

# Case Study: Mental Health, Criminal Justice & Employment

People with a mental health condition, a learning disability and / or autism who are also offenders can face a double stigma when applying for work, and yet employment is a key element of successful resettlement. Many people in contact with the criminal justice system have a mental health condition, a learning disability and / or autism. This includes offenders in prison and those residing in the community. Many of these individuals experience significant health inequalities that employment could help alleviate.

Nacro has a Resettlement Advice Service (RAS) that offers advice and support to people with criminal records, including people with a mental health condition, a learning disability and / or autism and professionals working with them, including advice on employment. There is also a dedicated Employer Advice Service, which seeks to promote best practice among employers, education providers and other organisations by giving them the confidence to assess and manage risk in relation to criminal record matters and allegations. A project called Mind the Gap is focused on employing offenders in the construction industry, including offenders with a mental health condition.

## Values

Employment is a key element of effective resettlement. As well as having a positive impact on health and wellbeing, research has shown that employment reduces the risk of reoffending between a third and a half<sup>1</sup>. As such employment should be considered even if the individual is far from being ready for work.

However, for offenders with a mental health condition (past or present) and/or a learning disability and / or autism, there can be a double stigma when applying for work and a previous chaotic lifestyle can make it more difficult to settle down to employment straight away.

With over 20% of the working-age population recorded as having a criminal record there is a significant talent pool that organisations cannot afford to ignore.

Yet many employers tend to be cautious about offering work to someone with a criminal record and some even operate blanket exclusion policies when recruiting. This approach is flawed.

## What are the challenges?

People in contact with the justice system (both adult and youth justice systems) generally experience significant health inequalities, and may have a mental health condition a learning disability and/or autism. Either their condition results in the contact or the contact exacerbates a mental health condition, and associated high levels of social exclusion.

Many have complex and multiple morbidities that do not meet the threshold and/or criteria to access statutory services and may experience significant inequality in accessing services to help to meet their needs<sup>2</sup> due to their involvement in the justice system. Poor experiences of services may result in a failure to engage in a timely and appropriate manner.

These factors may collectively result in high usage of costly emergency services by this client group.<sup>3</sup>

Addressing health inequalities will have a positive impact on social exclusion and levels of offending and reoffending.

As many people in contact with the justice system come from disadvantaged and underserved communities, tackling their needs brings a 'community dividend' by having a positive impact on their wider peer group, social networks and community.<sup>4</sup> Health and justice services – including liaison and diversion – are a key factor in achieving this.

What we know about people in contact with justice system and their health needs mostly relates to prisoners. Almost half of prisoners have been identified as suffering anxiety and/or depression compared with 15% of the general population.

Of these, half were recorded as suffering from both anxiety and depression, and a further 46% suffering from either anxiety or depression (but not both).<sup>5</sup> Twenty-three per cent of the prison population have a severe and enduring mental illness with 19% suffering from major depression and 4% from psychosis.<sup>6</sup>

In terms of other health inequalities:

- 80% of prisoners smoke
- 10% of prisoners have a learning disability
- 40% of prisoners declare no contact with primary care prior to detention
- in their first month after discharge, people who have been to prison are up to 30 times more likely than the general population to die from suicide
- there is commonly poor continuity of health care information on admission to prison, on movement between prisons and on release

However, the vast majority of offenders reside in the community and not in custodial settings. Only 8% of those sentenced in 2014 were sentenced to custody,<sup>7</sup> while 57% of custodial sentences were for 6 months or less.<sup>8</sup>

This stresses the importance of identifying health needs and other vulnerabilities as early as possible on coming into contact with the justice system, and of ensuring continuity between justice and community settings.

A study of probation caseloads in 2008 concluded that offenders (as opposed to prisoners) also have significantly worse health than the general population.<sup>9</sup>

Hagel found that young people in contact with the justice system are three times more likely to have an unmet mental health need than other young people and, yet, they are less likely to access the right support.<sup>10</sup>

Further research commissioned by the Youth Justice Board (YJB) in 2005 identified that 31% of young people (aged 13-18) who offend (including young people in custody and in the community) have a mental health need.<sup>11</sup>

Around half of those in youth offending teams (YOTs) and in custody have severe and persistent behavioural problems, which are the most common youth diagnosable conditions.<sup>12</sup>

Other studies have noted that around two thirds of children in YOTs have speech, language and communication needs.<sup>13</sup>

Young people in custodial settings are also much more likely to have abused substances<sup>14</sup> and to have higher safeguarding risks.

