Cambridgeshire County Council

Cambridgeshire Research Group

COMMUNITY SAFETY STRATEGIC ASSESSMENT 2015/16

MENTAL HEALTH IMPACTS

FINAL VERSION

JANUARY 2016

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For more information about the team phone 01223 715300

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Description:	The purpose of this document is to provide the Huntingdonshire Community Safety Partnership with an understanding of key community safety issues affecting the district. This is the third of four documents that will be produced for 2015/16. The focus of this document will be on Mental Health Impacts.
Produced by:	Leigh Roberts & Nicola Gowers Cambridgeshire Research Group Leigh.Roberts@cambridgeshire.gov.uk Nicola.gowers@cambridgeshire.gov.uk
Additional Contributions:	
On behalf of:	The document has been produced by the CRG, on behalf of Huntingdonshire Community Safety Partnership and is available to download from http://www.cambridgeshireinsight.org.uk/community-safety/CSP/hunts Huntingdonshire Community Safety Team: 01480 388388 Claudia Deeth - Community Safety Team Leader
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DOCUMENT OUTLINE

The purpose of this strategic assessment is to provide the Huntingdonshire Community Safety Partnership (HCSP) with an understanding of the crime, anti-social behaviour, and substance misuse issues affecting the district. This will enable the partnership to take action that is driven by clear evidence.

This document and previous strategic assessments can be accessed on the Cambridgeshire Insight pages here http://www.cambridgeshireinsight.org.uk/community-safety/CSP/hunts

DOCUMENT SCHEDULE

The partnership has a continuous assessment process that allows for strategic planning throughout the year. The aim of each document is to gain a better understanding of an agreed key issue in the district. The quarter four document will also provide a scan for future years. The continuous assessment consists of 4 parts:

Document	Key theme	Analysis & Writing	Presentation
1	ASB (High & Medium Risk)	June and July	July 2015
2	Low level violence	July to September	October 2015
3	**Mental Health Impacts**	**October to December**	**January 2016**
4	Cohesion	January to March	April 2016

ADDITIONAL DATA

The interactive community safety atlas provides some of the main crime and disorder issues at ward level. The atlas allows the user to review the data directly on the map or in a chart. It can be accessed here http://atlas.cambridgeshire.gov.uk/Crime/atlas.html and now includes 2014/15 data.

The Pyramid of Crime: victim offender interactive profile, is presented at district level and can be accessed here http://atlas.cambridgeshire.gov.uk/Crime/Pyramid/html%205/atlas.html?select=12UB . It will be updated shortly.

EXECUTIVE SUMMARY

The scope of crime and community safety issues tackled by local Community Safety Partnerships (CSP) has changed over the years, with the Home Office being far less directive allowing for local issues to be prioritised. This has led to a move away from a focus on crime types to a focus on individuals, enabling the Partnership to prioritise concerns relating to victim vulnerability and the harm caused by specific offender groups.

In this report the CSP is examining aspects of mental health issues that affect crime and anti-social behaviour (ASB), and where the Partnership can add value.

KEY FINDINGS

Overview:

- Mental health is a complex issue, affecting 1 in 4 people at a given time. Not all aspects of mental health require a CSP response, but by examining the issue in more detail the Partnership can see where mental health overlaps with their current priorities.
- There are significant intelligence gaps and data issues across the county, and nationally, that are a barrier to fully understanding this complex issue. Many people also fall below the mental health act threshold and/or remain undiagnosed.
- There are a variety of risk factors that may influence the prevalence of mental health, several of which are linked to deprivation – e.g. low-income or children looked after by the local authority.[1]
- Studies have indicated around 75% of users of drug services and 85%[2][3] of users of alcohol services may experience mental health problems.
- Top locations for 'Missing From Home' are non-private addresses including Children's homes and hospitals.

Increased victimisation:

- People experiencing mental health issues are more likely to be a victim of crime – e.g. research suggests they are more likely to be a victim of assault (5 times) or household crime (3 times) when compared to the general population.[4]
- Mental ill-health is a vulnerability for both perpetrators and victims of crime.
- Individuals with mental health issues access a wide variety of services and are often more likely to than the general population – e.g. the estimated prevalence of Personality Disorders at 66% in the prison population compared to 5.3% in the general population.[5]

[1] Public Health, Cambridgeshire County Council (unpublished). Paper to JCU – Mental Health Need in C&YP in Cambridgeshire. Mental Health of Children and Young People in Cambridgeshire JSNA, 2013.
[2] http://www.centreformentalhealth.org.uk/pdfs/dual_diagnosis.pdf
[3] Cambridgeshire and Peterborough NHS Foundation Trust (2014) Dual Diagnosis Strategy 2014
[4] Pettitt, Bridget, Greenhead, Sian, Khalifeh, Hind, Drennan, Vari, Hart, Tina, Hogg, Jo, Borschmann, Rohan, Mamo, Emma and Moran, Paul (2013) *At risk, yet dismissed: the criminal victimisation of people with mental health problems.* (Project Report) London : Victim Support, Mind.
[5] Dept Health (2009) The Bradley Report; Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system.

Service provision:

- Although there is a comprehensive range of mental health services provided across the county, it remains under resourced and access issues remain for some people.
- People who take their own life are often known to mental health services.
- Several aspects of the Partnership's current practice already support mental health services – e.g. representation on the countywide suicide prevention group and use of multi-agency systems such as ECINs.
- The impact of being a victim of crime or ASB can be highly variable. Front line staff in key professions should be mindful of key indicators of individuals who need additional support, or early intervention. Raising awareness of mental health issues is part of this process. In-depth training should be considered for key professions.
- Those that are victimised because of a mental health issue are victims of disability hate crime and should be offered the enhanced service as stipulated within the Victims' Code.

