

Mapping of Active Criminal Justice Diversion Schemes for Those with Mental Health Problems in Scotland

Caitlin Gormley
**Scottish Centre for Crime and
Justice Research, University of
Glasgow**

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EXECUTIVE SUMMARY

Introduction

- The Scottish Association for Mental Health commissioned the Scottish Centre for Crime and Justice Research to conduct a mapping exercise to identify the numbers and types of diversion schemes for people with mental health issues currently in operation throughout Scotland.
- This research defines ‘diversionary practice’ in reference to formal and informal processes of assessing and identifying the needs of an accused person and diverting them from the criminal justice pathway as early as possible.

Research Design

- All Criminal Justice Social Work service departments of the 32 Local Authorities; the 8 regional managers of Community Justice Authorities; the 14 NHS Health Boards; Police Scotland; the Scottish Prison Service; Community Mental Health Nursing Teams; and various third sector organisations were contacted by email, letter and phonecalls, where appropriate, seeking their participation in the research, they were then sent a questionnaire to complete.
- The questionnaire was comprised of twenty-one open- and closed-ended questions designed to uncover as much information as possible about existing diversionary schemes and practices for people with mental health issues. To achieve this, the questions were grouped under four headings: About the Scheme; Functionality; Operation of the Scheme; and Post-Intervention.
- The results were then exported to a spreadsheet and collated for further thematic analysis. Responses were grouped by the stage of the criminal justice system the service diverts persons with mental health problems in order to respond to specific elements of the research question.

Key Findings

- Of the 38 responses to the questionnaire, 26 active diversion schemes were identified while 12 agencies stated that they do not operate formal or informal diversionary practices.

- The aims of the responding schemes can be listed in terms of general themes: reducing reoffending; preventing harm; reducing number of remands to prison; and, ensuring that appropriate care is provided.
- The majority of diversion schemes who responded to this study are delivered by statutory services through 'Fiscal Diversion' as an alternative to prosecution.
- Only two responding schemes reported that they focus specifically on divertees with mental health problems. Both of these schemes are funded by the NHS and receive referrals from the Procurator Fiscal service.
- Police reporting procedures have a great impact on decisions made by the Procurator Fiscal which have, in turn, accounted for 17 of the 26 schemes who responded positively to this study.
- There are many differences among the schemes particularly in relation to the uptake of diversion schemes as well as regional and organisational differences.
- Although there is a wide range of activities available across the diversion schemes, there appears to be a gap in the delivery of schemes which address offending behaviour and poor mental health together.

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1. Introduction

People with mental ill-health are disproportionately found within the criminal justice system and imprisonment can lead to an acute worsening of mental health problems. In Scotland little is known about diversionary schemes or practices which focus specifically on people with mental health issues. This report was commissioned by the Scottish Association for Mental Health (SAMH) in association with the Centre for Mental Health (CfMH) in order to identify the stages at which people with mental health problems can be diverted during their route through the criminal justice system in Scotland.

To facilitate this, SAMH requested that the Scottish Centre for Crime and Justice Research (the SCCJR) undertake a 'mapping' exercise to identify the numbers and types of diversion schemes currently in operation throughout Scotland. The purpose of this research was to identify the various stages at which people with mental health problems can be diverted from the Scottish criminal justice system, thus this study contributes significantly to existing knowledge about mental health within the criminal justice system

It must be noted that this research defines 'diversionary practice' in reference to formal and informal processes of assessing and identifying the needs of an accused person and diverting them from the criminal justice pathway as early as possible (see for more details: Crown Office and Procurator Fiscal Service, 2013; Department of Health, 2009). This can also refer to people who are at risk of offending or to those with conviction who have completed their sentence and are reintegrating in the community.

2. Methodology

Research Design

A 'mapping' exercise was conducted in order to identify the numbers and types of diversion schemes operating throughout Scotland for people with mental health problems at all stages of the Criminal Justice System. Both statutory services and Third Sector organisations who deliver formal and informal diversion schemes were contacted by email and letter seeking their participation in the research. Key representatives were identified within these agencies and were then posted a survey (see Appendix 1) and emailed a link to an online questionnaire for completion (Bryman, 2008: 646). The research used both purposive and snowball sampling to encourage responses (*ibid.*: 414; *ibid.*: 184).

A participant information sheet (see Appendix 2) was issued as an attachment to the questionnaire (or e-link) with full details of what the larger research project is about; their involvement in the 'mapping' exercise – including a modest estimated timescale for completion and assuring that results will be disseminated to their agency; and full contact details of the research team as well as ethical approval guarantees.

