mind

For better mental health

Too often people with mental health problems are reluctant to report crimes.

One victim told Mind that contact with the police exposed them to yet more discrimination and vulnerability: "The system of investigation is another assault."

Another assault

Mind's campaign for equal access to justice for people with mental health problems

Key findings

Community Safety

- In their community, 18 per cent of survey respondents rarely felt safe – fewer than half felt safe most or all the time.
- In their home, only 19 per cent felt safe all the time.

Prevalence of victimisation

- 71 per cent of respondents had been victimised in the community at least once in the past two years and felt this to be related to their mental health history. Nearly 90 per cent living in local authority housing had been victimised.
- 41 per cent of respondents were the victims of ongoing bullying.
- 34 per cent had been the victim of theft of their money or valuables, from their person or from their bank account.
- 27 per cent had been sexually harassed and 10 per cent had been sexually assaulted.
- 22 per cent had been physically assaulted.

Reporting victimisation

- 30 per cent of respondents who had been victims in the community told no one at all what had happened to them.
- 45 per cent of respondents who had been a victim of crime in hospital did not tell a member of staff.
- 36 per cent of respondents who did not report a crime didn't think they would be believed.
- 36 per cent of respondents who did not report a crime didn't want to go through the process of reporting.
- 60 per cent of respondents who did report a crime felt that the appropriate authority did not take the incident seriously.

Key barriers to justice

- Tensions between the police and people with mental distress, which deter victims from coming forward.
- Poor mental health awareness which prevents vulnerable victims from being identified and supported.
- People with mental distress being seen as unreliable witnesses, causing cases to be dropped at the investigation stage or before they reach court.
- Crimes happening in hospitals being down-played by members of staff.
- Rates of satisfaction with the criminal justice system.

Sixty-four per cent of victims of crime or harassment in our survey were completely or somewhat dissatisfied with the overall response of the authorities to reporting the incident. Just six per cent (nine people) were completely satisfied with the outcome of their case.

Introduction

Too little is known about the personal safety of people with mental health problems. Mind has set out to explore the extent of fear, crime and victimisation to which people with mental distress are exposed, and to uncover the barriers people with mental distress face in accessing criminal justice agencies.

Our findings highlight a stark reality. That like other 'vulnerable groups' – older people,[1] people with learning disabilities,[2] people with acute mental health problems in hospitals[3] – people living with mental health problems in the community experience shockingly high rates of crime and victimisation. Seventy-one per cent of respondents had been the victim of crime or harassment in the past two years.

Inequality in access to justice poses a serious threat to the dignity, rights and equal citizenship of people with mental health problems. This report shows that people with mental distress feel disempowered to speak out against injustices. A third of people who had been victimised in our survey told no one at all. Two-thirds of victims of crime who did report the incident were completely or somewhat dissatisfied with the overall response of the authorities, and just six per cent were completely satisfied.

It is unacceptable for such an overwhelming majority of users of any service to feel disappointed by it. It is particularly unacceptable in the criminal justice system.

Mind believes everyone has an equal right to personal safety, and that people experiencing mental distress have the same rights to justice as anyone else.

Paul Farmer, Chief Executive

1 O'Keefe et al. (2007), *UK study of abuse and neglect of older people: prevalence survey report*, National Centre for Social Research

2 Mencap (2000), *Living in Fear*

3 Mind (2004), *Ward Watch*

Contents

Experience of personal safety and victimisation

Sense of safety

We should feel safe in our homes and communities. Without a sense of security, people are prevented from living their lives to the full. They may feel they do not have control, are less willing to go out, lack a sense of belonging and may not engage in social activities.

Our research shows that for too many people living with mental health problems, neither their home nor their neighbourhood is a safe place. Shockingly, only 56 per cent of people saw their home as a safe place to be most or all of the time.

Three-quarters of respondents who felt unsafe at times said they felt more vulnerable than others in their community. The majority of people with mental health problems felt their mental health plays an important part in making them a likely target for crime. Support workers who responded to our survey agreed that clients with mental distress were more likely than the general population to be victims of crime.

Respondents also cited their age, gender, sexuality, ethnicity, religion, physical disability or sensory impairment as significant factors. Our findings show that many people experience multiple discrimination, citing a number of facets of their identity as making them a target for crime. As one local Mind association stated: "the more 'different' someone looks and the less 'conventional' their manner, the higher the level of problems experienced in the community."

Prevalence of crime and victimisation

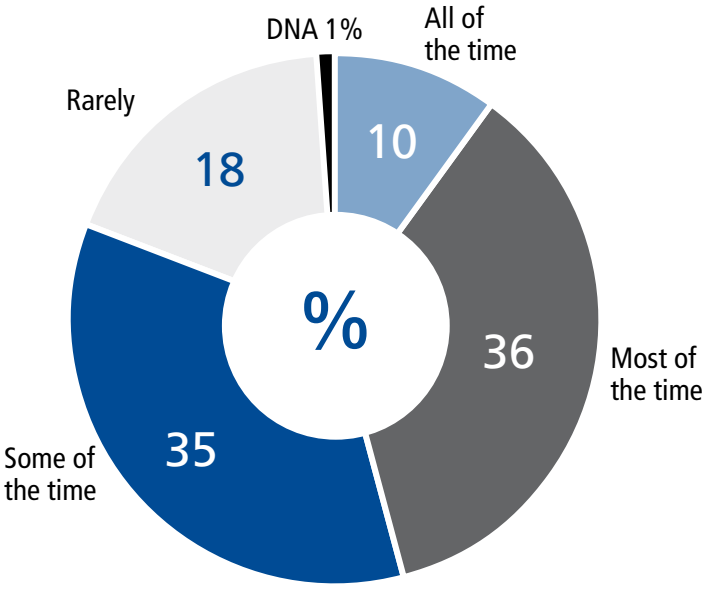
People should not expect to come to harm in their home, or in the wider community. Yet our research suggests that people experiencing mental distress are far more likely to be the victim of crime or singled out for harassment than the general population. The stark reality is that only a minority of respondents (29 per cent) had *not* been victimised in the past two years.

