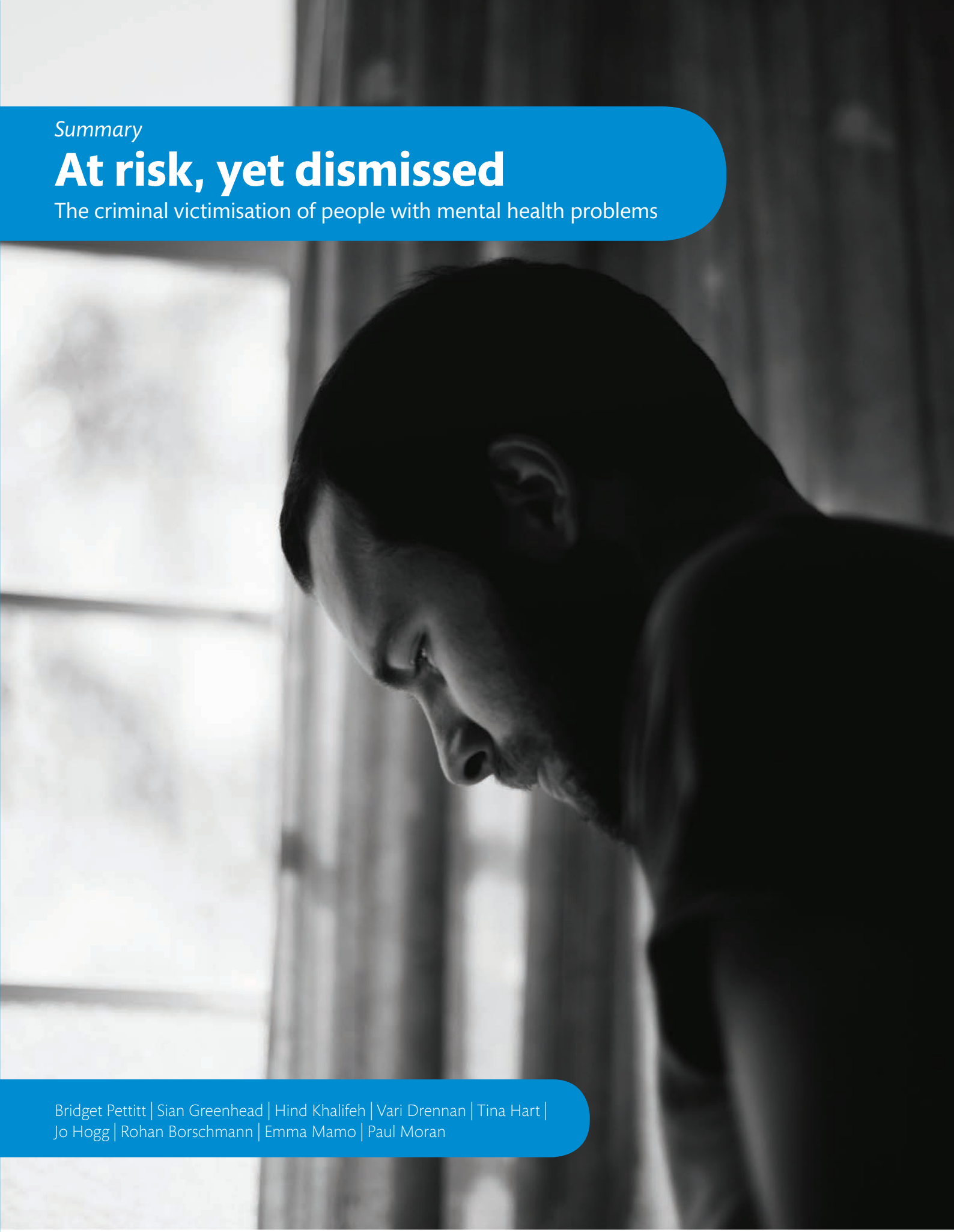

Summary

At risk, yet dismissed

The criminal victimisation of people with mental health problems

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victim support find the strength
mind for better mental health
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Contents

1 | Background

Public perception is that people with mental health problems are offenders, and historically, policy, research and clinical practice has focused on the risk they pose to others. [1] However, in recent years a body of work has explored the victimisation of people with mental health problems, and the impact it has on them. [2 3 4 5 6] This research was conducted by a partnership of Victim Support, the Institute of Psychiatry at King's College London, Mind and St George's University of London and Kingston University, in collaboration with University College London, and funded by the Big Lottery Fund and the Medical Research Council. This is the summary of the full report *At risk, yet dismissed* which is available from www.victimsupport.org.uk/atriskyetdismissed [7]

2 | The study

This study was designed to understand experiences of victimisation and engagement with the criminal justice system among people with mental health problems. The main questions the study sought to answer were:

- What proportion of people with severe mental illness had been a victim of violent or non-violent crime in the past year, and how does that compare to the general population?
- What are the barriers and facilitators for people with mental health problems, who have been victims of crime, in reporting crime, progressing through the criminal justice process, and accessing support?

The study was conducted in two main parts, a quantitative survey and qualitative interviews and focus groups. The survey used a modified version of the Crime Survey for England and Wales (CSEW) with a random sample of 361 people with severe mental illness (SMI) using community mental health services in London. The findings from this sample were compared with those from the general population who took part in the CSEW survey over the same time period in London. We also gained information from clinical notes, and professionals involved in the participants' care.