The questionnaire was designed with the aim of uncovering as much information about diversion schemes which are available for people with mental health issues. The twenty-one questions therein were directed towards four main areas: background information about the scheme; the functionality of the scheme; the operationalisation of the scheme; and 'post-intervention' details, which includes questions on whether, and how, cases and outcomes are recorded. Open-ended questions were preferred for the postal survey while the online survey comprised of a mixture of both open-ended and closed questions. The latter of which used radio buttons with the option of providing more details in an open-ended comment box. The use of closed questions allowed for a better comparison of responses while the open-ended questions provided more depth of information.

Follow-up emails and telephone calls were made in tandem with the expected postal arrival of questionnaires to combat 'cold calling'. Further follow-up reminders were sent to agencies and services who had not responded between ten days and one week prior to the deadline in order to elicit a higher response rate.

Responses to the Survey

All Criminal Justice Social Work (CJSW) service departments of the 32 Local Authorities were issued with the questionnaire along with the 8 regional managers

of Community Justice Authorities (CJAs). Key contacts from each of the 14 NHS Health Boards were contacted as well as representatives from Police Scotland; the Scottish Prison Service; Community Mental Health Nursing Teams; and various third sector organisations. The response amongst these organisations has been fruitful, given the time constraints of this project. Meanwhile, although no response was received, Allied Health Professionals (AHPs), Forensic Professionals and Multi Agency Public Protection Arrangements (MAPPA) co-ordinators were also invited to take part in the research.

Data Processing and Analysis

Postal questionnaire responses were input manually onto the online survey to ensure cohesion of results. The results were then exported to a spreadsheet and collated for further thematic analysis. Responses were grouped by the stage of the criminal justice system the service diverts persons with mental health problems in order to respond to specific elements of the research question.

Ethical Considerations

This study obtained full ethical approval from the University of Glasgow College of Social Sciences Ethics Committee (see Appendix 3).

Limitations of the Study

Given that this study sought to map out diversion schemes across Scotland within a very short time frame, other methods of data collection would not have been feasible. However, due to these time constraints linked to the larger research project, a response window of only three weeks was given to potential respondents. That said, and despite the constraints of conducting research in the weeks preceding the end of the calendar year, the response rate was notable with 38 responses from the 67 organisations who were initially contacted to participate in the research.

The risk of misinterpretation of questions can be present with postal questionnaires and online surveys, thus, in order to minimise this an effort was made by the researcher to respond to queries as quickly and efficiently as possible while providing the opportunity to discuss the research further over the telephone. On a similar note, some respondents left 'N/A' and blank responses throughout the survey questions. The researcher decided to include the responses while omitting the missing answers during analysis in order to attend to the fact that little is known about diversionary schemes and practices for people with mental health problems in Scotland.

3. Results

Survey Respondents

A total of 67 organisations and agencies were contacted and invited to participate in the research. The study yielded 38 responses in total, of which 26 stated that they do have a scheme or practice of diversion for people with mental health issues while 12 stated that they do not deliver formal nor informal diversionary practices. While it is notable that there were 29 non-responses, it must be accepted that this does not indicate that those 29 organisations and agencies do not deliver diversion schemes for people with mental health issues.

The table below shows those 26 statutory services and Third Sector organisations which responded positively to the questionnaire. The respondents have been separated into three colour-coded groups which correspond to the stage of the criminal justice system that the agency or organisation delivers the diversion scheme discussed within questionnaire responses. The first grouping (purple) refers to 'early interventions' which may include prevention and pre-arrest services delivered informally as well as formally. The second group (green) is devoted exclusively to 'Fiscal Diversion' regarding alternatives to prosecution made by the Crown Office and Procurator Fiscal Service upon receipt of a police report. While the third grouping (orange) is concerned with 'through-care', including services delivered during custodial or community-based sentences or upon completion of a sentence.

However, it must be noted that the schemes included in this study are not all focussed specifically on exclusively delivering diversionary practices to people with mental health issues. Many respondents left blank or 'N/A' answers to some survey questions, the table below includes survey respondents' details with '-' to indicate this occurrence. Furthermore, as discussed in the previous chapter, 29 agencies, organisations and services did not respond to the questionnaire and thus Table 1 does not necessarily give a complete picture of the active diversion schemes for people with mental health problems in Scotland.

