Experiences of victims of crime with mental health problems

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mind.org.uk

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We're Mind, the mental health charity.
We're here to make sure anyone with a mental health problem has somewhere to turn to for advice and support.

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We give support and advice

Through our network of local services, we reach over 300,000 people each year. We offer:

- Counselling
- Training
- Supported housing
- Art therapy
- Debt advice
- Employment services
- Advocacy
- Ecotherapy

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We listen and understand

- Our online peer support network has over 10,000 users
- Over 6.5 million visits to our website
- Our helplines respond to 40,000 calls annually

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Structure

- Background
- Key findings
- The police
- Solutions
- Good practice
- Questions?

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Background

- Public perception is that people with mental health problems are offenders
- Policy, research, clinical practice etc. has focused on the risk people with mental health problems pose to others
- We wanted to find out the real story...

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"They assume I'm violent. They see their job as protecting the public from schizophrenics, they do not see their job as protecting schizophrenics from the public."

Mental health is core police business

- Met Police estimate 40 per cent of all police work relates to people with mental health issues
- Most of the qualitative sample had previous experience with the police: either as a victim, witness, offender or being detained under Mental Health Act
- Where these prior experiences were poor, people were reluctant to contact the police again

"If anything really bad happened to me, like say I was mugged again, or heaven forbid raped again, attacked, whatever. There is no way that I would ring up the police, no way, because I wouldn't want to go through all that again."

Methodology

- Built on Mind's original report *Another Assault* (2007)
- Collaboration: Victim Support, Mind, Institute of Psychiatry at King's London, Kingston University & University College London
- Two years detailed academic research funded by Big Lottery Fund
- Quantitative: Interviewed random sample of 361 people with severe mental illness. Compared against ONS Crime Survey figures
- Qualitative: In-depth interviews with 81 people with mental health problems who had been victims of crime in the last three years

Key research questions

- Are people with mental health problems more likely to be victims of crime?
- What barriers do people with mental health problems face in reporting crime and accessing justice?
- What helps them, or could help them, to report crime and access justice?

Likelihood of being a victim of crime in the last year

Key messages from *At risk, yet dismissed*

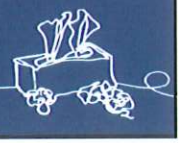
- People with mental health problems have the same human right to justice as everyone else
- But too many people told us they felt dismissed, not believed and in some cases blamed for the crime
- We're here to help police, commissioners, the courts, healthcare providers, support agencies, local and national government to work together and improve services

Impact of experiencing crime

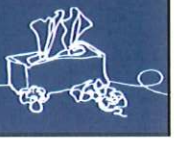
Victims with mental health problems:

- More likely to suffer social, psychological and physical adverse effects as a result
- More likely to perceive the crime as serious
- 40% of women and quarter of men who experienced domestic or sexual violence attempted suicide

"I felt awful. I felt crushed to pieces, like my mental health deteriorated."



"It was an upsetting time. I actually ended up in the psychiatric hospital. It drove me to cut my wrist with a knife."



Mental health and victimisation are linked

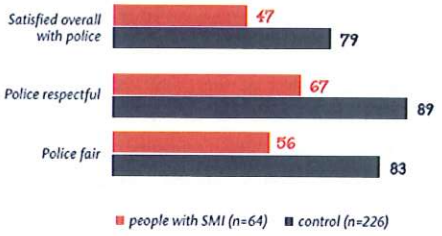
- Many interviewees reported that their mental health problem was a factor in their victimisation:
  - Perpetrators able to identify signs of vulnerability or distress
  - Preyed on when unwell and less able to protect themselves
- A quarter felt they were targeted specifically because of their mental health status

Likelihood of perceiving crime as targeted at them (hate crime)

"[having a mental health problem] it's a licence, it makes you so vulnerable. It's awful. It's like this is a sitting duck we can do whatever we want to. And then they turn it on you and say that you did it to yourself."

"If I'm punched or kicked or knocked down I just get up and walk away because I don't want trouble in my life, [reporting to the police] can backfire, you can easily be labelled dangerous, and [a] risk to yourself, to the community and end up getting sectioned."

Satisfaction with police



Poor response from the police

One third reported poor response when they disclosed mental health:

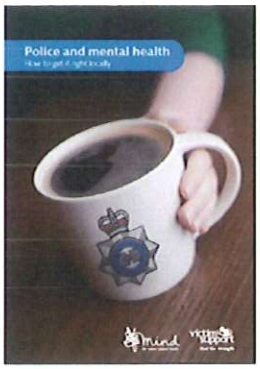
- Lack of empathy/understanding, insensitive reactions to distress
- Attitudes indicating prejudice
- Being told were not a reliable witness because of mental health
- Not being believed/taken seriously or blamed for incident
- A few participants felt police dropped their case because they had mental health problems
- Professionals gave examples of cases dropped by CPS because victims with mental health problems were viewed as unreliable

"She was writing, and she stopped. "Bipolar?" I went, "yeah, manic depressive, you know, mental health problem" [...]. And she said "Well, his barrister will probably tear you apart in court." It was like well, do I bother doing this statement? It was that attitude."

Good response from the police

- Officers response to disclosure of mental health is key
- Empathy, compassion, understanding, friendly, respectful
- Listening, acknowledging, believing
- Person-centred support and involvement in decisions
- Appropriate action to investigate crime & signpost to support
- Named officer & follow up: staying informed of progress
- Joined up working - police liaising with other services
- Help and information about staying safe

"He was very supportive and really calm, he was going over things really slowly. And when I felt myself gabbling he was able to calm me down and straighten things out. He made you feel really good because he was being supportive."



Good practice

Good, innovative practice exists. Typically includes:

- Joint working
- Access to mental health expertise
- Building relationships with mental health professionals and with service users

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Good practice examples

- Working in partnership with voluntary sector agencies
- Voluntary sector placements for police officers
- Joint working between police and mental health services
- Training, awareness raising, building communication skills
- Innovative Practice e.g. the Public Psychiatric Emergency Assessment Tool
- Third-party reporting schemes
- Appropriate adult schemes
- Places of safety schemes

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But its not just about the police

Housing associations, community mental health teams, health & social care, criminal justice agencies, voluntary organisations:

- Emotional, financial, practical, and social support
- Advocacy services where necessary
- Draw on good practice models for working with people experiencing domestic violence and hate crime
- Further support/response to protect the victim, e.g. safeguarding, multi-agency risk assessment etc

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Healthcare providers, frontline staff & GPs

- Empathy and compassion can make a real difference
- Improve processes to identify signs people may have been victim of crime - helps people get the support they need
- Listen, believe, empathise and validate when a person reports a crime
- Support victims to engage with criminal justice system e.g. help them report crimes, attend meetings with police

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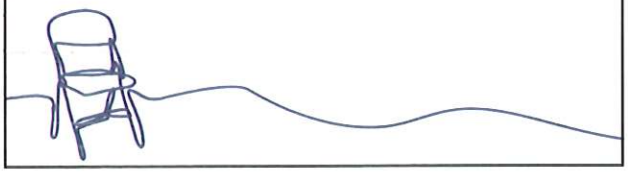
We can help you to work in partnership with other services so people with mental health problems who are victims of crime get the support they need. We can provide you with the evidence, expertise and tools to help you make this happen.



Anybody there?

At Mind there's always someone to turn to...

Mind Infoline

Monday to Friday, 9.00am to 6.00pm

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