A recent briefing by the Centre for Mental Health highlights that excluded young people affected by gangs and antisocial behaviour are among the 5% who commit 50% of youth crime.<sup>15</sup>

However, the young people behind these statistics are often the poorest and most excluded in society.

These are also risk factors for poor mental health with evidence suggesting that young male offenders have much higher rates of a broad range of mental health problems than their peers in the general population.<sup>16</sup>

They are also more likely to have learning difficulties, communication problems, and other complex and multiple needs<sup>17</sup> yet less likely to have their needs met.<sup>18</sup>

## Solutions



**We change lives**

### **Nacro: Resettlement Advice Service**

Nacro's national Resettlement Advice Service (RAS) offers advice and support to people with criminal records and professionals working with them about meeting their resettlement needs <https://www.nacro.org.uk/resettlement-advice-service/>. This includes securing employment for those with a mental health condition, a learning disability and / or autism.

As well as disclosing convictions, there is also a balance to be struck between disclosing and not disclosing a mental health condition a learning disability and / or autism.

Although it will ultimately be up to the applicant to decide, they can be helped to understand the arguments and to develop a strategy. This will include when to disclose, how, to whom, and how much information they wish to disclose.

Within RAS is a dedicated Employer Advice Service, which seeks to promote best practice among employers, education providers and other organisations by giving them the confidence to assess and manage risk in relation to criminal record matters and allegations.

Nacro's Recruiting safely and fairly is a practical guide aimed at employers and recruiters of paid or voluntary staff to help them understand their legal rights and responsibilities and good practice when employing staff with criminal records.<sup>19</sup>

The guidance outlines how to implement fair, safe and responsible policies and practices for employing ex-offenders including those with mental health conditions and a learning disability and / or autism to confidently and effectively manage and mitigate any potential risks involved.



# Mind the Gap

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INFLUENCING SKILLS, DELIVERING OPPORTUNITIES

## Mind The Gap

Mind the Gap (MTG) is a 3-year project commissioned by the Construction Industry Training Board (CITB) to address the skills gaps in the construction industry.

The project is designed and delivered by a consortium of organisations, led by Lend-Lease, to reduce skills gaps and reoffending rates by working with construction industry employers, rehabilitation specialists and other key stakeholders in the public, private and third sectors to offer sustainable employment opportunities to serving prisoners, offenders on licence and other people with criminal records who are motivated to work <https://www.nacro.org.uk/training-and-consultancy/mind-gap-project/> including others from disadvantaged groups.

The MTG consortium consists of A Fairer Chance, Beonsite, Bounce Back, Mitie Foundation and Nacro.

In order to successfully tackle the challenges of ensuring sustained job creation and reducing reoffending rates, the project board has developed a model that designs, tests and delivers long-term construction training to offenders while offering policy and operational support to over 400 businesses.

In addition, the project aims to create meaningful work and apprenticeship opportunities; and more clearly defined pathways into the construction industry for people with criminal records.

It takes a person-centred approach by providing advice and support to employees including those with mental health needs.

The project board is testing the model developed, over a three-year period, predominantly in London and South, Birmingham and West Midlands, and Manchester and the North West.

The MTG project will also support the CITB to play a pivotal role as an ambassador of this unique and pioneering scheme via Go Construct and any other agreed communication channels.

This research will feed into the employer practical guidance document which will be developed by Nacro in consultation with the project board and other relevant stakeholders.

It will be updated each year to take into account any legislative changes and any lessons learnt.

The guidance will highlight the business case for construction companies employing ex-offenders and other disadvantaged groups (including those with mental health conditions and/or a learning disability and / or autism) to address their skills gaps.

