

Autism and Asperger's syndrome are closely related and are lifelong developmental disabilities that affect:

- How a person communicates with, and relates to, other people.
- How they make sense of the world around them.
- How they interact with people.

Some people are able to live relatively independently, others may need a lifetime of specialist support.

Signs/symptoms

There are many common features between autism and Asperger's syndrome but one important difference is that people with Asperger's syndrome tend to have average or above average intelligence whilst people with autism generally have an average or low IQ. This means that they are likely to need and receive more support.

An individual with an autistic spectrum disorder is likely to show some of the following characteristics in three main areas:

Social interaction

He or she may:

- Appear to be indifferent to others or socially isolated.
- Behave in what may seem an inappropriate or odd manner.
- Avoid eye contact when under pressure.

Social communication

He or she may:

- Have difficulty in understanding tone of voice, intonation, facial expression.
- Find it difficult to hold a two-way conversation.
- Become agitated in responses or come across as argumentative or stubborn.
- Come across as over-compliant, agreeing to things that are not true.
- Have poor concentration and listening skills.
- Use very formal language and be honest to the extent of bluntness or rudeness.

Social imagination

He or she may:

- Have difficulty in foreseeing the consequences of their actions.
- Become extremely anxious because of unexpected events or changes in routine.
- Like set rules, and overreact to other people's infringement of them.
- Often have particular special interests, which may become obsessions.
- Find it difficult to imagine or empathise with another person's point of view.

Effects on the person

The effects on a person with a learning disability or learning difficulties may include the following:

- Coping with some situations may be particularly difficult and stressful.
- When feeling more stressed, the person may find tasks even more difficult to complete.
- Find it more difficult to learn new information.
- Do not always understand the implications of their actions, the motivations of others and may not learn from past experience.
- Difficulty coping with unexpected events, particularly in more risky situations, which may create anxiety for the person and cause them to behave unusually.
- Inability to understand or be aware of the consequences of their actions or the effect of their behaviour on others.
- Misunderstanding social cues, such as staring at people or avoiding eye contact altogether.
- Inappropriate social interactions such as standing too close to others.
- Inability to understand others' motives – this may lead the person into criminal activity, such as theft and robbery, through being duped by others.
- Social isolation that leaves the person vulnerable to bullying.
- Acting in a single-minded way in the pursuit of a particular interest. As a result, they may have broken the law without realising it or put themselves in danger.

Key information

- **Be aware** that people with learning disabilities / difficulties are at risk of not receiving fair treatment by criminal justice agencies if they do not have the necessary support – for example, being unable to complete a required form or reading and understanding conditions imposed by a court.
- **Ask sensitive questions** as some people with a learning disability may not tell you they have a learning difficulty due to previous discrimination or negative responses. Some people with learning difficulties may experience more than one associated condition. It is important that you find out the nature of their specific condition(s).
- **Finding out** about support that they have received previously or are currently receiving will also help you to find out more about the actual condition(s).
- **Understand** that unfamiliar surroundings, unexpected events and circumstances will cause anxiety and place the person under particular stress, such as being in a police station.
- **Be aware** that some people are very sensitive to noise and light as well as fearful of being in crowds.
- **Acknowledge** that the person may not understand usual social rules such as having to wait for a court hearing for example, and may become increasingly anxious.

- **Don't** continue to ask questions of the person if they are clearly becoming more distressed and upset.
- **Be clear and straightforward** – the person may take what you say literally and may not understand when you are joking or using figures of speech, particularly when under stress.
- **Be alert** for the need to get health services involved - without the right kind of support and help, people with autism often become victims or repeat the behaviour which brings them into contact with criminal justice services.
- **Autism recognition cards** - the person with autism may be in possession of a card which indicates and explains their condition.
- **Be aware** that people with learning disabilities are covered by the disability discrimination act 2005. This means that as a public sector provider you have to make 'reasonable adjustments' to your services and goods. This could mean providing information in an accessible format that is easier to read.
- **Do make contact** with your local Community Learning Disability Team. They are a valuable resource of information and could help with training.