RECOMMENDATIONS

Mental health is complex so it cannot be expected that a 'one size fits all' approach would work to address the issues. However, key recommendations are that the Partnership should consider ways of implementing the following;

- Early intervention with those individuals with mental health issues who are at risk of being or have been victimised
- Provide clear pathways/referrals appropriate support for both victims and offenders and these communicate these to front line staff
- Help reduce risk of those already vulnerable due to their mental health through a coordinated multi-agency responce
- Help reduce the impact of crime on those with mental ill-health by ensuring victims are appropriately supported.

In order to achieve these recommendations the HCSP can assist in the following ways;

- Awareness training of signs of mental health issues for staff in key professions to support early detection and appropriate referral.
- More effective information sharing to reduce the intelligence gap and support early detection and diagnosis.
- Improved use of existing markers within existing information systems – e.g. the mental health marker for ASB incidents in police data.
- Improved use of shared systems such as ECINs – e.g. improved use of the mental health marker for ASB cases, and Missing From Homes data share on ECINs (if not already done).
- Partnership working to deliver effective mental health services.
- Work more closely with children's homes in the district to target Missing From Homes

These recommendations are support by best practice identified in research within London[6].

[6] Greater London Authority (2014) London mental health: the invisible costs of mental ill health

INTRODUCTION

The purpose of this strategic assessment is to provide the Huntingdonshire Community Safety Partnership (HCSP) with an understanding of mental health issues affecting the district. This will enable the Partnership to take action that is driven by clear evidence. This document will cover mental health prevalence, the impact of crime on those with mental health issues, and an overview of current mental health service provision.

BACKGROUND

The HCSP requested a focused document on the impacts of mental health on crime and disorder. Partners highlighted significant mental health issues seen from their perspective, and raised questions of concern. These included, but were not limited to, mental health and Anti-Social Behaviour (ASB) cases, high-risk missing persons, victims of crime who are vulnerable by virtue of their mental health, and suicide. Partners were also interested to learn more about prevalence and types of mental ill-health diagnosed and also mental health service provision.

As a key partner within the HCSP, the Cambridgeshire constabulary had also received feedback from a recent HMIC inspection into police efficiency which was supportive of further focused work in the area of mental health:

> '*The constabulary has been somewhat slow to consider opportunities to work more efficiently with other organisations in responding to incidents involving individuals with mental health concerns, though progress is now being made*''[7].

Although exact prevalence of mental health issues is difficult to determine, when considering mental health and community safety it is useful to consider that mental health issues can be experienced by victims and perpetrators, and is a vulnerability risk factor.

MENTAL HEALTH PREVALANCE

'Mental health' is an umbrella term often ascribed to what would more accurately be termed 'mental ill-health'. Mental health is a complex issue which is often misunderstood, and exact prevalence is difficult to determine. However, it is widely cited that 1 in 4 people are estimated to have a mental health problem at a given time.[8][9][10][11]People with mental health issues have also been

[7] HMIC (2015) PEEL: Police efficiency 2015 An inspection of Cambridgeshire Constabulary. https://www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/cambridgeshire-police-efficiency-2015.pdf
[8] McManus, S., Meltzer, H., Brugha, T. S., Bebbington, P. E., and Jenkins, R. (2009). Adult psychiatric morbidity in England, 2007: results of a household survey. London: National Centre for Social Research.
[9] Mind (2015) http://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems.aspx
[10] McManus, S., Meltzer, H., Brugha, T. S., Bebbington, P. E., and Jenkins, R. (2009). Adult psychiatric morbidity in England, 2007: results of a household survey. London: National Centre for Social Research.
[11] Mind (2015) http://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems.aspx

found to experience higher rates of crime, and are more likely to be victims of crime than the general population.[12]

Mental health data is often absent and there are other limitations to acknowledge, such as awareness that reporting is based on an individual having a diagnosed condition. [13] Many people suffering with mental health issues fall below the mental health act threshold for intervention. This can be a challenge for community safety professionals, as both victims and perpetrators of crime lack the support required from a range of community partners.

Meltzer *et al* (2000) estimate that half of all lifetime mental disorder starts by the age of 14 and 75% by the time a person reaches their mid 20's.[14] Furthermore, one study in London estimated that 45% of looked-after-children, aged 5-17 year olds, have a mental health disorder.[15]

An indication of the prevalence of a few types of mental health issues is provided by leading mental health charity MIND in Figure 1.

Figure 1: Estimated prevalence of three types of mental ill-health , MIND 2015

Type	Numbers affected
Personality disorders	3 to 5 people in every 100
Bipolar disorder	1 to 3 people in every 100
Schizophrenia	1 to 3 people in every 100

Source: Mind, cited in DAAT, Cambridgeshire County Council (2015) Cambridgeshire Drug and Alcohol Action Team Needs Assessment.

CAMBRIDGESHIRE

The Cambridgeshire Joint Strategic Needs Assessment (JSNA) 'Autism, Personality Disorders and dual diagnosis 2014' estimates that common mental disorders will affect 17,000 Huntingdonshire residents in 2016. This represents approximately 10% of the total population of the district. Local estimations for other mental health types are listed in Figure 2, highlighting the extent of the issue across the district.