For the qualitative research we interviewed 81 individuals who had mental health problems and had been victims of crime in the last three years. The profile of these interviewees was slightly different, with a broader range of mental health problems, and a third were not using community mental health services. The interviews explored their experience of crime, its impact and their engagement with the criminal justice system. We also conducted focus groups and individual interviews with 30 relevant professionals from a range of different backgrounds including police officers and mental health care coordinators.

3 | Findings

Experience of crime

The findings of the survey show that people with mental health problems experienced high rates of crime, and were considerably more likely to be victims of crime than the general population.

- Forty-five percent of people with severe mental illness (SMI) were victims of crime in the past year.
- One in five people had experienced a violent assault; a third were victims of personal crime and a quarter were victims of a household crime (*See Figure 1*).
- People with SMI were five times more likely to be a victim of assault, and three times more likely to be a victim of household crime, than people in the general population, after taking into account socio-demographic differences. Women were 10 times more likely to be assaulted (See *Figure 2*).
- They reported very high rates of sexual and domestic violence, with 40% of women reporting being a victim of rape or attempted rape in adulthood, and 10% being a victim of sexual assault in the past year (*See Figures 3 and 4*).
- Victims with SMI were up to four times more likely to be victimised by their relatives or acquaintances than those from the general population.
- Nine percent of the victims described crimes in psychiatric inpatient settings.

Impact of crime

> *It took two months to recover from [being assaulted] because I was having nightmares and stuff and I was finding it hard to sleep as well.*
> [Int21, male, assault]

Compared to victims who did not have mental health problems, victims with SMI were more likely to suffer social, psychological and physical adverse effects as a result of the crime, and were more likely to perceive the crime as serious (*See Figures 5 and 6 overleaf*).

The impact of domestic or sexual violence was particularly serious with 40% of women and a quarter of men who experienced this having attempted suicide as a result.

In the qualitative interviews, participants explained how being a victim of crime affected many aspects of their lives including: their financial and material situation; personal relationships and behaviour; physical health; housing situation; emotional well-being; and mental health. The most common negative effect of crime was on their emotional well-being. Many described their mental health deteriorating as a result, with some individuals going into crisis and being admitted into hospital.

Risk factors

One of the aims of this study was to find out who, among people with SMI, was most at risk. We found there were three key risk factors: less engagement with services, drug misuse and a history of being violent. Compared to those with good service engagement, people with medium and poor engagement had a five-fold and seven-fold higher risk of victimisation respectively. Drug misuse and violence perpetration were associated with a two to three-fold higher victimisation risk which is similar to those reported in the general population in other published studies.

The perceived association between mental health and victimisation

> *[having a mental health problem] it's a license, it makes you so vulnerable. It's awful. It's like this is a sitting duck we can do whatever we want to, however we want. And then they turn it on you and said that you did it to yourself.*
> [Int7, female, assault, threats and harassment]

In the qualitative interviews, many participants felt that having a mental health problem was a factor in their victimisation. They gave examples of perpetrators picking up on visible signs of vulnerability and distress, and known perpetrators preying on them when they were unwell and less able to protect themselves. Some felt perpetrators targeted them because they understood that people with mental health problems are more easily discredited and commonly disbelieved when they report. A few said they felt perpetrators were motivated by hatred and hostility towards their mental health status. The nine participants victimised in psychiatric inpatient wards described the environment as unsafe and a place where they felt both under threat

Figure 1: Prevalence of crime victimisation in past year (%)