Key reference:

'Positive Practice, Positive Outcomes: A Handbook for Professionals in the Criminal Justice System Working with Offenders with Learning Disabilities (2010)', Department of Health
www.dh.gov.uk/en/Healthcare/Offenderhealth/DH_4032016

Quick reference guide:

Self-harming and suicidal behaviours

On average 13 people a day die from suicide and nine out of ten suicides involve people with a mental health problem. People suffering with severe depression and schizophrenia are at greatest risk.

Men make up 75 per cent of all suicides and 20 per cent of deaths of young people are through suicide. Among women self-harming is more common than suicide.

Self-harming is more common among people experiencing mental health problems, those who are dependent on alcohol or drugs and/or experiencing significant distress (which may be due to past traumatic experiences or current stressful life events.) The person is likely to be experiencing feelings of hopelessness and a sense that he or she is unable to cope with their own distress.

Self-harm may feel helpful to the person in the short-term and takes many forms, including the cutting of parts of the body, burning, bruising, hair-pulling, breaking bones and swallowing poisonous substances.

Suicide can be described as a response to intolerable pain (usually emotional, not physical pain) that appears to have no end. There are a number of risk factors, apart from mental illness, associated with suicide, including substance misuse, bereavement, unemployment, family history of suicide, homelessness and poor social networks.

Reasons why a person may self-harm or attempt suicide include to:

- Relieve emotional pain and distress.
- Cope with difficult and painful feelings.
- Communicate their feelings to another person.
- Punish themselves.

Signs of self-harm

- Increasing isolation; withdrawn behaviour.
- Hoarding unusual items.
- Covering scar tissue (for example, wearing long-sleeved garments in warm weather).
- Avoiding changing clothes in front of others.

Signs of suicidal thoughts

- Change in behaviour – low spirited, withdrawn, severely agitated.
- Taking less care of physical appearance, immediate surroundings.
- Making a will, giving away possessions.
- Statements such as 'I won't be around for much longer'; 'there is nothing left for me'.

If you are concerned that a person is at risk of self-harm and/or suicidal behaviour, to help keep that person safe you should follow your own organisational guidance. This should include guidance on when you can share information with other agencies (with and without the person's consent). The questions on page 8 will help you assess the risk.

Key information

- Use the questions on page 8 'Is the person at risk in any way' to help you find out how the person might be feeling and thinking and if there is any immediate risk.
- By asking questions sensitively, it is unlikely that you will increase the person's risk. People are often relieved to have someone to talk to.
- Listen and acknowledge what they are saying and approach each case with an open mind – people harm themselves for a number of different reasons.
- Be non-judgemental and avoid showing disgust.
- Try to focus on the individual and not just on the self-harm or suicidal thoughts – this kind of thinking and behaviour are signs of an underlying problem.
- Refer for specialist help at the earliest opportunity.

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www.dh.gov.uk/en/Healthcare/Offenderhealth/DH_4032016

Useful information:

Organisations that can help

You can use this information to find out about services and organisations in your area.

There are blank pages at the end of the guide – Local contacts – for you to record the information.

Alcohol Concern

Tel: **020 7264 0510**
Email: **contact@alcoholconcern.org.uk**
Web: **www.alcoholconcern.org.uk**

Alcohol Concern provides expertise, information and guidance on alcohol issues to professionals and organisations. It is a membership body working at a national level to influence alcohol policy and champion best practice locally.

The British Dyslexia Association

Tel: **0845 251 9003**
0845 251 9002 (National Helpline)
Email: **admin@bdadyslexia.org.uk**
Web: **www.bdadyslexia.org.uk**

*The association has also produced a good practice guide, 'Good Practice Guide for Justice Professionals: Guidelines for supporting clients and users of the justice system who have Dyslexia and other Specific Learning Difficulties'.
www.bdadyslexia.org.uk/news/publications/justice-guide.html*

Directgov

Web: **www.direct.gov.uk**

This government website provides a wide range of general information as well as allowing a search for information on local services.

Drugscope

Tel: **020 7520 7550**
Email: **info@drugscope.org.uk**
Web: **www.drugscope.org.uk**

Drugscope is the UK's leading independent centre of expertise on drugs and provides high-quality drug information.