Our research supports academic findings. Recent studies have found that over a 12-month period,

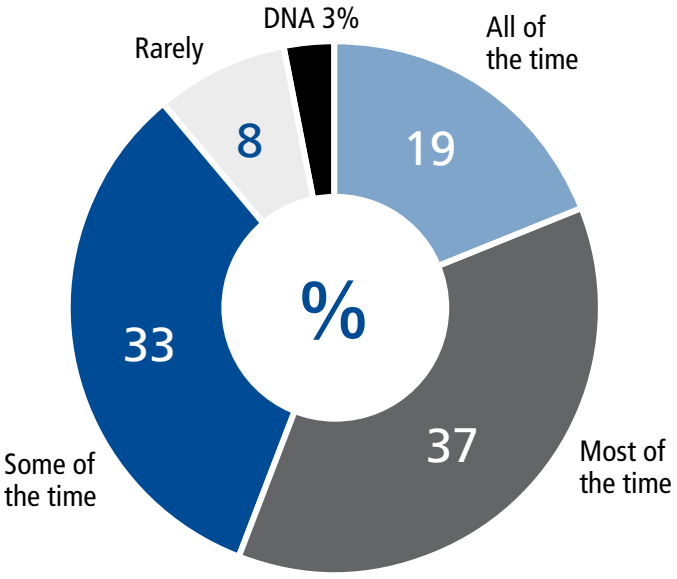
Key points

- Nearly one in five respondents to our survey rarely felt safe in their community, and fewer than half felt safe most or all the time.
- In their own home, only 19 per cent felt safe all the time, with 41 per cent feeling safe only some of the time or rarely.
- 71 per cent of respondents had been victimised in the community at least once in the past two years.
- 41 per cent of respondents were the victims of ongoing bullying.

Question 3. When out and about in your local area, do you feel safe:



Question 4. When you are at home, do you feel safe:



between one in six[4] and one in four[5] people with a severe mental illness experienced violent victimisation in the community. That makes this group 11 times more likely to be victimised than the general population.[6]

Seventy-one per cent of respondents had experienced harassment, physical or sexual violence, theft or mistreatment, with 41 per cent experiencing ongoing bullying and over half of victims (54 per cent) reporting that they had experienced more than one incident in the past two years. Sixty-five of the 86 support workers who responded to our survey knew of clients who had been bullied.

Lesbian, gay and bisexual (LGB) respondents were more likely to have been the victim of crime or antisocial behaviour (33 out of 39 LGB respondents). All five transgender respondents had been victimised. Respondents living in rural areas or small towns reported victimisation more often than those living in the city. Nearly nine out of 10 respondents living in local authority housing had experienced victimisation (91 of 105 respondents).

The perpetrators of crime and harassment were most often listed as people respondents did not know well – strangers, people recognised but not known to the victim, or neighbours.

4 Walsh et al. (2003), 'Prevalence of violent victimisation in severe mental illness', *British Journal of Psychiatry* 183: 233–8

5 Levin (2005) 'People with mental illness more often crime victims', *Psychiatric News* 40 (17): p.16

6 ibid.

Recommendations

The Home Office British Crime Survey should include an indicator of respondents' mental health.

Our research adds to the evidence that suggests people experiencing mental distress are disproportionately victimised. Neither the British Crime Survey (BCS) nor criminal justice agencies routinely record data about the mental health of victims. Moreover, the BCS does not collect data from people in hospitals or care homes and does not provide extra support for questionnaire respondents with communication or support needs. The absence of national data makes it difficult to establish the true extent of victimisation and how well the justice system is responding to diverse groups.

National monitoring of victims' mental health and collecting data in institutional and group residential settings through the BCS will provide baseline data against which to measure the performance of the police and the CPS in bringing crimes against people with mental distress to justice. It will also allow us to better understand the relationship between mental distress and other risk factors for crime.

In order to fulfil their duties under the Disability Discrimination Act, policymakers and criminal justice agencies should involve people with mental distress and the organisations that represent them.
The Equality and Human Rights Commission must ensure that relevant agencies fulfil their obligations in providing equal access to justice for people with mental distress.

Our report shows that people experiencing mental distress are major users of the criminal justice system. Disability Equality Schemes for each police force and all national criminal justice agencies, housing associations and local government should be produced with the involvement of people with mental health problems. Legislation, policy and guidance on crime prevention, safer neighbourhoods and support for vulnerable witnesses must respond to the needs of and involve people with mental distress. The Victims Advisory Panel should appoint a representative with experience of mental distress and victimisation. Criminal Justice Boards should involve local mental health associations and people with mental health problems.