Figure 2: Huntingdonshire mental health prevalence, JSNA 2014

- Common mental disorders: 17,000 people in 2016 increasing to 18,200 in 2026
- Borderline personality disorders: 500 people in 2016 and remaining at 500 in 2026
- Anti-social personality disorders: 400 people in 2016 and remaining at 400 in 2026
- Psychiatric disorders: 7,600 people in 2016 increasing to 8,200 in 2026

Source: Cambridgeshire Joint Strategic Needs Assessment (JSNA) *Autism, Personality Disorders and dual diagnosis 2014*

The Cambridgeshire and Peterborough's Joint Commissioning Unit recently produced a report on mental health needs for children and young people. The report assessed the contributing factors

[12] Pettitt, Bridget, Greenhead, Sian, Khalifeh, Hind, Drennan, Vari, Hart, Tina, Hogg, Jo, Borschmann, Rohan, Mamo, Emma and Moran, Paul (2013) *At risk, yet dismissed: the criminal victimisation of people with mental health problems.* (Project Report) London : Victim Support, Mind.
[13] DAAT, Cambridgeshire County Council (2015) Cambridgeshire Drug and Alcohol Action Team Needs Assessment.
[14] Meltzer H, Gatward R, Goodman R, Ford T (2000) The mental health of children and adolescents in Great Britain HMSO: London.
[15] Greater London Authority (2014) London mental health: the invisible costs of mental ill health

thought to increase a young person's risk of developing mental health problems in order to inform the potential level of mental health need across Cambridgeshire. Contributing factors have strong links with social disadvantage, such as low-income or children looked after by the local authority (see Appendix A). Based on these scores, eight Huntingdonshire wards were ranked in the top quintile for mental health need, see Figure 3. [16][17]

Figure 3: Estimating mental health need – Huntingdonshire wards in the top quintile for need, Cambridgeshire County Council

- Huntingdon East
- St Neots Eaton Socon
- Huntingdon West
- St Neots Eynesbury
- Huntingdon North
- Yaxley and Farcet
- Ramsey
- St Neots Priory Park

Source: Public Health, Cambridgeshire County Council (unpublished). Paper to JCU – Mental Health Need in C&YP in Cambridgeshire.

DUAL DIAGNOSIS

The term 'dual diagnosis' is used to describe where a person has severe mental illness and problematic drug and/or alcohol use[18]. Studies have indicated around 75% of users of drug services and 85%[19][20] of users of alcohol services may experience mental health problems. Dual diagnosis are mostly correlated with affective disorders and anxiety disorders, but prevalence is often not captured as many individuals remain undiagnosed and untreated[21]. Furthermore, those with mental health and alcohol and/or substance misuse are more liable to come into contact with the Criminal Justice System particularly where the substances they misuse are illicit[22].

High prevalence of mental health issues amongst substance misusers has also been acknowledged locally by the Cambridgeshire County Council's Drug and Alcohol Team (DAAT). Substance misusers may find it difficult to access treatment as mental health services are reluctant to assess a client who is currently engaged in drug and/or alcohol treatment services. Consequently many clients are in 'no mans' land where they feel they are forced to continue to 'self-medicate' to be able to function.[23]

SUICIDE AND SELF-HARM

An audit in Cambridgeshire reported 145 deaths as a result of suicide or undetermined intent between 2011 and 2013, 28% of these occurred in Huntingdonshire.[24] People who take their own life are often known to mental health services.

[16] Public Health, Cambridgeshire County Council (unpublished). Paper to JCU – Mental Health Need in C&YP in Cambridgeshire.
[17] Mental Health of Children and Young People in Cambridgeshire JSNA, 2013.
[18] Cambridgeshire and Peterborough NHS Foundation Trust (2014) Dual Diagnosis Strategy 2014
[19] http://www.centreformentalhealth.org.uk/pdfs/dual_diagnosis.pdf
[20] Cambridgeshire and Peterborough NHS Foundation Trust (2014) Dual Diagnosis Strategy 2014
[21] DAAT, Cambridgeshire County Council (2015) Cambridgeshire Drug and Alcohol Action Team Needs Assessment.
[22] Cambridgeshire and Peterborough NHS Foundation Trust (2014) Dual Diagnosis Strategy 2014
[23] DAAT, Cambridgeshire County Council (2015) Cambridgeshire Drug and Alcohol Action Team Needs Assessment.
[24] Public Health England, Public Health Outcomes Framework, cited in the CCC/PCC (2015) Audit of Suicides and Deaths From Undetermined Intent in Cambridgeshire and Peterborough in 2014

The Government's 2012 National Strategy for the Prevention of Suicide in England identified depression as one of the most important risk factors for suicide, a mental health illness experienced by 1 in 6 adults and 1 in 20 children nationally. It also recognised the presence of mental health problems within the family increases the risk of suicide. The need to reduce the risk of suicide in key high risk groups is a priority area for action.[25]

Cambridgeshire and Peterborough have a Joint Suicide Prevention Strategy 2014-2017, and a Suicide Prevention Action Plan to accompany this. Priorities and recommendations within the three-year suicide prevention action plan recognise the significance of mental health as a running theme throughout, and the need to improve support for this high risk group (see Figure 4).

Local Suicide Data

Local suicide data must be used with caution as numbers are relatively low and fluctuate. However, key observations from the data provided in a recent Cambridgeshire audit suggest a small increase in rates in Huntingdonshire from 2008/10 onwards. For the period 2011/13 Huntingdonshire rates were not significantly different to either Cambridgeshire or national rates (see Appendix B). Males aged under 50 years are the highest risk group.[26]

Coroner's data for Cambridgeshire recorded diagnosis of depression as 'unknown' for 40 of the total 46 suicides in 2014 (87%), and recorded previous/existing mental health team involvement as 'unknown' for 42 (91%). The lack of data for both of these indicators means that no observations relating to these risk factors can be made.[27]