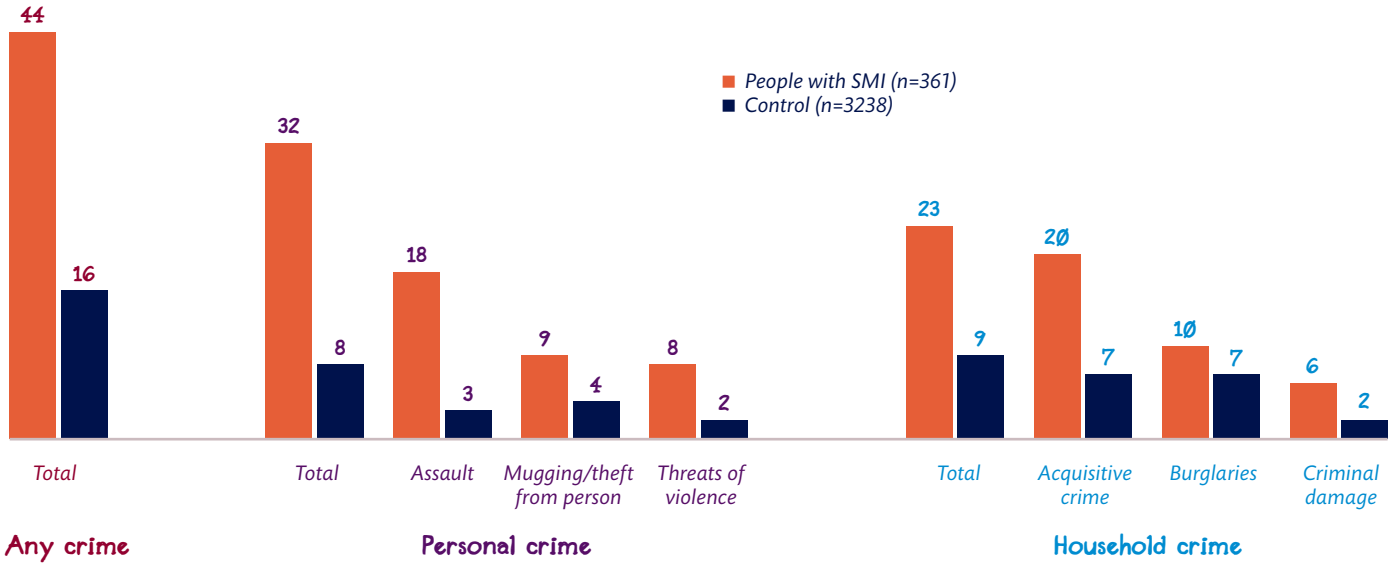


Figure 2: Likelihood of being a victim of crime in past year* (based on adjusted odds ratios)

Figure 3: Lifetime domestic and sexual abuse

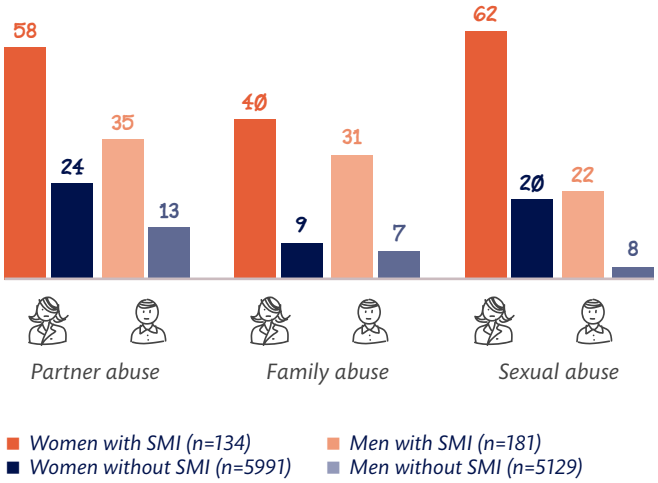


Figure 4: Past year domestic and sexual abuse

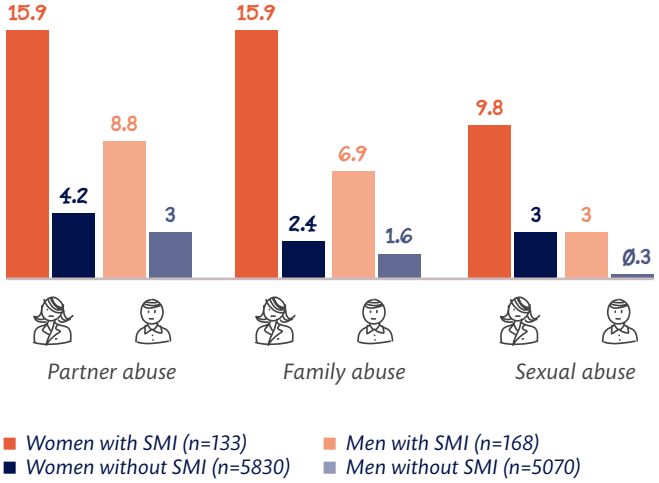


Figure 5: Likelihood of perceiving the crime as most serious (based on adjusted odds ratios)

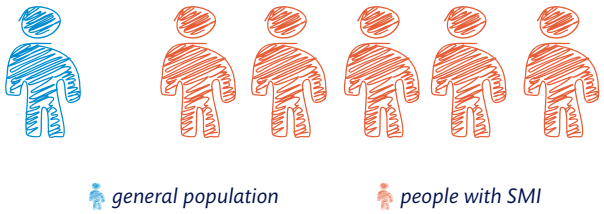


Figure 6: Extent of emotional effect of crime (%)

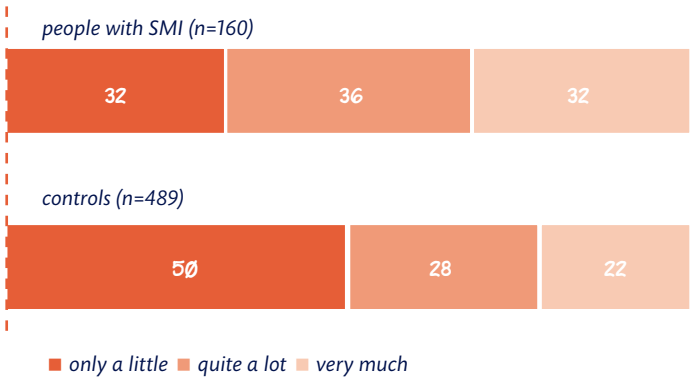
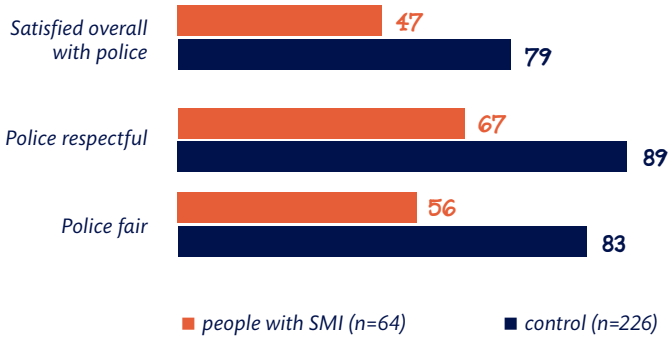


Figure 7: Satisfaction with police (%)



from staff and other patients as well as less able to access other sources of help.