Types of crime experienced in the community

This year sees the implementation of a new sentencing provision for 'disability hate crime' – crimes motivated by discrimination. Section 146 of the Criminal Justice Act 2003 imposes a duty on courts to increase sentences for any offence aggravated by hostility towards a victim's actual or perceived disability.

Crime committed because of perceived vulnerability is not classed as hate crime in legislation and policy. However, in any crime where an offender deliberately targets a vulnerable victim, sentencing guidelines state that the level of culpability is higher and this should be reflected in sentencing.[7]

Experience of crime or victimisation in the community linked to mental health history over the past two years (n = 235)
Harassment and hate crime
62 per cent had been called names or insulted
41 per cent had been bullied or continually targeted
29 per cent had been followed, pestered or chased, had things thrown at them
26 per cent had had their home targeted
17 per cent had received hate mail or prank phone calls
13 per cent had been spat at
Physical and sexual assault
27 per cent had been sexually harassed
10 per cent had been sexually assaulted
22 per cent had been physically assaulted
Theft
34 per cent had been the victim of theft of their money or valuables, from their person or from their bank account
Neglect or mistreatment
6 per cent had been left in bed, in a state of undress, left on the toilet or without access to a toilet by a carer
Other
20 per cent had experienced other incidents
29 per cent had experienced none of the above

Key points

- Over a quarter of people were targeted in their own homes.
- Mental distress makes people both more vulnerable to harassment, theft and physical and sexual assault, and less likely to report crimes or be believed when they do.
- There can be multiple factors for people being targeted, ie, negative public attitudes to people on the basis of their race or sexuality in addition to mental health.

We were interested in exploring the extent to which the category of mental health or disability hate crime might cover the victimisation experienced by respondents to our survey. We asked respondents what crimes they had experienced which related specifically to their mental health history.

The victimisation our respondents described was harassment, domestic violence, sexual violence or antisocial behaviour. We found that although much of the verbal harassment was targeted at people because of their mental health (some of the name-calling being explicitly discriminatory), other crime was unlikely to fit within the definition of hate crime.

Often, the victim's vulnerability was stated as a key factor for being targeted. Because they were acutely unwell when the crime happened, they were less likely to report the crime, or less likely to be believed.

Harassment and hate crime

Sixty-two per cent of our respondents had been called names. Much of this verbal harassment was taunting about their mental health; respondents mentioned being called 'psycho', 'loony', 'schizo', 'nutter', 'freak', 'mad', 'not all there', 'round the bend', 'thick', 'stupid', 'no brains', 'wrong in the head', 'obsessive'. It was perpetrated in particular by young people, gangs or by neighbours.

7 Sentencing Guidelines Council (2004), *Guidance on seriousness*

Some respondents experienced multiple discrimination. They reported being targeted not just because of their mental health, but also for racist or homophobic abuse or because they were transgender. A number of people stated that being single and living alone, or 'not fitting in' because of a different accent or social class, made them a target.

Harassment took place on the street, in the local shop or on the bus. In a few cases, it extended into the school playground, where the children of a parent with mental health problems were bullied and made fun of by other children, sometimes encouraged or inspired by their own parents' behaviour.

Over a quarter of respondents (26 per cent) had their homes targeted. Respondents described how people threw eggs and tomatoes, put cigarette ash and rubbish through the letterbox, threw stones at the windows, urinated or left obscene graffiti on the walls, poured paint on the door or cut through the doorbell cable with gardening shears. Some even received death threats.

In the focus groups it became clear that participants felt the harassment they experienced was hate crime. Negative public attitudes to mental distress or to other aspects of their identity made them a target. It is of great concern that the stigma around mental health is so harmful it threatens the personal security and physical and mental wellbeing of this group of people on such a regular basis.

"I invited people into my house and they basically drugged me and stole things. I don't know whether to report it or not because basically I feel that I made a mistake. I ended up … in a secure unit and I felt so stupid. I can't see if my reporting this to the police would help, or would it cause me further problems with the people who robbed me? I felt very confused about it, I was going to kill myself… I'm confused whether it's too late and I don't know who to go to talk about it."

Theft

A third of respondents (34 per cent) said they had been the victim of theft or other financial crime in the past two years. Fifty-eight of the 86 support workers who responded said they knew of clients who were the victims of theft and noted that people who were isolated or lonely often put their trust in strangers or the 'wrong people'.

Many people felt they were seen as an easy target – neighbours or acquaintances would ask for money when they were in a manic phase or when they were acutely unwell. They reported letting other mental health service users, family members, or people they believed to be friends into their homes, only to see their trust abused when that person stole their money or valuables. People would also break into their homes or invite drug dealers in, generating distress and difficulties. In the focus group, one participant stated: "Heavy drinkers and drug addicts are always looking for something to steal for the next hit. You may want the company … it's the price to pay sometimes."

"One woman did not realise that she was raped until a few days after. But she said that she would not be believed if she reported it. She was high at the time."

Advocacy manager

A support worker in Wales said that their clients with mental health problems were targeted for their medication, sometimes repeatedly: "I've seen drug pushers trying to get money out of people who have mental health problems or their medication. I have reported them to the police … It happened twice with the same person, waiting for a bus to go home from work. These druggies; one is caught trying to get money out of him, looking at his wallet to see how much he's got in there, how much he can get out of him, or if he's got drugs, and then the other person is looking for any police or any uniform around and they're targeted like that on a regular basis."