Frank

Tel: **0800 776600 (Advice line)**
Web: **www.talktofrank.com**

The website provides advice and information on all issues related to substance misuse. The advice line is free, and is available 24hours, 365 days a year and provides confidential, impartial help and advice.

Mencap

Tel: **020 7454 0454**
Email: **information@mencap.org.uk**
Web: **www.mencap.org.uk**

Mencap's Learning Disability Helpline is an advice and information service for people with a learning disability, their families and carers. Tel: 0808 808 1111.

Mencap is a national organisation that supports people with a learning disability and their families and carers.

Easyhealth - **www.easyhealth.org.uk**

This website from Mencap collates a number of resources to explain common health problems to people with learning disabilities.

Mind

Tel: **0845 766 0163**
Email: **info@mind.org.uk**
Web: **www.mind.org.uk**

The Mind infoLine is a confidential information service about mental health issues, such as where to go for help, medication, alternative treatments, advocacy and legal issues. You can write, telephone or send an email to receive information.

Nacro

Tel: **0117 935 0404**
Email: **mentalhealth@nacro.org.uk**
Web: **www.nacro.org.uk**

Free information service relating to mental health and criminal justice issues (0117 935 0404; 9am - 5pm, Monday-Friday, Answerphone out of hours.)

Freephone Resettlement Helpline for ex-offenders, their families and friends: 0800 0181 259.

Nacro is the leading criminal justice charity in England and Wales. The Mental Health Unit works with government and agencies at a national and local level to develop more effective ways of dealing with defendants and offenders with mental health needs.

National Autistic Society

Tel: **020 7833 2299**
Email: **nas@nas.org.uk**
Web: **www.autism.org.uk**

The helpline provides impartial, confidential information, advice and support for people with autism spectrum disorders, their families, professionals, researchers and students.

The National Autistic Society promotes the rights and interests of all people with autism and aim to provide individuals with autism and their families with help, support and services.

The Society has also produced a guide for criminal justice professionals containing essential information about autism. The guide, called 'Autism: an at-a-glance guide for criminal justice professionals', outlines the key signs that may indicate whether a person has autism and the most important steps you should take in order to deal with them appropriately when they come into contact with the Criminal Justice System.

NHS Choices - Find service

Web: **www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx**

This website allows you to find services in your area, including mental health services and emergency departments

NHS Direct

Tel: **0845 46 47**
Web: **www.nhsdirect.nhs.uk**

NHS Direct gives information and advice on a wide range of health issues via telephone, email and the internet. It may also suggest further sources of support and send information in the mail.

Rethink

Tel: **0845 456 0455**
Email: **info@rethink.org** or

Advice service

Tel: **020 7840 3188**
Email: **advice@rethink.org.uk**
Web: **www.rethink.org**

Rethink is a national mental health charity that provides information and advice, and engages in research and campaigning on mental health issues. It also provides local services, such as advocacy projects.

Samaritans

Tel: **08457 90 90 90**
Email: **jo@samaritans.org.uk**
Web: **www.samaritans.org.uk**

The Samaritans provide confidential and non-judgmental support to people who are feeling overwhelmed by emotions or distress and/or who may be feeling suicidal. They are available 24 hours a day by telephone, email, letter and face-to-face.

Together

National Office
12 Old Street
London EC1V 9BE

Tel: **020 7780 7300**
Email: **contactus@together-uk.org**
Web: **www.together-uk.org**

Together is a national charity that works alongside people with mental health problems. Most people that it helps have long-term or complex mental health issues and are referred to Together by other professionals.

Local Contacts

Use these pages to note agencies and support services in your area.

Acknowledgements

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Together is a national mental health charity with over 100 projects across England. The Together Forensic Mental Health Team has been working in London since 1993 and provides a unique service working alongside the Probation and Court services across a number of London boroughs. Together's partnership with London Probation was cited as a practice example in the Bradley Report (2009).

For further information please contact:



contactus@together-uk.org
www.together-uk.org