Self-harm

Self-harm is linked to anxiety and depression and over half of people who die by suicide have a history of self-harm.[28] As with local suicide data, local data relating to self-harm needs to be used with caution as numbers are relatively small and prone to fluctuations. However, data shows that Cambridgeshire has a statistically significantly higher rate of hospital admissions for self-harm in 10-24 year olds than England.[29] Within the county, Huntingdonshire has the highest hospital admission rate for self-harm in children and young people aged under 18 years, followed by Cambridge City. Earith, Huntingdon North, St Ives South, and Yaxley and Farcet wards have statistically significantly higher rates compared with the county rate.[30]

[25] HM Government *Preventing Suicide in England: A cross-government outcomes strategy to save lives* (2012) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf
[26] CCC/PCC (2015) Audit of Suicides and Deaths From Undetermined Intent in Cambridgeshire and Peterborough in 2014
[27] CCC/PCC (2015) Audit of Suicides and Deaths From Undetermined Intent in Cambridgeshire and Peterborough in 2014
[28] NHS (2015) http://www.nhs.uk/Conditions/Self-injury/Pages/Introduction.aspx
[29] Child Health Profiles, ChiMat in 'Public Health, Cambridgeshire County Council (unpublished). Paper to JCU – Mental Health Need in C&YP in Cambridgeshire').
[30] Child Health Profiles, ChiMat in 'Public Health, Cambridgeshire County Council (unpublished). Paper to JCU – Mental Health Need in C&YP in Cambridgeshire'.

Figure 4: Extracts from the Cambridgeshire and Peterborough suicide prevention action plan

Priority one: 'Reduce the risk of suicide in high risk groups'

Recommendations and actions which reference mental health include:

- **Suicide prevention training** – including delivery of mental health awareness training
- **Resources to aid self-help in those at risk of suicide** – including working with professionals to develop care plans for people known by mental health organisations
- **Aspire to develop integrated, appropriate and responsive services** – including to support the police in responding to people with mental health problems by promoting pathways enabling contact and rapid access to other agencies that are able to provide advice and support
- **Reassess pathways for people known by mental health services at risk of suicide**
- **Improve pathways and support for people taken into custody at risk of suicide and for people newly released from custody** - Assess discharge pathways for people who have been in custody, including a review of care plans for people with mental health problem

Source: Adapted from Joint Cambridgeshire and Peterborough Suicide Prevention Three Year Action Plan 2014-2017

In the case of self-harm it is important to note that the data only presents half of the picture. Self-harm hospital admissions are a small proportion of the overall cases of self-harm, many other cases within a community setting may not present to clinical services. With this in mind, it may be useful for the partnership to reflect on how they may link with partners to support those in the community, and support early diagnosis and/or intervention.

Similarly, although local data is absent, the Partnership could use national guidance: depression is one of the most important risk factors for suicide, and most suicide victims are known to mental health services. Therefore the Partnership may want to continue its work with Partners to look at early intervention and support. Individuals accessing services such as domestic violence services, BeNCH community rehabilitation, or housing association tenants may also be a point of access for Partners to enhance early intervention work, or from which to make referrals. Continued partner representation, including Cambridgeshire Constabulary, on the Cambridgeshire suicide prevention group as part of the local Concordat action plan will also assist HCSP involvement in this area.

MISSING FROM HOME[31] (MFH)

In 2014/2015 just over 2,000 reports of MFH were recorded across Cambridgeshire, involving 1,103 individuals (adults and children). A County-wide MFH profile analysis was conducted by the Constabulary analysing data from several Police systems. This has highlighted key points/themes which may be of interest to the Partnership. However, it is noted that intelligence on mental health

[31] For the purposes of this report Missing From Home or MFH will be used for MFH and Missing Persons MISPERS

issues of MFH was not included within the analysis due to the unstructured nature of the data within various systems.

Figure 5: Missing From Home Analysis for Cambridgeshire, Cambridgeshire Constabulary.

- 69 individuals generated 36% of reports and all these were reported missing five or more times during the period.
- 40% of all MFH were 14/17yrs old
- MFH aged 14-16 are more likely to be female and aged 20-50 more likely to be male.
- There is a high correlation between CSE victims, or those at risk of CSE, and MFH
- MFH reports are disproportionately high among young people aged 10-19. In Huntingdonshire 54% of MFH were 10-19 years old, compared to the local population of 10-19 year olds of 12%.
- The top locations for MFH reports are predominantly non-private addresses – Children's Homes, foster care, independent living locations, hospitals.
- The top repeat MFH are all aged between 14 and 18, the vast majority being looked-after children from social care or supported accommodation who have, in some cases, breached a curfew. Almost all are also known to police as an offender with predominantly the girls having been victims as well. Involvement with drugs is a common theme.
- In Huntingdonshire, Yaxley and Farcet and Huntingdon West were the wards with most MFH reports (59 and 23 respectively).

Source: Adapted from analysis by the Cambridgeshire Constabulary

A recent HMIC vulnerability inspection of the Cambridgeshire Constabulary specifically reviewed how the constabulary deals with missing and absent children. The constabulary was acknowledged to be part of an effective partnership to respond to and safeguard missing children, but that 'better local engagement would improve the gathering of intelligence and lead to further improvements in safeguarding of vulnerable children'. [32] This recommendation could be extended across the HCSP, with, for example, efforts to improve data sharing of missing persons data through existing systems and development of new networks.

MENTAL HEALTH AND ANTI-SOCIAL BEHAVIOUR

Data collection on crime and anti-social behaviour is not routine for all agencies and existing markers are not always used consistently (e.g. Constabulary data systems). However, examination of the ASB police recorded incident data and the use of the mental health marker were examined for Huntingdonshire. During the period October 2014 to September 2015 the mental health incident tag was recorded on 56 ASB incidents. This is less than 2% of the police recorded ASB incidents in the stated time period.