Physical and sexual assault

We were shocked by the high levels of sexual assault and harassment reported through the survey. Over a quarter of respondents (27 per cent) reported they had been sexually harassed, often stating they felt vulnerable to this kind of crime because they were scared to report it or were too unwell to do so. One in 10 respondents had been sexually assaulted, often by people known to the victim. In a number of cases, this abuse was ongoing.

There were also significant levels of physical assault (22 per cent). Respondents had shoes, footballs, bottles and food thrown at them. One respondent had their teeth knocked out. One support worker told of a client who had been harassed and assaulted in almost all the ways we enquired about, culminating in his murder.

Recommendations

The Government should research how best to obtain justice for people with mental health problems. Evidence-based strategies are needed for preventing and responding to hate crimes, domestic violence, sexual violence and theft, with adequate resources allocated so hard-to-reach victims and those with support needs have equal access to justice.

Police should target resources to improve access to justice for the most marginalised and vulnerable groups. These are likely to be people with multiple vulnerabilities, such as people with mental distress from BME communities, people with mental distress who are lesbians, gay or bisexual, older people or people on low incomes and people who have a personality disorder.

Criminal justice agencies must collect data to allow for comprehensive and consistent monitoring of diversity information, including mental health, at every stage of the process.

Accurately recording diversity data from initial reporting to prosecution and sentencing should help to ensure that:

- the right questions are asked by frontline staff
- support is provided to the people who need it as a case progresses through the system
- all criminal justice professionals have an awareness of the added psychological impact a crime may have had on a vulnerable victim
- criminal justice agencies develop a greater understanding of patterns of crime against people experiencing mental distress.

Monitoring should be consistent across agencies, so it is possible to monitor and benchmark performance in bringing crimes against people with mental health problems to justice and identify where the barriers lie.

Sentencing needs to reflect the need to challenge prejudice and discrimination against people with mental health problems, both by individuals and society.

Longer sentences can send out a strong message to society that crime motivated by hostility or committed against a person perceived as vulnerable is abhorrent. They can provide victims, and people within minority or vulnerable groups, with a sense that the State takes such offences very seriously, particularly the most serious offences of assault, rape or murder. Mind believes that it is also necessary to address individual prejudice. For offenders who target people with mental health problems for harassment or theft, introducing compulsory mental health awareness training and voluntary work as a component of sentences could actively address individuals' discriminatory behaviour, by challenging prejudice head on.

Empowering people to report crime

The total level of crime in the community is fairly stable. In 2005/6, there were nearly 11 million crimes committed against adults living in the community. But reported crime is falling.[8] Black people and those of mixed ethnicity are less likely to report crimes than white or Asian people.[9] A quarter of all disabled people find it difficult or very difficult to use police services in their local area.[10] Interaction between people with mental health problems and criminal justice agencies is characterised by "misunderstanding, miscommunication, fear and distrust."[11]

8 Walker et al. (2006), *Home Office Statistical Bulletin: Crime in England and Wales 2005/06*

9 Salisbury et al. (2004), *Ethnicity, victimisation and worry about crime: findings from the 2001/02 and 2002/03 British Crime Surveys*, Home Office

10 Bert Massie, Chair of the Disability Rights Commission, (2007), Speech at launch of CPS disability hate crime policy statement, (IPSOS/MORI poll commissioned by DRC published 27 Feb 07)

11 McCabe and Ford (2001), Redressing the balance: *Crime and Mental Health*, UKPHA

Key points

- Respondents felt that being a victim was part of living in the community with mental distress.
- The criminal justice system was seen as a distressing and daunting process rather than a route to justice.
- People did not have a sense that justice would be done.

Our research shows that people with mental health problems have low reporting rates – in fact 30 per cent of respondents who had been victims in the community told no one at all what had happened to them.

"[The police] make you feel like you are making a fuss. That you are mad and silly, that you are lying. They try and make you feel guilty and patronise you."

Reasons for not reporting an incident to the authorities	Victims who didn't report a crime agreeing (n=145)
You didn't think you would be believed	36 per cent (52 respondents)
You didn't want to go through the process of reporting	36 per cent (52 respondents)
You didn't think it would be seen as a priority	26 per cent (37 respondents)
You didn't think there was anything that could be done	25 per cent (36 respondents)
You didn't think anything would be done	23 per cent (34 respondents)
You didn't get the support you wanted to help make the complaint, or didn't know where to get or ask for support	20 per cent (29 respondents)
You were concerned that reporting the incident might have an impact on the care or services you receive in the community	17 per cent (25 respondents)
You didn't know how to make a complaint or who to make a complaint to	12 per cent (17 respondents)
Other	32 per cent (47 respondents)

Confidence in the system

Victims of crime need to feel there is a reasonable expectation of getting justice if they are to report a crime. Yet criminal justice agencies don't have a strong record in prosecuting hate crimes or sexual violence. In disadvantaged areas where antisocial behaviour is common, resources are often too scarce to respond to every incident of harassment.