Location of Scheme Delivery	Name of Scheme	Who the scheme is run by	Funding source	Cases per annum. (approx.)
Stranraer, Castle Douglas, Dumfries	Children and Adolescent Mental Health Service	NHS	NHS	-
Falkirk and Stirling	Arrest Referral	Third Sector	ADP	500 (approx.)
South, North and East Ayrshire	(South Ayrshire) Youth Diversion	Government- Local Authority: South Ayrshire	CJA	-
Glasgow, Glenrothes, Dundee and Alloa	Includem Diversion from Prosecution	Third Sector	Services are purchased by the local authority, grant funding from Scottish Government, funding from Trusts and Big Lottery.	1 (based on 2012-2013)
Glasgow	Women's Diversion from Prosecution Pilot	Third Sector	-	-
Glasgow	218 service	Third Sector	-	-
Dunfermline, Kirkcaldy, Cupar	Mentally Disordered Offenders Protocol Court Liaison Service	NHS	Funded by NHS as part of the Forensic Community Mental Health Team remit.	120 (approx.)
Inverclyde	CJSW Diversion from Prosecution	Government – National and Local Authority	Scottish Government	20 (based on 2012-13)
Fife, Dunfermline, Kirkcaldy, Buckhaven, Glenrothes, Cupar	CJSW Diversion from Prosecution Scheme	Government – Local Authority	CJA	-
Aberdeenshire	CJSW Diversion from Prosecution Scheme	Government – Local Authority	Scottish Government	-
East Renfrewshire	CJSW Diversion from Prosecution Scheme	Government - Local Authority	Scottish Government	7 (on average)
East Dunbartonshire	CJSW Diversion from Prosecution Scheme	Government - National	Scottish Government	12 (approx.)
West Lothian	CJSW Diversion from	Government – Local	Scottish Government	-

REPORT 05/13 Mapping of Active Diversion Schemes				
	Prosecution Scheme	Authority		
Falkirk	CJSW Diversion from Prosecution Scheme	Government - Local Authority	Scottish Government	30 (based on 2012-13)
West Lothian	CJSW Diversion from Prosecution Scheme	Government – Local Authority	Scottish Government	-
Maryhill/Drumchapel - North West of Glasgow	CJSW Diversion from Prosecution Scheme	Government – Local Authority	-	-
Renfrewshire	CJSW Diversion from Prosecution Scheme	Government – National and Local Authority	CJA	70 (approx.)
Orkney	CJSW Diversion from Prosecution Scheme	Government – Local Authority	Scottish Government	7 (on average)
Shetland	CJSW Diversion from Prosecution Scheme	Government – Local Authority	-	-
Highland	CJSW Diversion from Prosecution Scheme	Government – Local Authority	Scottish Government	35 (based on 2012-13)
East, North and South Ayrshire	CJSW Diversion from Prosecution Scheme	Government – Local Authority	CJA	34 (based on 2012-13)
Perth and Kinross	CJSW Diversion from Prosecution Scheme	Government – Local Authority	Scottish Government	18 (on average)
Stirling	Youth Diversion	Government – Local Authority	Scottish Government/CJA	22 (on average)
Dundee	Criminal Justice Women's Team Diversion Scheme	Government – Local Authority	Scottish Government	15 (on average)
Highland and West Dumbartonshire	Structured Deferred Sentence	Third Sector	CJA	120 (approx.)
Dumbarton, Edinburgh & Lothians, Lanarkshire, Glasgow, Paisley, Inverclyde, Tayside, Fife and Forth Valley	Circle Families Affected by Imprisonment (FABI) Team	Third Sector	Scottish Government, Robertson Trust, Sodexo Justice Services, Big, Inspiring Scotland and many more	-

Table 1: Survey respondents' details

Table 1, above, demonstrates the broad geographical spread of statutory services and Third Sector organisations who completed the survey instrument. This exercise has indicated that 18 of the 26 responding schemes are run by Criminal Justice Social Work services, 5 schemes are managed by the Third Sector, while only 2 are operated by the NHS. Thus, it is clear that the majority of diversion schemes fall under domain of Local Authority statutory services of delivering Procurator Fiscal's alternatives to prosecution, 'Fiscal Diversions', and that funding for a vast majority of the schemes is issued through either CJAs or directly, or in part, from the Scottish Government.