The survey supported this sense of people being targeted for their identity, where 37% felt the incident was motivated by their identity and 25% felt this was specifically because of their mental health status.

Engagement with the criminal justice system

> *If I'm punched or kicked or knocked down to the floor I just get up and walk away because I don't want trouble in my life. [Going to the police] can backfire on you and you can so easily get labelled as dangerous and [a] risk to yourself, to the community and end up getting sectioned or something.*
> [Int33, male, assault and antisocial behaviour]

Reporting to the police

Victims with SMI were as likely to report their experiences to the police and to progress through the criminal justice system as general population victims, but they were much less satisfied with the police and less likely to report fair or respectful treatment (*See Figure 7*).

In the qualitative interviews, participants described factors that helped or motivated them to report to the police. The influence of friends, family and professionals could be instrumental in helping them to report a crime. They were more likely to report crimes they felt were serious, or when a situation had escalated. Some were motivated to report from a desire to protect others. Police being easily accessible was another factor reported as helpful, for example when the police had a presence in their local communities and at other key locations such as hospitals.

Participants also described barriers to reporting crime to the police. Most of the qualitative sample had some previous experience with the police either as a victim, witness, offender or when being detained under the Mental Health Act. Where these prior experiences were poor, individuals were reluctant to contact the police again.

Participants described not reporting crimes because they feared a negative response from the police. They feared being blamed for causing the incident, not being believed or taken seriously and these fears were often grounded in previous experiences. Participants were very conscious of how having a mental health problem might be used as a basis for discrediting and disbelieving them, and many people feared that they might be sectioned if they tried to report a crime against them.

In some cases the impact of the crime also prevented them from reporting to the police, because of feelings of shame or embarrassment or feeling too overwhelmed, distressed or confused in the aftermath of the crime. The actions of, or fear of, perpetrators as well as loyalty to them, were also factors described as preventing reporting.

I wasn't in a right state to make a phone call direct to the police because I was in shock. And I just couldn't speak for myself.
[Int41, female, burglary and family violence]

Positive experiences of the police

She probably treated me better because I had mental illness. [...] The way she was kind, considerate and stuff. She was alright.
[Int5, female, assault and partner violence]

Participants in the qualitative interviews described both positive and negative experiences, with many experiencing both on different occasions. The way in which police officers responded when they became aware that the participant had a mental health problem was key in this. Participants valued empathy and understanding coupled with appropriate action to investigate the crime and signposting to other services for additional support.

People appreciated police officers who were friendly, respectful and compassionate, and who spent time listening to them, acknowledging their feelings and believing them. This was reported as particularly important at times when the participant might feel very distressed such as when the police first arrived at the scene or when they were taking a statement.

They just told me to relax, drink water, calm down. That I was safe [...]. And then on the way out obviously they told me that Victim Support is an organisation who would call me if I needed any additional support.
[Int41, female, burglary and family violence]

Interviewees valued receiving follow-up from the police, being kept informed of the progress on their case, and having a named officer assigned to them. Follow-up support was also praised, for example providing help and information about staying safe and securing their homes. There were a few examples where police liaised with a participant's existing formal network of support (with their consent), encouraging a joined up approach to support.

As with any victim, taking the incident seriously and taking action was a high priority for this group.

Negative experiences of the police

She was writing, and she kind of stopped. "Bipolar?" I went, "Yeah, manic depressive, you know [...]". And she said "Well, his [offender's] barrister will probably tear you apart in court". [...] It was almost like well, do I bother doing this statement or not. It was that kind of attitude.
[Int31, female, partner violence, threats and harassment]

Many qualitative interviewees expressed dissatisfaction with some aspect of the way they were treated by the police. Poor responses to finding out that a participant had mental health problems were described by a third of participants and this included: a lack of empathy and understanding, for example being told they were an unreliable witness because of their mental health problem; and insensitive reactions to distress.

Other negative experiences reported by participants in their engagement with the police were: not being believed when they reported crimes; being blamed for the incident; being perceived as unreliable or not credible; and not being taken seriously. Some participants associated this poor treatment with the police having attitudes of prejudice or being misinformed about mental health problems. Others felt they were treated poorly because of other identity attributes, for example their gender or their sexual orientation, ethnicity, or because of several of these attributes.

The first time I called the police for my son [perpetrator], he called them back and said "No, my mother is mad, don't come here, that's how she is". And the police didn't come until the next day and by then he had gone.
[Int63, female, antisocial behaviour, threats and harassment and family violence]

The police failing to take action was another common complaint and this included: delays in attending incidents; not pursuing the perpetrator; not following up or collecting evidence; letting incidents escalate; and leaving the participant in dangerous situations. A few participants also said they felt the police dropped their case because they had mental health problems.

Participants also commented on poor communication from the police after they had reported a crime, for example finding it difficult to gain information about the progress of their case or being provided with incorrect information, and this caused anxiety and frustration.