Our findings support Home Office figures which show disabled people are significantly more likely to report a lack of confidence in the police.[12]
A quarter of people in our survey who chose not to report a crime (26 per cent) felt their problem was not a priority for the police. Twenty-three per cent said they did not report an incident because they thought nothing would be done and there was no point: "I don't think the police could be bothered with it basically." Many respondents stated that previous experience of reporting an incident and it not being acted upon made them think twice about going to the police in the future.

Other respondents said they felt guilty for what had happened and blamed themselves. This was often the case when the police showed a lack of interest in their version of events. Respondents felt they must be over-reacting since no one saw their experience as a priority. "[The] Housing Trust says that if I did not have mental health problems then I would cope normally." Others said they believed being victimised was part and parcel of living with mental distress – "with mental illness you have to take a few knocks, you can't go running to the hospital all the time." Most concerning were the few that said they felt 'they deserved it' or 'asked for it'.

While resources and policing priorities are harder to address, respondents were clear that being treated with respect and feeling that their report would be investigated fairly would improve things. Simply more recognition of the distress caused by victimisation, a sympathetic ear and individual staff showing willingness to support victims would go a long way to instil confidence in complaints procedures and the criminal justice system.

12 Walker A, Kershaw C, Nicholas S (2006), *Home Office Statistical Bulletin – Crime in England and Wales 2005/06*

The psychological consequences

Accessing the criminal justice system is seen as difficult, daunting, intimidating and likely to have negative consequences for individuals' mental health. Thirty-six per cent of respondents who had been a victim did not report the crime because they didn't want to go through the process. When the experience of victimisation had already left a respondent very distressed and anxious, they said that making contact with the police exposed them to more discrimination and vulnerability – "the system of investigation is another assault."

It is worrying that people are choosing not to report crimes to protect their own wellbeing. After calculating the benefits and risks, it appears that many people we consulted concluded that the anticipated harm of going through the process outweighed the potential benefits of ensuring that justice is done.

Clients [who are victims of sexual abuse] are usually extremely resistant to reporting the crimes committed against them. Reasons include fear of punishment, misplaced loyalty to the abuser, fear that they will be dismissed as mad, fear that they too will be punished by the legal system for activities they were forced to undertake. They usually recognised that their stories seem incredible to others.

Community Mental Health Chaplain

Being scared of the repercussions

Reporting a crime can be very distressing – fear of the repercussions is a strong disincentive:

"I've been worried about reporting crime, getting involved as a witness because of my mental health problems. […] I was on section and I was walking down Camden High Street when there happened to be a fight… I hesitated to dial 999 as I thought I might have to explain this to the hospital and they might interpret this as somehow my getting involved in a fight and then my getting written up or conveyed to a doctor like that. That's the problem once you're diagnosed… Sometimes

you're not given the benefit of the doubt and you sometimes lose your rights."

Respondents told us that in cases of ongoing harassment, they were scared that it would get worse if the police got involved. In domestic and sexual violence cases, there is often a power imbalance which allows abuse to continue, as the victim relies on the perpetrator to provide care or emotional support. The threat of care being withdrawn, or of losing family and friends, may deter people from reporting a crime.

Where people's homes were targeted, respondents said they were afraid they would be penalised for alerting the authorities – for example, having their housing withdrawn. Others were scared that contacting the authorities might result in their parenting skills being questioned or withdrawal of access to their children. Yet in some cases, respondents admitted that because the problem was not addressed, they themselves had to move home or stay away from particular places just to protect themselves from further attacks.

Recommendations

Local third-party reporting systems – such as anonymous hate crime reporting schemes, or reporting through an advocate – must be made available across the country.

More needs to be done to provide a safe space for people to report crimes against them. Even where a person chooses not to report a crime, it is important that they have a means of making sense of and coming to terms with what has happened to them. Hate crime reporting schemes allow people to talk through their experience in confidence and offer support to those who choose to report to the police. Such schemes should reach out to people with mental distress who may be vulnerable to crime.

Good practice to promote reporting: Huntingdon Open Out Scheme

Hunts Mind is a reporting centre for the Open Out scheme – a third-party reporting scheme which enables victims and witnesses of hate crime the opportunity to report and resolve incidents with or without police involvement.

There are a number of reasons why some people feel uncomfortable reporting hate crime directly to the police. For example, a person may not feel confident that the police will take the appropriate action. They may fear that making a complaint will make the situation worse. They may worry they will not be believed or taken seriously.

Open Out was created to tackle these kinds of problems and is committed to ensuring that all underrepresented or disadvantaged communities are able to report hate crime incidents in confidence and feel they are supported and taken seriously. Hunts Mind works in partnership with the Huntingdon Open Out scheme and provides a safe environment for people to report an incident. They provide information and advice to their clients, work to improve police relations and help people with mental health problems get equal access to justice.

Reporting crimes in institutional settings

Mind's *Ward Watch* report (2004) found one in five inpatients in mental health wards had been physical assaulted, 18 per cent had been sexually harassed and one in 20 sexually assaulted.[13] The National Audit of Violence found that 36 per cent of inpatients had been personally attacked, threatened or made to feel unsafe.[14] The 2006 National Patient Safety Agency (NPSA) report on ward safety (which only covered incidents reported to it by health trusts), uncovered disturbingly high rates of sexual harassment and assault, including 19 allegations of rape.[15]

We asked respondents about their experience of reporting crimes in institutional settings. We found that there were different, and in some cases even greater, obstacles to justice for inpatients on mental health wards.