However, there are vast discrepancies with regards to the reporting of the scheme's cases per year as ranging between 1 and 500 (see Table 1). Within their context, these figures are, of course, valid however out of context it becomes difficult to give an accurate national average from these figures of the true figure of uptake of diversion schemes by individuals with mental health problems due to the variance in responses. Some respondents did not answer the question at all while others gave approximations, estimated ranges or averages based upon the previous year's performance. Furthermore, the 'cases per annum' column would dramatically change when consulting the Criminal Justice Social Work figures for *Diversion from Prosecution by Community Justice Authority and Local Authority Areas, 2004-5 to 2011-12*, this will be explored in more detail later (Scottish Government, 2012). That said, this is still an important element of the 'mapping' exercise as this information reveals an interesting snapshot of the perspective of the agencies delivering diversion schemes to people with mental health issues.

Importance of the Police Report

Two respondents from the Safer Communities division of Police Scotland advised that once an arrest is made, irrespective of the accused having poor mental health, the case is passed to the Crown Office and Procurator Fiscal Service for all further dealings (see Appendix 4 for further details of Police Scotland's response). The police report is extremely important in terms of informing the Procurator Fiscal that the accused has, or may have, mental health problems; the Procurator Fiscal may consider marking the case suitable for diversion (see for further discussion: Duff, 1997: 18-21).

Characteristics of Scheme users

An important element of the questionnaire task is for respondents to share how the scheme defines 'mental health'. A striking feature to note is that almost half of the respondents stated that their scheme does not provide a formal definition of 'mental health' while a further five respondents provided no answer to this question. Of the remaining seven responses, it was clear that many schemes used a very loose

definition which did not necessarily rely on a medical diagnosis however many of these schemes reported receiving information from the psychiatric team, or simply by asking the scheme user about their health in general. One respondent cited the current Diagnostic and Statistical Manual of Mental Disorders (DSM IV) in determining 'mental health' issues while another respondent stated that their scheme is open to formally diagnosed as well as undiagnosed conditions.

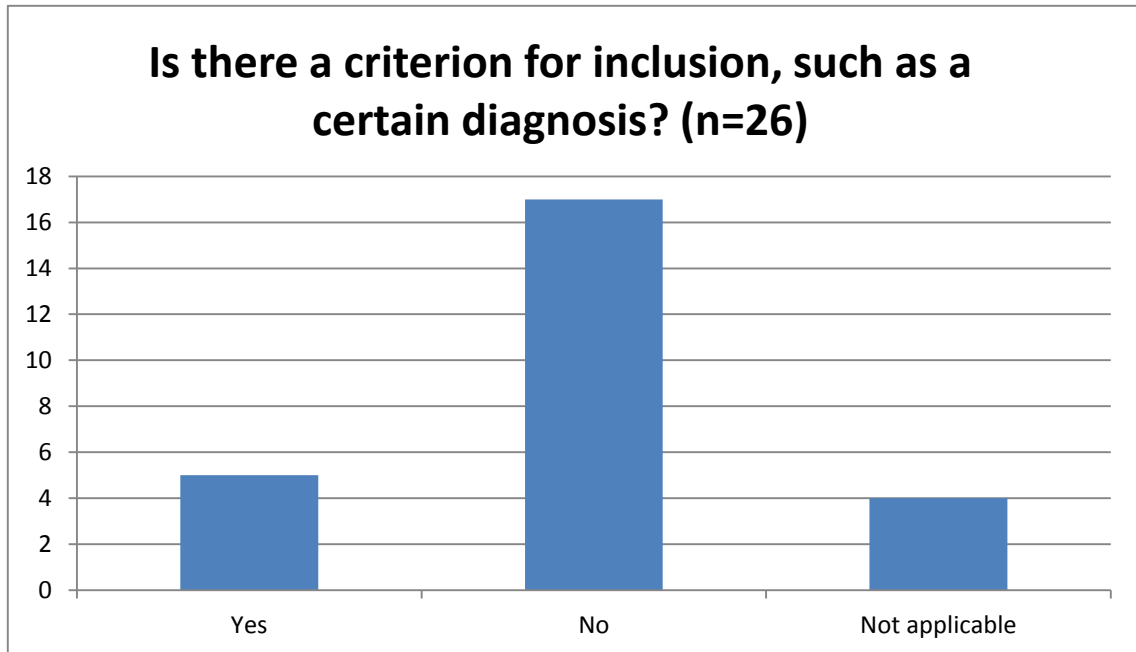


Figure 1: Is there a criterion for inclusion, such as a certain diagnosis?

As Figure 1 shows, only five schemes report to having specific inclusion criteria; one elaborates that the accused must accept responsibility for the alleged offence, while another two respondents explain that scheme users are individually assessed, identified and agreed by the Procurator Fiscal service. Respondents were also asked if the scheme focuses on poor mental health alone or whether it covers a range of factors. Half of the respondents explained that their scheme covers a range of need, while others explained the identification factors targeted by their scheme and agency more widely such as young people, women or families affected by imprisonment.