A number of participants said they would not report to the police again in the future because they'd had such a poor experience, either in the way they were treated or because the overall outcome had been unsatisfactory.

Experience of court

Victim Support met me at the train station as well and travelled with me [...] because I was scared that his family was going to be at the court and then after I finished [giving evidence] the Victim Support worker was like "You've done really well".
[Int34, female, partner violence]

Ten of the interviewees in the qualitative research had cases that went to court. Those who went to court to give evidence described it as very stressful. Factors which improved the experience for them included preparation for going to court, such as pre-trial visits and receiving information. This helped to reduce anxiety and put them more at ease. Help on the trial day from the Witness Service was also appreciated, as was access to special measures (such as screens or giving evidence by video link) when they gave evidence. Cross-examination in court was difficult and some participants said they were comforted when judges or magistrates intervened in a supportive manner.

Participants also talked about the things which worsened their experience of court. A few participants were extremely distressed when they came into contact with the perpetrator (or their supporters) at court. Several found being cross-examined by the defence barrister very difficult, feeling like they were being attacked or mocked, or frustrated that they were not able to convey their version of events. In one case a participant had his mental health history used against him by the defence barrister to discredit his testimony. Few of the participants had heard of special measures or been provided with them when they gave evidence in court. Lengthy waiting times before the case went to court, or before giving evidence on the day of the trial, could be unnerving and stressful.

It felt more scarier talking to [defence barrister] than it did going through half of what I went through with the actual person. [...] I knew he couldn't hit me [...] but it was like the way he was talking to me was like kind of scary. And then I was like actually it feels like I'm the one who should be put behind bars, you know.
[Int34, female, partner violence]

Seeking help

Of the survey sample, a third of victims did not disclose their experiences of being a victim of crime to any professional. This was higher with sexual and domestic violence, where 70% of male victims of sexual assault did not disclose their experience at all. Whilst all of the survey participants were receiving support from community mental health teams 40% did not disclose their experience to a mental health professional.

Victims with SMI were more likely to receive help than those in the general population group. However, while they were more likely to receive talking and practical help, none received crime prevention advice compared to 35% of the general population group. Nearly half of SMI victims said they wanted further help and the greatest unmet needs were for practical or financial help, talking help and help with accessing the criminal justice system (*See Figure 8*).

Few victims had contact with Victim Support (10% of those with and without SMI), but most of the people who did were satisfied with the help they received.

Experiences of seeking help from non-criminal justice agencies

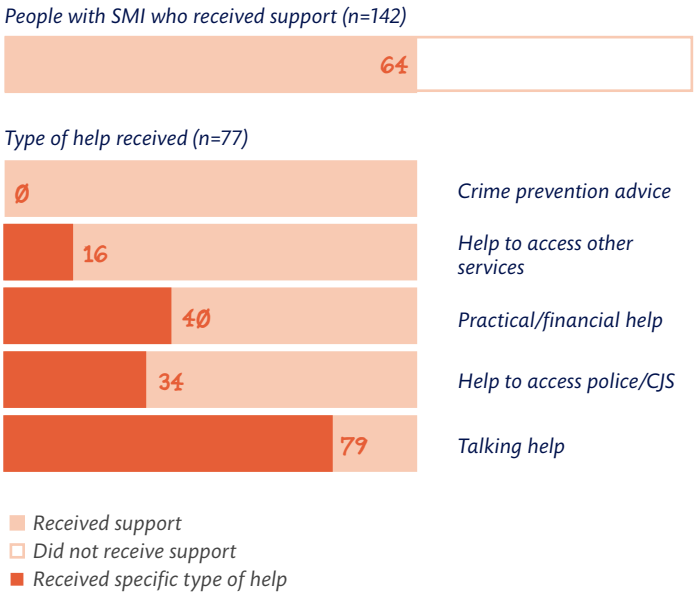
In the qualitative interviews, participants described seeking help and support from a range of individuals and services after being a victim of crime, from friends, family and neighbours, to housing officers, General Practitioners (GPs) and mental health professionals.

Having a pre-existing support network, either from informal sources like friends and family or from services such as community mental health teams (or both), facilitated help seeking as they said they felt more able to go to those they already knew and trusted. Those they were close to were able to spot signs that something was wrong and asked about it. The detrimental effects of the crime on their lives were described as triggers for them to seek help. Feeling frightened, unsafe, the escalation of violence and the worsening of their mental health problem were powerful motivators for seeking help.

There were a number of factors that prevented participants from seeking help. Several said they were particularly reluctant to tell mental health professionals for fear the experience would be interpreted as a sign of their deteriorating mental health problem and trigger additional medical intervention. Many of these were similar to barriers to reporting to the police, and as with the police, some were put off by previous poor responses. Participants feared they would be blamed or not believed, and worried that telling others would make the situation worse. In some cases the worsening of their mental health problem or the emotional impact of the crime made them feel like they weren't strong enough to ask for help.

Participants also faced problems in accessing help because of the barriers in the services themselves. They described services as simply not existing or being so overstretched that they were unable to offer them the support when they needed it, as well as services having strict limitations on the type or amount of support they were able to offer. This left some participants managing relationships with multiple

Figure 8: Type of help received by people with SMI (%)



services, something which caused them stress during a time when they felt very vulnerable.