Failure to investigate crimes

The available evidence suggests incidents on wards are seen as a hospital matter not a crime and are not reported externally. *Ward Watch* found that fewer than half of victims even tell a member of staff. The NPSA report found that although incidents were investigated locally, few data were available to suggest they were reported to the police.

This survey supported the existing evidence that incidents in hospitals are not dealt with as crimes, and victims do not expect justice to be done.

13 Mind (2004), *Ward Watch: Mind's campaign to improve hospital conditions for mental health patients.*

14 Healthcare Commission and Royal College of Psychiatrists (2005), *The National Audit of Violence 2003–05*

15 National Patient Safety Agency (2006), *With safety in mind: mental health services and patient safety*

Key points

- Incidents such as theft are overlooked on hospital wards.
- Seventeen per cent of people not reporting a crime were concerned that the services they receive might be threatened if they caused a fuss.
- Respondents stated they were discouraged from taking complaints forward.
- Respondents found it difficult to be taken seriously when detained or unwell.

"I was woken up one night by some commotion. A chap in the next room to me was punched in the face while he slept, by his room mate. The room mate was tranquillised and allowed to stay on the same ward. I know for a fact that that incident was never recorded by the hospital, which I found quite alarming."

Participants in focus groups stated that theft was common and nothing was done about it:

"…when I was in hospital in 2002 I had loads of stuff stolen… We're not talking about little things going missing, we're talking about stereos and clocks, mobile phones… I had four or five quite expensive items go missing and nothing was done about it. At the time I didn't have the capacity myself, the wherewithal to contact the police, as much as I could do was to mention it to the staff and nothing happened so I lost those things and it wasn't reported. I know other people who have had that experience as well." (Inpatient on a mental health ward)

"Clothes, iPods … Patients are supposed to give a list of their property when admitted. This is when they are most ill and not able to list all their property. People are often quite specific about who they think stole their property and nothing is ever done about that." (Advocacy manager)

Being discouraged

Respondents' testimony suggests that they were often discouraged from reporting a crime to the authorities by their carers and health professionals. Seventeen per cent were concerned that the services they receive might be threatened if they caused a fuss. On a number of occasions, people said they told their nurse or another member of staff about an incident but this person did not encourage them to take the matter further and indeed, in many cases, showed little concern or interest in the report.

Our research suggests a culture of downplaying incidents in care settings – staff close ranks and too often crimes and harassment are swept under the carpet. It is essential that such attitudes be stamped out if people are to have equal access to justice where a wrong has been done.

The Government is proposing to reform the system of health and social care complaints, to streamline the process across health and social care and put greater emphasis on local accountability and resolution. The proposals also see a role for advocacy in both health and social care complaints systems.

Mind believes that the proposals are insufficient to address a culture of ignoring complaints in hospitals and other care settings. Victims of crime or mistreatment in hospitals need to be able to report incidents to an independent third party and have confidence their complaint will be acted on.

"Initially, the Housing Authority acted as if I was making a fuss over nothing – the incidents wouldn't bother me if I wasn't a nutter."

"The police officer actually said that the client was probably imagining it or trying to get attention."

"My mental health deteriorated every time he assaulted me and I was disbelieved – which made me less and less credible."

"His word against mine and I was unwell the night it happened. I have been assaulted in the past and was not believed, so there you go."

"The landlord saw me as the odd one and has asked the perpetrator and bully to watch me and report to them."

"Once my social worker said that I seemed to be the only one who said my partner had these problems and as I have a diagnosis myself I must be wrong in my judgement of my partner."

Recommendations

Proper patient reporting systems, such as local third-party reporting schemes, must be made accessible to people with mental distress in institutional settings, including mental health wards.

Such schemes should have the power to direct complaints to the appropriate institution or report to the police if the victim so wishes. This would encourage some of the most vulnerable patients to come forward where their trust has been abused. Any complaints system must be supported by an advocacy service tailored to the needs of different groups – generic advocacy for vulnerable patients is not sufficient.

In the forthcoming review of adult safeguarding guidance, the Government should strengthen the obligations on health and social services to work with criminal justice agencies and voluntary agencies that support victims.

It is essential that all health and social care staff are aware of their roles and responsibilities, as well as the procedures for passing information on to and working with the police.

Good practice in persistent reporting

The Metropolitan Police have a protocol for persistent reporting. The protocol states that unless exceptional circumstances apply, there must be a full investigation of the incident before a decision is made about a witness's credibility. However, where a person's record shows they have called the police out on 30 or more occasions, senior management may decide to put a note on their file for call staff to check that the report does not resemble previous false allegations. Where a case is not investigated, community support officers may drop in to check that all is well and ensure that there is no need for further action.

Mind feels this protocol is robust and will ensure that investigations are not influenced by assumptions based on a person's previous reporting conduct.

For more information, contact Tony Aubrey, Mental Health Project Team at the Metropolitan Police Association – 0207 161 1028

The power imbalance

The issue of credibility is a particular concern where the perpetrator of a crime is in a position of power. It makes it very difficult for people with mental distress to make complaints against members of staff in healthcare settings. "He is a well known 'professional' and I am nobody." Being disempowered can be part and parcel of being in hospital, particularly when a person is detained under Mental Health Act powers so the problem of power imbalance is a serious one. One support worker described how being formally detained influenced a person's credibility:

"We have huge issues with inpatients where there is aggro on the ward, serious allegations of violence or sexual violence. If someone is on a section the police sometimes will not come and interview because they feel the person is not a credible witness. People are on a section for all sorts of reasons and at a good time of the day they may be able to make a perfectly good witness statement. Nursing staff get particularly frustrated about this. Police will come and interview a person who is not on a section. In the last five years fewer than five cases have come to court."