Figures 6 and 7 show the proportion of ASB, by type, where the mental health tag has been used. In Huntingdonshire no personal ASB incident assessed as 'high-risk[33]' had the mental health tag, compared to 3% across the County. Furthermore, for Huntingdonshire the largest proportion of

[32] PEEL: Police Effectiveness 2015 (vulnerability) An inspection of Cambridgeshire Constabulary. December 2015.
[33] As assessed at point of contact by Cambridgeshire Constabulary

incidents with the mental health marker were personal ASB with standard risk (41%, compared to 30% for Cambridgeshire) whereas for Cambridgeshire the largest proportion was nuisance (48%, compared to 39% for Huntingdonshire).

Figure 6: Huntingdonshire ASB incidents where mental health tag used, Oct 14 – Sept 15

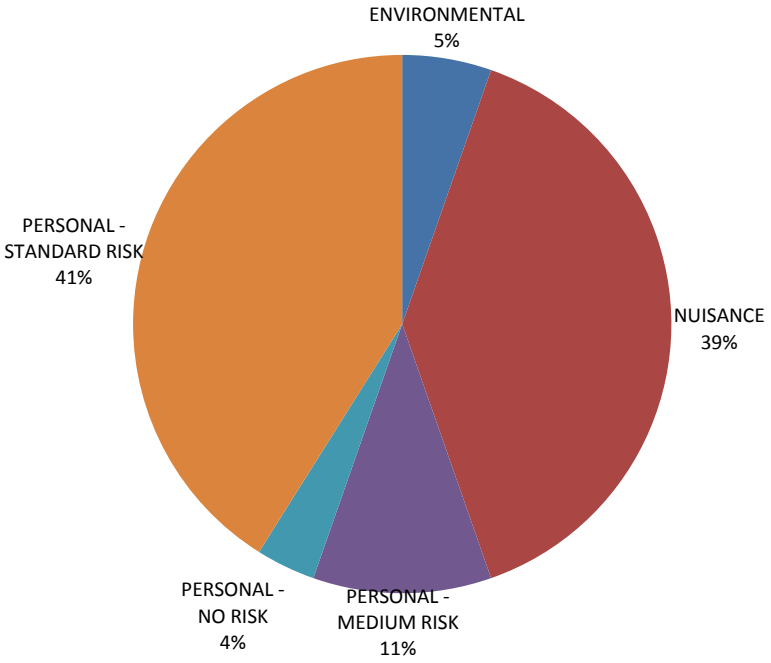
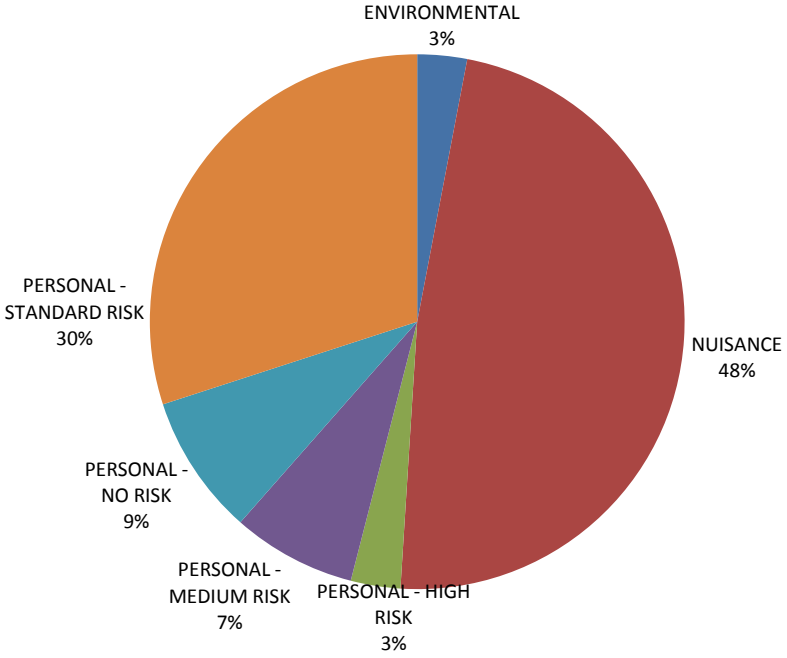


Figure 7: Cambridgeshire ASB incidents where mental health tag used, Oct 14 – Sept 15



MULTI-AGENCY CASES

ECINS currently has a current total caseload of 172 ASB perpetrators and victims. Only 19 of these had a 'mental health' vulnerability marker. This was the second most commonly cited marker after 'drugs' (21 cases). Analysis of the presence of the mental health marker within different ASB priority groups showed limited use of the mental health marker amongst both the high-risk and low-risk ASB caseload (one high-risk perpetrator case, one low-risk perpetrator case and one low-risk victim case). In contrast, within the medium-risk ASB caseload mental health was the most cited vulnerability factor for both perpetrators and victims. For medium-risk ASB cases mental health and drugs were the most cited vulnerability factors (11 cases each).

The mental health marker can also be used on ECINS as a warning marker. Within the high-risk caseload (perpetrators and victims) this marker was only used on one ASB perpetrator. Accompanying case notes also highlighted that this perpetrator had 'made false allegations to the police' and 'threatened suicide', perhaps indicating the crude use of this marker. Analysis of the medium-risk and low-risk caseload was not pursued due to system limitations.

The presence of mental health issues does not automatically result in a judgement that an ASB incident is high or medium risk. This potentially indicates individuals who are not currently being offered an appropriate service. Further analysis of these cases is required to understand what factors change the risk assessment from standard to medium/high risk. A substantial proportion of police recorded ASB where mental health is flagged is nuisance. Further analysis of these incidents may also add insight for the partnership.