Importantly, only two schemes reported that they specifically work with people diverted from the criminal justice system with poor mental health. The first of which is the Mentally Disordered Offenders Protocol Court Liaison Service which is run by the NHS in the Dunfermline area and receives referrals from the Procurator Fiscal for all accused persons. This scheme seeks *'to reduce the number of remands to prison for those who experience mental illness and to ensure that appropriate care is provided'* (Respondent, Mentally Disordered Offenders Protocol Court Liaison

Service). The second scheme to report that it focuses on divertees with mental health issues was the Children and Adolescent Mental Health Service which is also funded by the NHS and operates primarily in the South West of Scotland. The service delivery is closely linked with the Third Sector organisation Sacro.

Respondents were asked if there were any key criteria, other than having poor mental health, that individuals had to fulfil in order to be eligible for referral to their diversion scheme. Figure 2, below, demonstrates the breakdown of the answers however all but five respondents made use of the open-ended question for further elaboration in which they made reference to more than one scheme or various scheme users. Third sector respondents made reference to the wider commitments and goals of their agency, while only one answer made further reference to ‘mental health.’

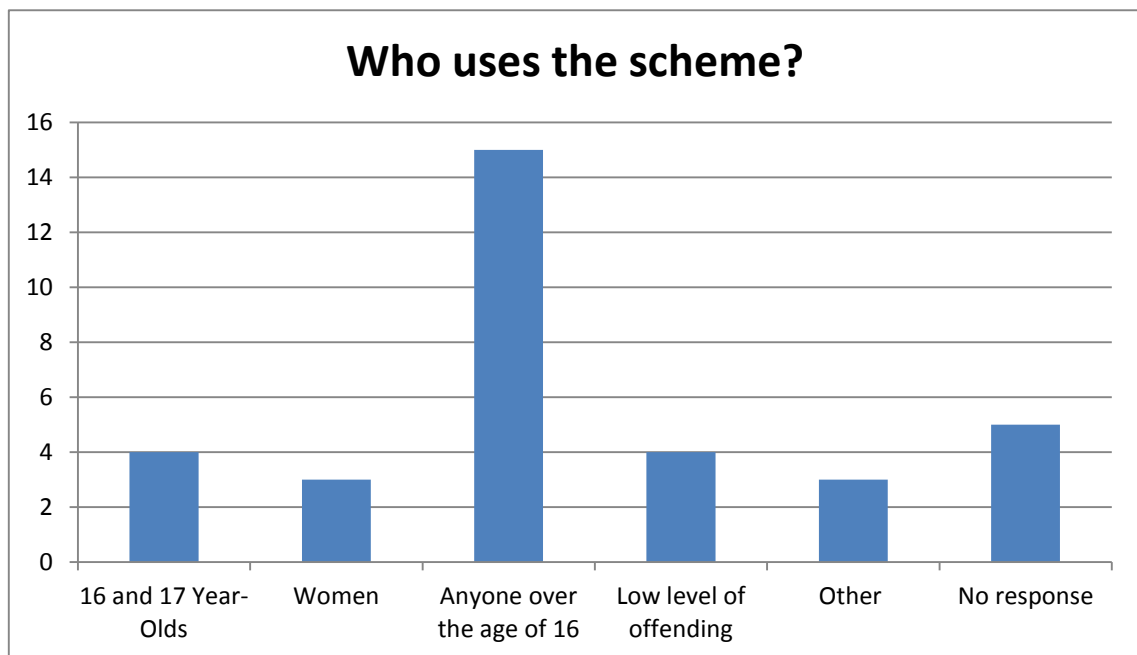


Figure 2: Who uses the scheme?¹

Many respondents stated that there were no specific inclusion or exclusion criteria and that they would consider all referrals, the majority of these respondents in particular were from Criminal Justice Social Work departments across the country and made clear their diversion scheme delivery falls within the ‘Fiscal Diversion’ stage of the offender pathway. Four schemes identified the element of ‘low level offending’ as inclusion criteria for their diversion scheme while many of the respondents who stated that they consider all referrals did not make this distinction.

¹ NB: Although n=26 some respondents referred to different schemes in their expanded answers, others referred to different criteria, these multiple responses are reflected in figure 2.

