

A Day in the Life of a Court Liaison and Diversion Nurse

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Background

- Court Liaison and Diversion team at Westminster Magistrates' Court since mid-1980s.
- The Bradley Report (2009) Review of people with mental health problems or learning disabilities in the criminal justice system.
 - Improve mental & physical health outcomes
 - Divert people with mental health difficulties or learning difficulties away from the Criminal Justice System
 - Reduce rates of offending

What is Liaison & Diversion?

- National Pilot Scheme
- To refer defendants who are identified with having mental health, learning disabilities, substance misuse or other vulnerabilities to an appropriate treatment or support service.
- Areas of operation: Identification, assessment, screening & referral.
- Information is shared with the court, so magistrates, judges and probation can make informed decisions.
- All age model & coverage at all times to reflect service need

Our Team at Westminster Magistrates Court

Pilot scheme for National Model



Referrals from Team or Court

Fitness to take
part in court
process

Mental Health Act
Assessment

Assessment &
Advice



Psychiatrist
(Tuesday & Thursday only)

Identification

- Screen documentation of all defendants in custody.
- Looking for any mental health or learning disability markers.
- Speak to SERCO staff.
- Referrals from the court, solicitors, substance misuse team & Police Liaison Nurses.

Screening & Assessment

- Voluntary but not confidential
- Consent
- Fit to take part in the court process?
 - ✓ Understand charges against them.
 - ✓ Understand the role of the solicitor
 - ✓ Understand the court process including difference between pleas and potential outcomes.