Positive experiences of seeking help

> *The CPN was quite helpful, he said you see him again, if he's nearby you again just dial 999. He said let the police come and do whatever they need to do. He said don't get yourself involved. Don't do anything silly as well, you know, don't take any chances, just stay away and just dial.*
> [Int60, male, threats and harassment]

In the qualitative interviews, when describing the experiences of seeking help, people referred to both good and bad experiences. With the positive experiences, both the type of help and the manner in which it was provided were important. They valued responses which were empathetic and validating, being treated as an individual with a unique set of needs and having their opinions and wishes respected. They appreciated services that were responsive to their request for help, taking steps to investigate or resolve issues or offering support, as well as staff who had specific expertise and knowledge about mental health problems and/or the nature and impact of victimisation.

Half of the qualitative respondents appreciated gaining practical help to deal with the consequences of the crime such as advocacy support, assistance with housing and childcare, financial help and support with safety. Referral or signposting to other more specialist services that could provide help was also valued, particularly when the referrer took extra care to ensure they accessed that service, for example by accompanying them to their first meeting.

Negative experiences of seeking help

I said to my support worker that the CCTV would stop that. And he said that the police have got better things to do than spend £700 for CCTV for you.
[Int9, male, theft from person]

In the qualitative interviews, half of the participants described negative experiences of seeking help either because of the nature of the individual response or problems with the services themselves. Poor individual responses included: those which lacked empathy or understanding; responses which invalidated the participant's experience and their emotional response to it, for example not believing them or minimising their experience; blaming the participant for being a victim of crime; and displaying attitudes of prejudice towards the participant because they had mental health problems or because of other identity attributes, for example gender.

In the qualitative interviews, a quarter of participants described services that were poor quality, insufficient or unresponsive to their needs. Interviewees described instances where services ignored them, showed reluctance to get involved, were slow to respond or did not take any action. There were also examples of inappropriate support being provided, such as a female rape victim being examined by a male doctor against her wishes. Several participants described punitive or disempowering responses, for example being evicted when they reported antisocial behaviour, or being threatened to have their children taken into care if they did not agree to a specific course of action.

There were few examples of services working in an effective joined up manner. More commonly participants reported going from one service to the next, being unable to gain the help they needed and becoming increasingly frustrated and distressed as a result. In some cases the victimisation experience and its effects on the participant were very complex and intersected with other difficulties in their lives, requiring support from several different services. The consequences of receiving poor support (or no support at all) were therefore considerable and in some cases exacerbated the distress people were already experiencing as a result of the crime.

So you're just being thrown out to the wolves out there.
[Int49, male, assault, theft from person, threats and harassment and partner violence]

Professionals' perspectives

The perspectives of the professionals who participated in the interviews reflected those of the people with mental health problems. They considered that isolation and social exclusion contributed to the increased risk of victimisation. Several, particularly mental health professionals, noted that victimisation could have a very serious impact, sometimes triggering crisis or admission into inpatient facilities. They highlighted the challenges they felt victims of crime with mental health problems faced, including many of the experiences the victims identified themselves. The court process was highlighted as being extremely stressful and in some cases this might mean that a victim preferred to drop the case rather than go to court, and some gave examples of cases being dropped by the Crown Prosecution Service (CPS) or other professionals because victims with mental health problems were viewed as unreliable witnesses.

Professionals echoed some of the experiences shared by interview participants about barriers to accessing services. Most professionals also said that a lack of effective multi-agency working was problematic and that the reluctance of services to get involved or take ownership of cases could leave victims unsupported and more distressed. Different working practices and organisational cultures, as well as a lack of understanding between different services about job roles and responsibilities and poor systems for information sharing, were viewed as contributing to this.

Professionals also talked about the challenges they faced themselves when trying to support victims of crime with mental health problems including: difficulties engaging with some individuals, particularly where the cases were very complex and the people were facing multiple difficulties in their lives; victims having unrealistic expectations about what a service could provide to them; victims not providing the professional with the full information about their case; and victims underplaying their mental health problems.

Professionals provided illustrative good practice and effective multi-agency collaboration, for example care coordinators supporting victims to engage with the police or police officers ensuring protective measures were in place to enable victims to go to court. The police also highlighted some new initiatives being developed to try to improve the way they work with people with mental health problems including a triage service where a police officer and an approved mental health practitioner work together to respond effectively to individuals with mental health problems.

4 | Conclusion

This research paints a stark picture of the risks to people with mental health problems in the community, and the barriers they face in getting the support and help they need. Contrary to popular perceptions, people with mental health problems are more likely to be victims of crime than perpetrators. The impacts of crime for this group were wide ranging and devastating for some individuals. The problems identified in this research are complex, and there isn't one simple solution, nor can one particular agency alone resolve those issues. However, that said, many of the actions people valued involved some simple changes and sharing and utilising already known good practice. This research is a call to us all to actively listen, believe, validate and take action to support people with mental health problems who have been victims of crime and empower them to take action to prevent further victimisation.

5 | Recommendations

1. *Develop a strategic response to support and protect people with mental health problems who are victims of crime*

This research identifies serious and complex problems which require a multi-agency mental health strategy for victims. It calls for a coordinated response from key agencies to:

- develop a national strategy to set the agenda and demonstrate leadership and champion people with mental health problems as victims of crime
- develop a national programme to implement and oversee the following recommendations at a national and local level
- develop new practice and recommendations by supporting pilots and providing funding.