Only three schemes reported being specifically tailored for women. While an additional four schemes targeted 16 and 17 year-olds, however some respondents do make reference elsewhere to 'early and effective intervention' for 16 and 17 year-olds through the Whole System Approach (for further details see Scottish Government, 2013; Scottish Government, 2011).

Aims of Schemes

Respondents were asked to include the 'aim/mission statement' of the scheme, though many related this question to the wider outcomes of their agencies. The responses included some mention of one of the following general themes: reducing reoffending; preventing harm; reducing number of remands to prison; or, ensuring that appropriate care is provided. Other respondents stated, more specifically, the aims of the diversion scheme in terms of offering programmes to 'prevent individuals entering the criminal justice system prematurely' (Respondent, Highlands). One respondent gave a very succinct overview by explaining that:

The aim of diversion is to help people address issues related to some form of criminal behaviour that would be best served by a community-based intervention, but where it would not be in the best interests of justice for that person's case to be prosecuted via open court - it is to try and divert the person away from getting involved in formal court processes.

Respondent, Glasgow and Dunbartonshire

The survey instrument devoted one open-ended question to what interventions are offered by the scheme which all but three respondents answered and clearly demonstrates the wide range of diversion scheme models operating in Scotland. In terms of how services are delivered, six respondents explained that the predominant role of their service is giving advice, signposting and referring onward to other specialist services or support networks. A number of other respondents have noted the delivery method of interventions such as group work, cognitive behavioural therapy, intensive support relationships and short-term interventions lasting three months. One participant took care to specify that the option to prosecute remains open if the scheme user does not fully comply with the terms of the diversion scheme.

One diversion scheme operated by the NHS focused more on the healthcare needs of scheme users while Shetland Local Authority most notably states that the scheme targets offending behaviour and criminogenic, or crime-producing, need. This was not the only distinction between support directed towards mental health and criminogenic needs as the respondents from three local authority areas have been clear to note the separate support services.

Another general theme which emerged about the types of activities offered by schemes was around the personal development of scheme users. Nine schemes have included specific interventions or support around alcohol or drug dependency and addiction issues and two schemes referred to anger management programmes. Several services listed education, employability, housing and literacy as areas of support intervention offered by their diversion scheme. Therefore, although a wide range of activities are available across the diversion schemes, there appears to be a gap in the delivery of schemes which address offending behaviour and poor mental health together.

Management of Scheme and Data Gathering

Respondents were asked a series of questions about the operation of their scheme in terms of outcomes, information gathering and post-service involvement with decision-makers in order to build a picture of efficiencies. Twenty-five respondents stated that their scheme does record data of cases it has dealt with and only Dundee Criminal Justice Women's Team Diversion Scheme stated that they do not record information due to Data Protection issues as the scheme user has not been prosecuted at the time of referral. Representatives of the Local Authorities and CJAs record data for the purposes of the annual Scottish Government statistics, though the details on which data are recorded have not been included in the majority of cases. Moreover, only three of the twenty-six schemes record the offence type.

Meanwhile, fourteen respondents advised that they do capture data on outcomes, however many of these respondents included in the open-ended additional comments box that a successful outcome depends upon whether scheme users completed their diversion plan while others noted that they record successfully completed diversions. This may, indeed, offer further explanation with regards to the discrepancy between the Criminal Justice Social Work departments' self-reported approximate cases per annum in comparison with the official statistics (Scottish Government, 2012). In addition to this, twenty-one schemes confirmed that they do provide advice or reports to decision makers most notably in the form of relaying interim, compliance or completion reports to the Procurator Fiscal.

The self-reported figures of cases handled in a year differed vastly not only among respondents but also in comparison with official statistics (see Scottish Government, 2012). However when this was analysed in further detail, it became clear that officially recorded data refers to successfully completed diversions while reported data incorporates completion reports which are returned to the Procurator Fiscal; most of the services hold data on all diversion cases, whether they have been successful or not. Thus there is certainly scope to undertake further analysis regarding the operationalisation of diversion schemes across Scotland.

4. Conclusions

It can be concluded from this 'mapping' exercise that 26 active schemes are known to exist in the form of both Government-funded and third sector organisations to divert individuals with poor mental health from all stages of the criminal justice system in Scotland. The vast majority of these schemes are 'Fiscal Diversions', cases marked as an alternative to prosecution by the Procurator Fiscal, and are carried out by Criminal Justice Social Work departments on behalf of Local Authorities and Community Justice Authorities. This 'mapping' exercise has discovered that there are less diversion options at the 'early intervention' stage of the criminal justice system and that only two responding agencies operating at the opposite end of the system.