Mental Health

Drug & Alcohol Issues

Learning Disabilities

School &
Work

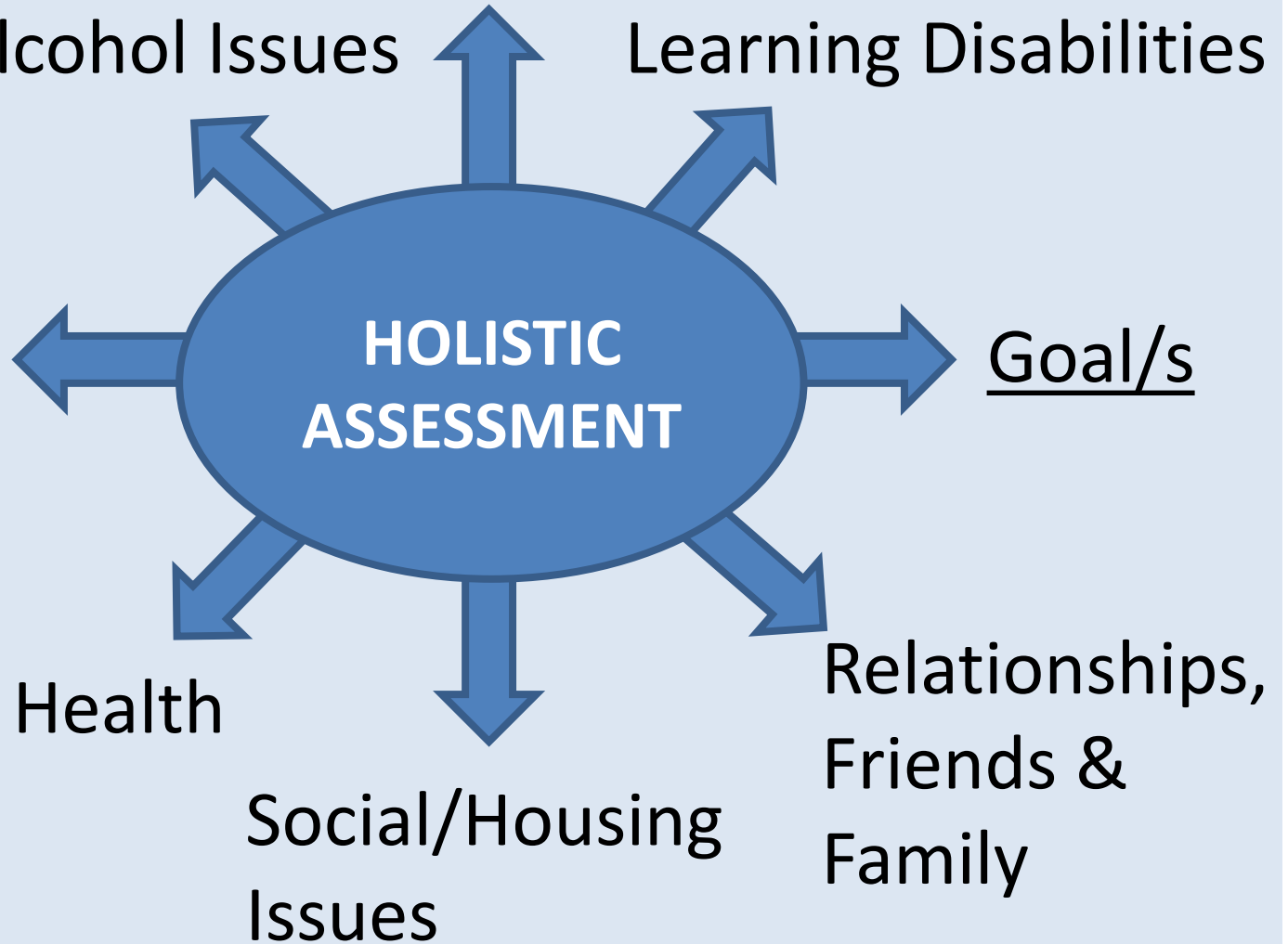
**HOLISTIC
ASSESSMENT**

Goal/s

Physical Health

Social/Housing
Issues

Relationships,
Friends &
Family



Mental Health Information Gathering

Are you registered with a GP?

Have you been diagnosed with a mental illness?

Do you work with a community team? Do you have a care co-ordinator?

What medication do you take?

Where do you get your medication/prescription from?

Have you ever been in hospital for your mental health?

What were the concerns people have/had about you?

What mental health difficulties do you think you have – if at all?

What would you find helpful in the community?

Current Mental State Assessment

- Appearance & Behaviour (personal hygiene, clothing, rapport)
- Speech (rate, tone, volume)
- Mood (elated, depressed)
 - Sleep pattern
 - Appetite
 - Suicidal thoughts, plans, intent?
 - Self harm
- Thoughts and Perceptions (hallucinations, delusions, paranoia, muddled thinking)

Report

- **Verify information!!!!**
- Is the person fit to take part in the court process?
- Does the person need further assessment from a psychiatrist or a Mental Health Act assessment?
- What is the offence? What are the possible criminal justice outcomes? Remand on bail or custody?
- What support in the community is there for the person? Do they have any recommendations?
- Solicitor or self representing?
- Tell court a report is being prepared.

Report & Referrals

- What is their greatest need?
- Homeless services / Housing options – where do they have links to a borough?
- Joint Homelessness team?
- Referral to a Community Link Worker?
 - Work with person for up to 8-12 weeks to support them to link in with services and to attend appointments.
 - How to meet up with a person without an address or mobile telephone?

Court

- Assist the court
 - in understanding current circumstances, including mental health.
 - in understanding what support is available in the community.
 - recommendations to the court in relation to referrals and possible actions.
 - to make appropriate adjustments to help the defendant to participate in the court process.

Case Study - Mohammed

- Young homeless man – recently released from prison
- Using crack cocaine and alcohol but reports no withdrawal symptoms
- Occasionally sleeps on the streets but usually sleeps in houses with other drug users
- Initiated housing application but did not follow up
- Diagnosis: Post Traumatic Stress Disorder
- Symptoms: Flashbacks, nightmares, poor sleep; describes feeling anxious, angry and scared
- Registered at a GP; not engaged in treatment

Case Study - Mohammed

- Referred to Community Link worker for support with housing and to link with mental health issues.
- GP appointment attended
- Currently at a hostel with a view to more permanent housing.
- Attends an alcohol support service
- Referred to complex care team.
- Attends a mental health support group for Somalian people.

Final thoughts

- Make connections with local homeless services
- Find out if there is a mental health team dedicated to homeless people in your local area
- How can you make it easier for homeless people to access services?

Online Resources

The unhealthy state of homelessness, Health Audit results 2014 Homeless Link (2014)

Mental Health and Homelessness: Guidance for practitioners. Peter Melvin RMN (2012)

Mental Ill Health in the Adult Single Homeless Population: A review of the literature. Sian Rees, PHRU (2009)