Commissioners for health, social care, police and crime (local authority, National Health Service and police and crime commissioners) should jointly address prevention and provision for people with mental health problems who are victims of crime in their planning and commissioning including:

- in the public health agenda through the Joint Needs Assessments, the Joint Health and Wellbeing Strategy and the work of Health and Wellbeing Boards
- for primary care, social care and mental health services through integrated commissioning between Clinical Commissioning Groups (CCGs), local authorities and the NHS Commissioning Board
- in the criminal justice service through police and crime commissioners (PCCs) commissioning support services for people with disabilities, including people with mental health problems.

Bodies producing evidence and guidance for health, social care, PCCs and professionals should include information on victimisation, prevention and support:

- The Joint Commissioning Panel for Mental Health (JCPMH) should include information on victimisation, prevention and support in its guides for commissioners.
- The National Collaborating Centre for Mental Health (NCCMH) should include information on victimisation, prevention and support in clinical guidance concerned with adults with mental health problems, particularly severe mental illness produced for the National Institute for Health and Care Excellence (NICE).
- The Local Government Association briefings and material for PCCs should include information on victimisation, impact, and support for people with mental health problems as victims.

The College of Policing should:

- update the joint National Policing Improvement Agency (NPIA) and Department of Health [8] guidance into Approved Professional Practice (APP) to reflect the needs and experiences of people with mental health problems as victims, and ensure it is disseminated among police forces.

The Association of Chief Police Officers (ACPO) should:

- prioritise victims with mental health problems in their strategy, policies and guidance.

Police forces should:

- recognise and prioritise the high risk of being a victim of crime among people with mental health problems in the Police and Crime Plan, the Annual Community Safety Plan and related processes for action planning, consultation and carrying out Equality Impact Assessments.

Local Community Safety Partnerships should:

- recognize the high risk of being a victim of crime among people with mental health problems and ensure a strategic response in the Annual Community Safety Plan
- consult with individuals with mental health problems and organisations (eg local Minds and Victim Support) in the community who can help them understand their needs and experiences and tailor responses and services accordingly.

Local authorities and housing providers should:

- develop and enforce rigorous schemes to tackle crime against people with mental health problems in local communities.

Voluntary sector organisations should:

- work to raise awareness of the high risk to people with mental health problems as victims of crime among the general public and carers, and supporters of people with mental health problems.

2. Train all staff in health, social care and police services, especially frontline staff, on the experiences and needs of people with mental health problems as victims of crime and how to respond appropriately

Police officers should be provided with mental health information, training and awareness-raising:

- to improve identification, disclosure, and good practice on how to respond appropriately
- of the serious impact of crime on people with mental health problems and the importance of referring victims on to other relevant services for further support
- of the fact that when they are in contact with perpetrators of violence, they may have been victims of crime in the past, or are likely to be in the future.

This training should be made mandatory across all police force areas, and be delivered jointly with mental health professionals.

Primary care, social care and mental health professionals should be provided with information, training and awareness-raising:

- of the fact that people with mental health problems are at an extremely high risk of being a victim of crime, that the impact of crime on people with mental health problems is greater and that they are likely to have significant support needs if they have been a victim of crime
- of the increased risk of victimisation for people with mental health problems who engage poorly with services and have drug misuse problems and a history of violence perpetration, and to take this into consideration
- about reporting crime, and services available to individuals so they can better signpost and refer
- of the serious impact of victimisation on people with mental health problems as well as the high rate of repeat victimisation.

Frontline staff in community, public services and social support organisations should:

- receive training to understand the needs of people with mental health problems, and the nature and impact of victimisation on people with mental health problems.

3 Support people with mental health problems to tell someone if they have been a victim of a crime

Police forces should:

- undertake outreach work to develop a community presence, build trust and raise awareness. They should work with voluntary organisations, community mental health teams and health services to reach out to people with mental health problems
- provide information about what constitutes a crime, how to report it and what happens once reported to people with mental health problems, as well as clear information about people's rights, and what to expect from the police and other agencies
- train all police officers to recognise hate incidents (even if the victim has not identified them) and ask open questions to encourage people to tell them what has happened.

Mental health professionals should:

- improve their processes of identification of victimisation, and support people with mental health problems to report incidents to the police.

Inpatient mental health services should:

- raise awareness among staff in inpatient settings of the potential safety issues for inpatients and eliminate mixed-sex accommodation
- ensure service users are informed of their rights to complain, advocacy and access to the police [9]
- ensure patients are supported to report any incidents and that they are handled through the appropriate channels.

Victim Support, and voluntary sector organisations should:

- provide information about what constitutes a crime, how to report it and what happens once reported to people with mental health problems, as well as clear information about people's rights, and what to expect from the police and other agencies.