In addition to the fact that the majority of schemes are formal 'Fiscal Diversions' and are delivered through statutory service, the information contained within the police report which may indicate whether the accused person has, or may have, mental health problems is extremely important in terms of facilitating the Procurator Fiscal's decision to mark a case suitable for an alternative to prosecution. Thus, while the police cannot formally nor informally divert an individual who has mental health problems from the criminal justice system, their reporting procedures have great impact on decisions made by the Procurator Fiscal which have, in turn, accounted for 17 of the 26 schemes who responded positively to this study. This is consistent with Peter Duff's conclusion that the police report is '*generally the critical element which sets the psychiatric diversion in motion*' (Duff, 1997: 31).

This study has revealed that there is a wide range of diversion activities which are broadly aimed at reducing reoffending, preventing harm, reducing number of remands to prison, and ensuring that appropriate care is provided to the scheme user. Only seven respondents disclosed that their scheme uses a loose definition of 'poor mental health' which does not necessarily rely on any formal medical diagnosis while the majority of respondents stated, or implied by null answer, that their scheme does not provide a formal definition. Furthermore, respondents were also asked if the scheme focuses on poor mental health alone or whether it covers a range of factors. Importantly, only two schemes reported that they specifically work with people diverted from the criminal justice system with poor mental health. This would suggest that there is scope in the field to introduce a scheme which focuses specifically on the mental health support needs of persons diverted from the Scottish criminal justice system at the local and national level.

The purpose of this 'mapping' exercise has been to gather information about active diversion schemes from the agencies who deliver them, however it can be concluded that there is need for more research to be conducted into both the way in which

cases are marked for diversion by the Procurators Fiscal and the way in which services are delivered. The former could potentially be conducted by qualitatively interviewing Fiscals or representatives from the Crown Office in order to gain an insight into the decision making process and perhaps uncover data regarding refusal of alternative options to prosecution which this research has not been able to explore. At this stage, it may also be worth interviewing police officers with a view to understanding how they identify individuals who suffer from mental health problems. Meanwhile, the latter may benefit from observations of diversion activities or by carrying out case study analyses of different agencies due to the wide range of activities which are offered across Scotland as a means of exchanging knowledge and sharing information about what works in order to demonstrate a joined-up practice of scheme delivery.

5. References

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Scottish Government (2012) *Diversion from Prosecution by Community Justice Authority and Local Authority Areas, 2004-5 to 2011-12*. Edinburgh: Scottish Government

Scottish Government (2013) *Whole System Approach*. [Accessible online at:
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Appendices

Appendix 1

Questionnaire Survey Instrument



University
of Glasgow



SCCJR
The Scottish Centre for
Crime & Justice Research



Questionnaire

Mapping active Criminal Justice diversion schemes for those with mental health problems in Scotland.

For your convenience, please find enclosed a pre-addressed envelope.

Alternatively, this questionnaire survey instrument is also available online

at: <https://www.surveymonkey.com/s/WYRV5R8>

About the scheme

Name of scheme

How many offices

Location(s)

When was it founded?

Is the scheme run by the government, a private company, or third sector?

Aims/Mission Statement:

How does the scheme define "Mental Health"?

Functionality

How is it staffed?

How is it funded?

How many cases per annum?

Does the scheme hold caseloads? Or just signpost/refer?

Who uses the scheme? (A specific age, gender, disability, those with offending history etc)

Does the scheme focus on those with poor mental health alone or cover a range of needs?

Is there a criterion for inclusion such as certain diagnosis?

Operation of the scheme

At what stage of the criminal justice process does the scheme intervene? (Police custody, courts etc)

What interventions does the scheme offer?

Does the scheme provide advice/reports for sentencers and other decision makers?
If so what?

Post-Intervention

Does the scheme have links to additional support for offenders? (housing support, employment support etc)

Does the scheme record data of cases it has dealt with? If so, in what form?

Does the scheme capture data on outcomes?

Are there any other services/schemes you are aware of that provide intervention?

Appendix 2

Letter of Invitation to Participate in the Research



Invitation to inform a research project 'mapping' active diversion schemes operating in Scotland.

About the research project

People with mental ill-health are disproportionately found within the criminal justice system and imprisonment can lead to an acute worsening of mental health problems. Whilst there has been an increased focus on rehabilitation and diversion in Scottish criminal justice policy, SAMH (Scottish Association for Mental Health) does not believe that 'diversion' is currently well understood or utilised.

For this reason, SAMH is working in partnership with the Centre for Mental Health and the Scottish Centre for Crime and Justice Research to identify the stages at which people with mental health problems can be diverted during their route through the criminal justice system in Scotland.