IMPACT OF CRIME ON THOSE WITH MENTAL HEALTH ISSUES

Mental health is a vulnerability risk factor. A recent study found three risk factors for victimisation, these were less engagement with services, drug misuse and a history of being violent. The same study identified that those with severe mental illness (SMI) were much more likely to be a victim of crime (three times more likely), assault (5 times more likely), assault against women (10 times more likely), and household crime (3 times more likely), when compared to the general population. Those with SMI have also been found to be more likely to have experienced domestic or sexual violence, and a high number of these have attempted suicide as a result.[34]

VICTIMS

People with mental health problems are often perceived to be offenders, with policy and research focusing on the risk they pose on others. However, it is becoming increasingly acknowledged that people with SMI are vulnerable to being victims of violent and non-violent crime.[35] [36] People with mental health problems are considerably more likely to be victims of crime than the general population[37] [38]and are also more likely to be the victims of crime than the perpetrator.[39]

[34] Pettitt et al (2013)
[35] Maniglio, R. (2009). 'Severe mental illness and criminal victimization: a systematic review.' Acta Psychiatrica Scandinavica, 119(3): 180-191.
[36]Hughes, K, Bellis, M.A., Jones, L., Wood, S., Bates, G., Eckley, L., McCoy, E., Mikton, C., Shakespeare, T., Officer, A., et al. (2012). 'Prevalence and risk of violence against adults with disabilities: a systematic review and metaanalysis of observational studies.' Lancet, 379: 1621–1629.
[37] Pettitt et al (2013)

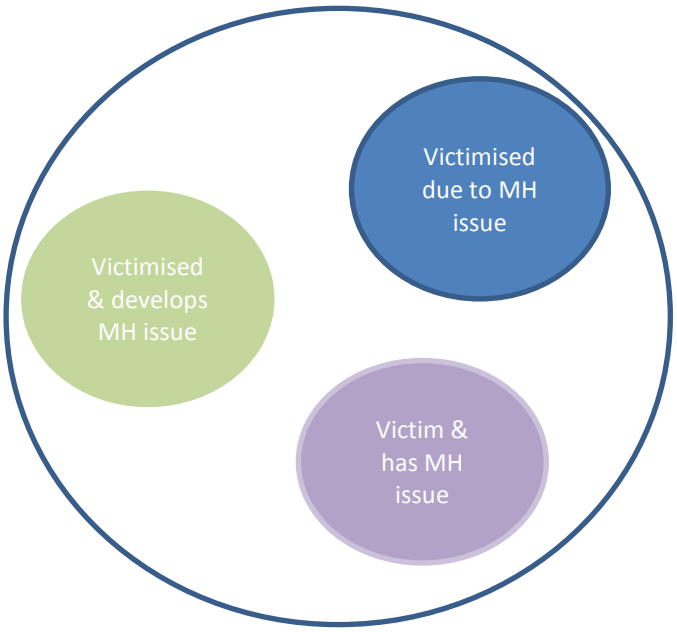
A victim's mental health can determine the severity of the impact of crime felt. Victims may experience emotional or social issues as a result of victimisation[40]. Research has also found increased tendency to perceive an experience of crime as serious. Furthermore, assault victims with SMI were more likely to be injured and less likely to seek medical help[41].

The impact of being a victim, particularly to ongoing crime or ASB, can be severe. The case of Fiona Pilkington and her daughter (who killed herself and her disabled daughter Francecca Hardwick in 2007 after Leicestershire police failed to investigate the years of torment they endured[42]), whilst shocking, raised a considerable concern about how services responded to not only disability hate crime, but also vulnerable victims whose mental health deteriorates. The IPCC's investigation report[43] into her suicide and the police response clearly stated the failings of organisations working independently from each other and having no clear agreement about what defined vulnerable.

VICTIM PROFILE

The figure below tries to demonstrate the complex nature of how mental health interacts with some victims.

Figure 3: Graphic representation of 'types' of victim within all victims



The size of the circles in no way represents the number of victims within the total that are associated with each group. A person who has mental ill health is not necessarily vulnerable, or vulnerable at all points, during their contact with the criminal justice system. However, those victimised because

[38] Cambridgeshire County Council (2012) Victim and Offender Needs Assessment http://www.cambridgeshireinsight.org.uk/files/caminsight/VONA_v1.5_2013_update.pdf
[39] Greater London Authority (2014) London mental health: the invisible costs of mental ill health
[40] Pettitt et al (2013)
[41] Pettitt et al (2013)
[42] https://www.ipcc.gov.uk/news/ipcc-publishes-fiona-pilkington-investigation-report
[43] http://www.ipcc.gov.uk/sites/default/files/Documents/investigation_commissioner_reports/pilkington_report_2_040511.pdf

of mental health issues should be considered vulnerable and have the appropriate hate crime marker applied. This would allow the police and partners to provide the most appropriate co-ordinated response. A victim who develops mental health issues subsequently may become vulnerable when they were not initially. E.g. developing anxiety or becoming suicidal. These individuals clearly need to be identified at the earliest opportunity in order to reduce their level of risk.

In May 2015 HMCPSI, HMIC and HMI Probation jointly produced a report[44] the *Joint review of disability hate crime* follow-up. This report followed up on the recommendations of the 2013 report *Living in a different world: Joint review of disability hate crime.* The aim of the 2013 report were on (a) improving awareness of disability hate crime, (b) increasing the reporting of disability hate crime and (c) embedding disability hate crime processes within the routine working practices of police, CPS and probation staff. The 2015 report includes a number of key findings and examples of best practice. For the purposes of this report only those pertinent to mental health have been discussed. Overall the 2015 review felt that the data revealed that insufficient progress had been made against the seven recommendations from 2013.