In the light of recent research findings about the extent of neglect and mistreatment of older people and people with learning disabilities in care settings, the Government has announced a review of guidance on safeguarding adults. Mind believes that the Government should look to strengthen the obligations on health and social services to work with criminal justice agencies so that people in potentially vulnerable situations have the same right to a fair investigation where a crime has been committed.

Credibility

One of the key issues that emerged during our research is that people with mental distress are not taken seriously or simply not believed. Over a third of respondents (36 per cent) chose not to go to the police for this reason. Where reports had been investigated, police officers nevertheless made it clear they did not feel the case was as serious as the victim made out. Respondents told us they felt that visible signs of emotional distress had influenced police officers to think the victim was overreacting to a trivial incident. One woman stated she was dismissed as 'hysterical'.

Fears of not being believed seem to have been realised when individuals did report an incident. Sixty per cent of respondents who reported a crime felt that the appropriate authority did not take the incident seriously. Around half the support workers who responded (40 of 86) knew of complaints from clients with mental health problems that had not been taken seriously. Support workers reported that a diagnosis of personality disorder almost always resulted in the client being regarded as unreliable.

Respondents who had been victimised told us they felt that housing associations, police or health professionals would often side with the guilty party rather than investigate their complaint. Instead of being supported as a victim, the onus was on them to prove they hadn't made the incident up. When there were no witnesses, victims felt that whatever they said would always be discredited because of their diagnosis.

One support worker described a client who became delusional when unwell and often reported incidents to the police "he thinks have happened." When this man was then the victim of harassment, he was not taken seriously. Mind urges police forces to adopt sensible protocols on persistent reporting, which take account of the fact that a person who on one occasion reports an incident that did not happen may nonetheless be very vulnerable and open to attack or exploitation.

Good practice in obtaining evidence: Liverpool Witness Profiling scheme

Historically, criminal prosecutions involving people with a learning disability have had an extremely low success rate. Very few cases go to trial, often because the police and criminal justice system have little confidence in their ability to give reliable evidence.

A scheme in Liverpool run by the city council's Investigations Support Unit provides witness support to people with a learning disability who are giving evidence in court.

The unit works with the witness, preparing them for trial and producing a 'witness profile' which is a written report about an individual, indicating what they require to enable them to give their evidence in court. The prosecution, defence and the judge will then be able to address how each person's difficulties may influence the way they give evidence. The judge is able to put in place measures that enable people to give evidence in a way that is fair to them as well as the defendant.

To date, the unit has worked with 31 witnesses through 28 trials, most alleging serious sexual or physical assault. Eighteen out of 22 prosecutions have been successful. The scheme has been endorsed by the former Director of Public Prosecutions, Sir David Calvert-Smith, who recommended its model be adopted nationwide across all 42 CPS areas in England and Wales.

The Investigations Support Unit believes that the scheme could and should be used to support all vulnerable groups of people including those with mental health problems. Mind would like to see this taken further.

Being seen as a reliable witness in court

Mental distress does not preclude people from providing good evidence in court. Yet respondents said sometimes they felt that the police or Crown Prosecution Service (CPS) had made judgements as to whether they could go through the process of giving evidence in court, without consulting them or offering support.

"I was honest with the police about my history. They could have prosecuted. I was not the only woman he was stalking – the Detective Constable was also dealing with another victim at the same time as me. I think they felt I wouldn't handle court."

Mind's legal advice line has heard frequent reports of cases being dropped by the CPS before they reach court because a witness's evidence is not seen as reliable. In a survey Mind conducted in 1999, well over half of advocacy and support group workers responding were aware of cases being dropped for this reason.[16] Our latest research found no improvement. 'The detective once said that it probably upset me more than a 'normal person'. I think they didn't pursue the evidence vigorously enough because they knew I wouldn't be viewed as a credible witness in court." Sixty-four out of 73 support workers said people with mental distress being seen as unreliable witnesses was a problem.

In court, people with mental health problems often face intrusive cross-examination about their mental health. One in five support workers (16 out of 86) said they knew of cases where a person had been cross-examined about their mental health. Defence lawyers use a diagnosis to discredit witnesses' evidence. The defence can order a psychiatric report from an expert of their choosing and can also request access to an individual's medical records.

Mind is concerned that people's case notes or psychiatric reports are being used in an inappropriate manner, when this information has no direct relevance to the case. Support workers felt that more could be done to protect clients from unnecessary cross-examination. It is an unjustifiable breach of privacy and can be very distressing to be grilled about such intimate information. Disclosure can have an impact on other parts of a person's life, such as their job or social relationships.

"Someone who has attempted suicide on a number of occasions shouldn't be cross-examined on that when the charge is assault."