4. Measure and improve police and CPS responses to crimes reported by people with mental health problems

Police and the Crown Prosecution Service (CPS) need to take positive action to address the barriers that people with mental health problems face in the investigation and prosecution process. They should:

- prioritise responses for people with mental health problems especially around repeat victimisation and targeted crime.
- ensure reasonable adjustments are made to allow people with mental health problems to report crimes, make statements and pursue the case, following *Achieving Best Evidence Guidance in Criminal Proceedings* [10]. For example the police and CPS should:
  - in deciding whether to investigate cases reported by people with mental health problems, and in deciding whether to charge individuals in cases, base decisions on the seriousness of the offence rather than the perceived credibility of the victim
  - draw on expert advice and support to get best evidence, using Registered Intermediaries who are communication experts to facilitate communication with the police and the courts, and trusted friends / relatives for support
  - explain to people why a case has not been taken forward as per the Victims' Code [11]
  - consider having dedicated specialist police officers who support high risk victims and coordinate responses
  - CPS, judiciary, police and Witness Care Units should work together to identify victims with mental health problems, assess their support needs and provide enhanced services, including access to special measures, and additional support, at the earliest opportunity and make sure that this is made known during court proceedings.

5. *Develop effective services that address the substantial impact that being a victim of crime has on people with mental health problems*

Agencies that provide services for people with mental health problems including housing associations, community mental health teams, criminal justice agencies, health and social care, and voluntary organisations should consider the breadth of the impact of criminal incidents on people with mental health problems and:

- provide emotional, financial, practical, and social support for victims after an incident
- provide advocacy services where necessary
- explore innovative models of providing services for people with mental health problems, with allocated funding and evaluation
- draw on good practice models for working with people experiencing domestic violence and hate crime
- develop services that support and build on victims' support networks, and focus on people who have fewer networks.
- consider whether these additional risks should trigger responses from relevant multi-agency support, for example safeguarding, multi-agency risk assessment conferences (MARACs), or child protection.

6. *Remove the barriers and improve the experience of people with mental health problems in courts*

- Recommendations from the research published by the Ministry of Justice (2010) on support pathways, identification of mental health problems, disclosure, access to specialist support and provision of special measures should be implemented. [12]
- The CPS needs to take proactive measures in the adversarial system to make sure that mental health is never used against people to cast doubt on their reliability as a witness, including:
  - ensuring the implementation of CPS guidance on disclosure of medical records, using expert evidence, assessing credibility and access to special measures [13]
  - providing information for health professionals about responding to requests from defence about a victim's mental health history.
- Training should be offered to ensure that CPS, courts and judiciary are aware of the impact of the crime on the individual and their mental health when charging and making sentencing decisions.
- Judges should make appropriate interventions to protect individuals with mental health problems when giving evidence.
- Judges should be aware of how stressful court can be for a victim or witness with mental health problems and support initiatives to improve their experiences such as allowing special measures.
- The CPS should work closely with the police to ensure early identification of vulnerability and special measures applications are completed on time, and the use of Registered Intermediaries is considered at the outset.
- Training should be provided for all trial advocates on dealing with vulnerable witnesses, especially those with mental health problems. [14]

7. *Improve communication with people with mental health problems*

- All criminal justice agencies, health, social care, mental health and voluntary services should take steps to improve communication with people with mental health problems:
  - acknowledge how the person is feeling
  - listen sensitively and actively
  - ask open questions
  - use a calm and reassuring tone
  - use responsive body language
  - reflect back information and summarise issues to show you have been listening
  - provide a named person they can contact
  - provide regular updates on the case and inform sensitively when a case is closed and explain why.
- All organisations should monitor this and systematically collect and act on feedback from service users.

8. *Empower and support people with mental health problems to help individuals take proactive steps to prevent repeat victimisation themselves where possible*

Police forces should:

- prioritise responses for people with mental health problems especially around repeat victimisation and targeted crime (hate crime), and continue to address hate crime prevention
- ensure any incident reported by a victim with mental health problems is followed up with community safety support.

Mental health professionals, support workers and Victim Support should:

- provide safety planning and crime prevention advice
- work jointly with individuals to develop safety plans.

The Ministry of Justice should:

- work with Victim Support and CJS agencies to provide information on victims' rights, what to expect from criminal justice agencies and how to challenge poor practice (for example when disseminating the new Victims' Code)
- draw on good practice elsewhere to help individuals develop their resilience and confidence (for example with women who experience domestic violence).

9. Work collaboratively in partnership to provide joined up services for people with mental health problems

People with mental health problems often have higher and multiple support needs after experiencing a crime. Inter-agency working should be promoted by staff at all levels. This includes:

- establishing known contact points, referral routes and mechanisms for information sharing between agencies. In particular, systems for information sharing should be established between mental health services and the police to establish appropriate levels of support for victims.
- utilising the principles of 'case management' in order to improve a supportive, coordinated response to the victim with mental health problems. For example, assigning a 'named key worker' to help coordination and navigation in support of the person with mental health problems.

PCCs should:

- establish clear referral routes and information sharing across different agencies.

Mental health services should:

- with permission from the victim, liaise with the police and services involved and provide relevant information to help them give evidence and gain a conviction.

Victim Support should:

- work with other agencies, especially the police, to improve the identification of people with mental health problems and referral to adequate support.

10. Increase and develop understanding of why people with mental health problems are at such greater risk of crime

Further research is needed to:

- explore the motivation of perpetrators, to identify approaches to prevention
- explore the relationship between engagement in services and victimisation
- explore the role that informal networks may play in protecting against the victimisation of people with mental health problems
- develop evidence-based good practice in supporting people with mental health problems who are victims of crime.

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A copy of the full report can be downloaded from:

www.victimsupport.org.uk/atriskyetdismissed

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