Agreed definition

The review found that not all cases be either the police or CPS were correctly identified as being a hate crime. The cases that had been reviewed showed a variety of the following; lack of data recorded, incorrectly marked as a disability hate crime, not recognised as a disability hate crime when it was.

Awareness raising with front-line staff

The review found that 'delivering effective training by agencies has been inconsistent and slow'. For example many officers interviewed were not aware that victims of disability hate crime were entitled to an enhanced service under the Victims' Code. The Partnership is already working towards a wider range of agencies having access to training and awareness of issues relating to mental health. This should be continued across the district.

Example Case study: *In one force, a disability hate crime was recorded when a brick was thrown through the window of a house belonging to a woman with mental health issues whilst she was in a psychiatric hospital. The neighbour reporting this incident stated she felt the woman was being targeted by a group of local youths because of her disability. When the same thing happened two weeks later, this was not recorded as a disability hate crime and no apparent link made to the previous incident.*

Source: *Joint review of disability hate crime, 2015*

Under-reporting of disability hate crime

Disability hate crime is any crime where the victim or witness perceives that the victim was the target due to their disability. The legal definition contained with the Disability Discrimination Act 1995 includes mental impairment. Whilst this may not include everyone with a mental health issue it provides clear grounds for those where their mental ill health adversely affects their day-to-day life.

[44] https://www.justiceinspectorates.gov.uk/cjji/wp-content/uploads/sites/2/2015/05/CJJI_DHCFU_May15_rpt.pdf

Meaning of "disability" and "disabled person".
(1) Subject to the provisions of Schedule 1, a person has a disability for the purposes of this Act ***[F1****and Part III of the 2005 Order****]*** *if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.*
(2)In this Act ***[F1****and Part III of the 2005 Order****]****"****disabled person" means a person who has a disability.*

Source: Disability Discrimination Act 1995

The report highlights two key pieces of information

1. Nationally the volume of police recorded disability hate crimes is significantly lower than the reported victimisation through the Crime Survey for England and Wales. For 2013/14 1,985 and 62,000 respectively.
2. Nine forces recorded fewer than 10 disability hate crimes per year over a three year period. Cambridgeshire Constabulary was one of those, recording 6 in 2011/12, 3in 2012/13 and 4 in 2013/14. This indicates a substantial under-recording in Cambridgeshire.

What cannot be ascertained from the report or the raw data alone is whether there is under-reporting by victims, poor recording practices by the constabulary or both that are keeping these figures low.

PERPETRATORS

A variety, and combination, of factors influence the level of an individual's vulnerability. Mental ill-health is one aspect of vulnerability. Perpetrators may also display vulnerabilities and often require support. This can sometimes be hard to explain to victims who have often suffered for considerable lengths of time and are keen to see a resolution reached quickly.

Prevalence of mental health issues is found to be greater within the criminal justice system. The 2009 Bradley Report[45] estimated the prevalence of Personality Disorders at 66% in the prison population compared to 5.3% in the general population. This type of data is useful for providing context, but further analysis of prison populations is beyond the scope of this document. An earlier Victim and Offender Needs Assessment [46] conducted by the Cambridgeshire County Council Research Group also identified mental health within offending and repeat offending as an issue, which was supported by professional opinion.

Further analysis of perpetrators would require more resource than available at this time. The Partnership could consider this as a focus for a future document.

HMIC REPORT - PEEL: POLICE EFFECTIVENESS 2015

It is important that vulnerable people, whether a victim of crime or otherwise, are identified early and receive support they need. An HMIC inspection into the efficiency of the Cambridgeshire

[45] Dept Health (2009) The Bradley Report; Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system.
[46] Cambridgeshire County Council (2012) Victim and Offender Needs Assessment
http://www.cambridgeshireinsight.org.uk/files/caminsight/VONA_v1.5_2013_update.pdf

Constabulary identified almost 17% of total crimes recorded (excluding fraud) as having a vulnerable victim (2014/15) in Cambridgeshire, compared to just below 11% for England and Wales.[47]

Cambridgeshire were identified as being effective at identifying vulnerable victims and assessing their needs, though were assessed as 'requires improvement' overall (particularly in respect of domestic abuse victims). The definition of vulnerability adopted by the constabulary allows for staff to take into account the needs of the victim as well as the type of crime when determining the police response required (Figure 8).

Figure 8: Cambridgeshire Constabulary definition of vulnerability, HMIC 2015

> *"Whilst acknowledging the need for some form of indicator of potential vulnerability the need to steer away from a rigid definition of vulnerability is paramount to success; to tie the term 'vulnerability' to a prescribed list of either crimes or circumstances may divert officers away from using their professional judgement and thus their ability to 'do the right thing'.*
>
> *Currently, the indicators of vulnerability reside in the following considerations:*
> - *is this a repeat victim?*
> - *are they a persistently targeted victim?*
> - *are they particularly vulnerable or intimidated due to their personal characteristics such as their age, mental health, learning ability, gender, ethnicity or sexual orientation?"*

Source: HMIC (2015) PEEL: Police effectiveness 2015 (vulnerability). An inspection of Cambridgeshire Constabulary.

The constabulary was found to respond well to vulnerable victims overall, with safeguarding properly considered from the point of the initial report and throughout the investigation. In relation to mental health specifically, however, the HMIC report highlighted the constabulary should do more to support vulnerable people with mental health issues.