For further information about this case study, please contact Dave Spurgeon at [Dave.Spurgeon@nacro.org.uk](mailto:Dave.Spurgeon@nacro.org.uk)

<sup>1</sup> Social Exclusion Unit (2002) Reducing Reoffending by Ex-prisoners London: The Stationary Office

<sup>2</sup> Social Exclusion Unit (2002) Reducing Reoffending by Ex-Prisoners.

<sup>3</sup> Department of Health (2007) Improving Health, Supporting Justice – a consultation. A strategy for improving health and social care services for people subject to the criminal justice system. London: Department of Health

<sup>4</sup> Public Health England (2015) Public Health England Health and Justice Report 2014: No health without justice, no justice without health. London: Public Health England.

<sup>5</sup> MoJ Surveying Prisoner Crime Reduction (SPCR). SPCR interviewed 1,435 adult prisoners sentenced to between one month and four years in 2005 and 2006.

<sup>6</sup> The Offender Health Research Network (2009) A National Evaluation of Prison Mental Health In-Reach Services: a report to the national institute of health research <http://www.ohrn.nhs.uk/resource/Research/Inreach.pdf>

<sup>7</sup> Op cit. Public Health England (2015).

<sup>8</sup> Prison Reform Trust (2014) Bromley Briefings Prisons Factfile Autumn 2014.

<sup>9</sup> Brooker C, Fox C, Barrett P and Syson-Nibbs L (2008) Health Needs Assessment of Offenders on Probation Caseloads in Nottinghamshire and Derbyshire.

<sup>10</sup> Hagel A (2002) The mental health of young offenders: Bright futures – Working with vulnerable young people. London: Mental Health Foundation

<sup>11</sup> Harrington R and Bailey S (2005) Mental Health Needs and Effectiveness of Provision for Young Offenders in Custody and in the Community. London: YJB. This was from a sample of 301 young offenders: 151 in secure facilities and 150 in the community. The study specifically over sampled female offenders so rates are slightly higher than usually found within the youth justice system (23% in this study compared with 16%). The age of young offenders varied between 13 and 18 years with a mean age of 16 years. Mental health needs were assessed via the Salford Needs Assessment Schedule for Adolescents (SNASA).

<sup>12</sup> Fazell D (2008) 'Mental disorders among adolescents in juvenile detention and correctional facilities: a systematic review and meta-regression analysis of 25 surveys' *Journal of the American Academy of Child and Adolescent Psychiatry*, 47 (9), pp.1010-1019; Stallard P, Thomason J and Churchyard S (2003) 'The mental health of young people attending a youth offending team: a descriptive study' *Journal of Adolescence*, p.26 pp.33–43.

<sup>13</sup> Bryan K (2007) Language and communication difficulties in juvenile offenders. *International Journal of Language and Communication Disorders* 42(5) pp 505-520

<sup>14</sup> Galahad SMS Ltd (2009) Evaluation of the Substance Misuse Project in the Young Person's Secure Estate London: YJB.

<sup>15</sup> Durcan G, Zlotowitz S, Stubbs J (2017) Meeting us where we're at. Lessons from INTERGRATE's work with excluded young people London: Centre for Mental Health

<sup>16</sup> Studies include:

Coid et al (2013) Gang membership, violence and psychiatric morbidity. *American Journal of Psychiatry*, 170, pp 985-993

Madden et al (2013) Teens, Social Media, and Privacy. Pew Research Center, 21

Concoran K, Washington A, Myers N (2005) The impact of gang membership on mental health symptoms, behaviour problems and antisocial criminality of incarcerated young men. *Journal of Gang Research*, 12 (4), pp 25

<sup>17</sup> Hughes K, Hardcastle K and Perkins C (2015) The mental health needs of gang-affiliated young people, a briefing produced as part of the Ending Gang and Youth Violence programme London: Public Health England

<sup>18</sup> Chitsabesan P et al (2006) Mental Health needs of young offenders in custody and in the community. *British Journal of Psychiatry* 188(6) pp 534-540

<sup>19</sup> Nacro Recruiting safely and fairly. A practical guide to employing ex-offenders.

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