Your involvement

The first aspect of this work is to undertake a 'mapping' exercise in order to identify the numbers and types of diversion schemes operating throughout Scotland. I very much hope that you will be able to assist with this part of the study by completing the attached questionnaire.

Completion of the questionnaire should take a maximum of 30 minutes, and is designed to find out as much as possible about the diversion schemes which are currently available to people with mental-ill health across Scotland. For your convenience, I have also included a pre-addressed envelope. I would be most grateful if the completed questionnaire could be returned by the week beginning 18th December so that the details of your organisation's scheme may be included in the 'mapping' exercise.

The 'mapping' exercise will provide the basis for the larger project, which will explore the effectiveness and economic benefits of a range of diversion schemes; this project is anticipated to be complete in May 2014. Your organisation will receive a copy of the findings of research from SAMH which will hopefully be of use to the development of diversion schemes on offer.

Further information

Should you have any questions about the enclosed questionnaire, or about your involvement in this stage of the research project, please do not hesitate to contact the lead researcher or principal research supervisor:

Caitlin Gormley MRes, M.A.(hons), Lead Researcher

Scottish Centre for Crime and Justice Research
University of Glasgow
Ivy Lodge
63 Gibson Street
Glasgow
G3 8GF

j.gormley.1@research.gla.ac.uk

T: 0141 330 7233

Professor Michele Burman, Principal Supervisor

Address as above.

Michele.Burman@glasgow.ac.uk

T: 0141 330 3710

This 'mapping' exercise has been approved by the Ethics Committee of the College of Social Sciences, University of Glasgow. Should you have any concerns regarding the conduct of the research you may contact the College of Social Sciences Ethics Officer: Dr Valentina Bold: Valentina.Bold@glasgow.ac.uk

If you would like any further information about the overall SAMH project, please feel free to contact:

Rachel Stewart, Policy and Campaigns Manager

rachel.stewart@samh.org.uk

T: 0141 530 1079

Thank you for your time and cooperation.

Yours sincerely,

Caitlin Gormley

Appendix 3

Ethical Approval Confirmation Letter

Research Ethics Application Approved [Mapping of active criminal justice diversion schemes for those with mental health problems in Scotland]-[400130050]

ResearchEthicsSystem@glasgow.ac.uk [ResearchEthicsSystem@glasgow.ac.uk]

Sent: 26 November 2013 08:54

To: Jenette Caitlin Gormley

Dear Jenette Caitlin Gormley,

The following research ethics application has been approved:

Project Title	Mapping of active criminal justice diversion schemes for those with mental health problems in Scotland
Application Number	400130050
Committee	College of Social Sciences
Submitted By	Professor Michele Burman

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Appendix 4

Synopses of All Negative Responding Schemes

Western Isles (Eilean Siar)

A representative from the Western Isles Criminal Justice Social Work department advised that within this area there is no formal diversion scheme. Instead, resources are allocated when required through good communication with the Procurator Fiscal service and that the number of people who are likely to be eligible for these services is relatively small. Recent discussions have indicated that a formal diversion scheme similar in practice to the 'Whole System Approach' which makes use of mentoring through the 'change funds agenda' may be considered. This representative did not complete the online questionnaire by answering 'N/A' in for all answers, though the further explanation above was given via email correspondence.

East Lothian Council

A representative from East Lothian Council advised after consulting the online questionnaire survey that they do not have a mental health diversion scheme of the nature described therein, and declined to complete the survey.

Police Scotland

A senior officer from Police Scotland, whose organisation would be captured under the 'early intervention' stage of the criminal justice pathway, advised that there are no alternatives to arrest in Scotland which the neighbouring police forces of England and Wales are entitled to, such as issuing a warning or fine. Two respondents from the Safer Communities division of Police Scotland advised that once an arrest is made, irrespective of the accused having poor mental health, the case is passed to the Crown Office and Procurator Fiscal Service for all further dealings.

When there is evidence that a crime has been committed by an accused, they must be arrested and detained for questioning despite their disability or impairment. If an officer knows, or suspects, that an individual has mental health problems, an Appropriate Adult would then be present during interviewing.

However, when an individual is detailed in the interest of their own safety, Police Scotland refer to the Mental Health Commission guidelines by taking them to the nearest public place of safety (ie hospital, police station) then contacting a family member and the local authority. If, however, they must detain the individual in a private place (ie their own home) a Mental Health Officer must be present to approve of the procedure.