SERVICE PROVISION FOR MENTAL HEALTH

Cambridgeshire partners provide care pathways for people experiencing mental health issues, but mental health services are under-resourced. This is a similar scene nationally – leading mental health charity MIND estimated that just under £40m would be spent by local authorities in 2015-16, compared with nearly £664m on measures relating to sexual health, £160m on stop smoking measures, and £111m on tackling obesity. [48]

The main provider of NHS mental health care in Cambridgeshire is the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). Services can be accessed by self-referral (Psychological Wellbeing Service (IAPT)) or via a GP, who remains a key gatekeeper. The Advice and Referral Centre (ARC) provides a single point of access into CPFT services for GPs and other professional referrers.[49] CPFT adult mental health services include early intervention, acute and intensive care, crisis

[47] HMIC (2015) PEEL: Police effectiveness 2015 (vulnerability). An inspection of Cambridgeshire Constabulary.
[48] MIND (2015) http://www.theguardian.com/society/2015/nov/09/councils-spending-just-1-of-health-budgets-on-mental-health
[49] Cambridgeshire and Peterborough NHS Foundation Trust (2015) http://www.cpft.nhs.uk/professionals/advice-and-referral-centre_2.htm

resolution and home treatment and personality disorder services. [50] Appendix C lists all CPFT services. Additional service provision is delivered, and supported, by partners including Cambridgeshire County Council and the voluntary and community sector.

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It identifies how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. In Cambridgeshire, local partners signed the Concordat in 2014. These include the CPFT, Cambridge University Hospitals NHS Foundation Trust, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), British Transport Police, and Cambridgeshire County Council. A local improvement action plan has been developed by the Cambridgeshire and Peterborough Crisis Concordat Roundtable.[51] Delivery of Mental Health First Aid Training by Cambridgeshire County Council Public Health to student Police Officers is an example of one action delivered to support the implementation of the Crisis Care Concordat.

Within Cambridgeshire there is also several specialist mental health services, including the Mental Health pathfinder initiative which has placed mental health nurses within the county's Integrated Offender Management (IOM) teams. Their aim is to identify and assess offenders with mental health needs, estimated at just below 40%, and refer them to appropriate mainstream treatment. This cohort also has high prevalence of drug and/or alcohol misuse issues so a number of cases are dual diagnosis.[52] The success of this model of working has resulted in the model being subsequently rolled out for victims of crime.

[50] Cambridgeshire and Peterborough NHS Foundation Trust (2015) http://www.cpft.nhs.uk/services/cpft-services.htm
[51] http://www.crisiscareconcordat.org.uk/wp-content/uploads/2015/11/Cambridgeshire-Peterborough-Continuous-Improvement-Action-Plan-Cambridgeshire-and-Peterborough.pdf
[52] DAAT, Cambridgeshire County Council (2015) Cambridgeshire Drug and Alcohol Action Team Needs Assessment.

APPENDIX A. ADDITONAL TABLES/ FIGURES

Below are two supporting table extracted and sourced for reference.

1. **Risk factors and impacts of mental health problems**

Table 16: Risk Factors and Their Impact on Mental Health Problems

Risk factors		Impact on rate of disorder
In child/ young person	Physical illness • chronic health problem • brain damage	 • 3 times increase in rate • 4-8 times increase in rate
	Sensory impairments • hearing (4/1000) • visual (0.6/1000)	 • 2.5 times more disorder • No values
	Learning difficulties	6 times more likely to have disorder[35]
	Language and related problems	4 times increase in rate
	Self-harm	Associated higher risk of disorder
	Teenage onset depression (regarded as experiencing 'normal' adolescent turmoil)[37]	Associated higher risk of disorder
In family	Family breakdown/severe marital discord	Associated with increase in disorders such as depression and anxiety
	New mothers with mental health needs (c. 15-20% of new mothers)	Low maternal responsiveness during first 18 months linked to depression, mental disorders, violence and child abuse in later life[38]
	Large family size	Increased rate of conduct disorder and delinquency in boys with large families. Rates increase with increasing numbers of children in the family and step-children.
	Child Looked After	• 5 times increase in disorder • 4-5 time increased risk of suicide as an adult.
	Lone parent families	• 2 times rate compared to children in families where parents are married

[35] Reproduced from Fitzjohn 2006 and cited as adapted from Wallace et al in Raftery & Stevens (1997)
[36] How To Guide: How to support young people with learning disabilities and mental health issues, 2009 NCB.
[37] Taken from www.youngminds.org.uk/training_services/policy/useful_statistics
Cambridgeshire and Peterborough Shadow Clinical Commissioning Group (2012) Joint Commissioning Strategy for Mental Health and Well-Being of Children and Young People 2012-16, p11
[38] Allen (2011) and Paterson (2011) and Marmot.

Source: Mental Health of Children and Young People in Cambridgeshire JSNA, 2013.

2. **Figure cited in Audit of Suicides and Deaths From Undetermined Intent in Cambridgeshire and Peterborough in 2014 March 2015 (Revised July and August 2015)**

Table 1: Suicide and undetermined injury death rates, Districts, Cambridgeshire, 2011/13

District	number	rate per 100,000	confidence intervals	
			lower	upper
Cambridge City	31	8.6	5.7	12.5
East Cambridgeshire	18	-	-	-
Fenland	23	-	-	-
Huntingdonshire	40	8.0	5.7	10.9
South Cambridgeshire	33	7.5	5.1	10.5
Cambridgeshire	145	7.8	6.6	9.2
England	13,758	8.8	8.6	8.9

Source : Fingertips, Public Health England '-' value cannot be calculated as number of cases is too small

APPENDIX B: CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST (CPFT) SERVICES

These are NHS services that provide professional help to people with specific mental health problems that cannot easily be addressed by self-help alone

- Adult Mental Health Services
- Older People's Mental Health Services
- Psychological Wellbeing Service
- Liaison Psychiatry Services
- Learning Disability and Prison Services
- Children and Young People Services
- A Guide to Rough Times
- Integrated Community services
- Psychology

Source: http://www.cpft.nhs.uk/services/cpft-services.htm