Victim Support officer

Key points

- A credibility imbalance (not being believed) causes attrition of cases at each stage of the criminal justice system so that the likelihood of securing a conviction or feeling that justice has been done is low, it:
  - deters people from reporting crimes
  - prevents thorough investigation
  - leads to cases being dropped before they get to court
  - reduces prosecution rates when cases do go to court.
- 36 per cent of respondents not reporting a crime said they did not go to the police because they did not expect to be believed.
- 60 per cent of respondents who did report a crime felt the appropriate authority failed to take the incident seriously.

16 Mind (1999), *Silenced Witnesses*

Recommendations

The Government, in consultation with Mind and others, should bring forward proposals for tighter rules around the use of medical histories and psychiatric reports in cross-examination in court.

The proposals should be in line with existing restrictions on disclosure of a witness's sexual history or evidence of 'bad character'.

Mind recommends that these proposals include:

- Restrictions on the use of psychiatric information in cross-examination where it is used in a discriminatory manner to imply bad character.
- Psychiatric experts to be appointed by the court rather than the prosecution and defence.
- CPS guidance on the information that may be of use in deciding whether a person's evidence is credible and what would not be relevant. For example, it is unlikely that depression occurring a few years before an incident would be relevant to the witness's capacity to give evidence. Psychotic episodes including the experience of delusions in the past three months might affect a witness's interpretation of events, depending on the nature of the delusion. Psychiatric reports that do not give enough detail or which report on deliberately vague questions should not be taken into consideration.

"Even after five years I still feel angry, shocked and hopeless at the way I was treated by the legal system and by a doctor working for the defendants' lawyers."

Good practice: Places of Safety pilot scheme, Stechford Police

A new pilot scheme has been launched by police at Stechford where mentally vulnerable individuals are given a premium service when taken to the Heartland's Hospital under Mental Health Act 'places of safety' powers.

In addition to the practical benefits this offers to the police – freeing up the custody suite for suspects and not committing police officers for lengthy periods in the station – the pilot means people will not be stigmatised by being detained in a police cell and will receive the care they need sooner.

The pilot scheme follows funding secured by primary care trusts (PCTs) across the West Midlands to build places of safety at various locations.

These sites will be designed to accept vulnerable individuals who are experiencing mental distress detained under s.136 of the Mental Health Act 1983.

Mental distress and the police

The testimonies of the 57 per cent of respondents who had been in contact with the police in the last two years, show the extent to which these experiences have influenced their trust and confidence in the criminal justice system. The police are the gatekeepers of the criminal justice system, so it is vital that victims believe the police will treat them with respect, dignity and credibility if they are to report a crime.

Police practice

Perceptions of how well police forces and individual police officers respond to people with mental distress varied a great deal. Some respondents felt there had been significant improvements in police officers' awareness of their needs, and that community support officers provide a more approachable point of contact for victims. Some police forces have mental health liaison workers or teams, and new officers sometimes drop in to local Mind associations to introduce themselves or receive training. Support workers and victims alike mentioned individual officers who had impressed through their understanding, patience and support.

"I was visited by a police community support officer who was very good. I also attended meetings with the police and city council who were working together to try and tackle crime and antisocial behaviour in and near the flats where I lived."

"Now we have a dedicated community police network. It's more personable and friendly and far more understanding and sensitive. Good news! But it's only a pilot scheme."

However, the majority felt the police had a long way to go in providing a good service for victims and witnesses with mental distress. Over a third of people who had been in contact with the police in the past two years felt that they had been treated less favourably by police officers because of their mental health history. Many respondents said the police were rude, dismissive or patronising. Disclosure of their diagnosis resulted in officers losing sympathy or hardening their attitude. One in four respondents who were victims of crime (26 per cent) felt that they were not seen as a priority for the police.

Almost all respondents who were dissatisfied by the authorities' response to their report felt that their mental health affected how their case was handled. Respondents also mentioned their age, physical disability, sensory impairment or gender as factors affecting the service they received.

"On the first occasion the policeman who responded to the 999 call said they were considering sending me into the local hospital for psychiatric assessment [...] it was not me who was acting in a hostile manner and doing the abusive name calling."

"Police saw my hospital mental health outpatients appointment card and then did not take me seriously, whispered between themselves and said they couldn't do anything."

Key points

- Poor relationships between people with mental distress and the police were the most frequently cited barrier to justice for victims with mental health problems.
- 57 per cent of all respondents had been in contact with the police in the last two years.
- People with mental distress are far more likely to come into contact with the police as the victim of crime than to be detained under the Mental Health Act with police involvement or to be arrested for a crime.
- People cited interaction with the police under Mental Health Act powers as a reason to fear and distrust the police.

The impact of Mental Health Act powers

The relationship between the police and people with mental distress is complicated and quite unique. The police have 'places of safety' powers under mental health legislation to detain individuals who have not committed a crime. These powers allow for a distressed person to be held in a place of safety, which can be a police cell, for up to three days while a mental health assessment is arranged. 11,500 distressed people were held in police cells for this purpose in the past year.[17] The powers are disproportionately used on black men. As a result, people with mental distress often associate police with the use of force, while police officers' experience of mental distress is often of crises.

In focus groups and in written accounts, many people recounted their experiences of being held in a police cell under 'places of safety' powers. Many talked of being strip-searched, asked to remove their own clothing or even being left naked in a cell, being cold, hungry and thirsty, not having the medication they needed, being restrained by more than one officer, and in some cases being called names, insulted or patronised. A number of people acknowledged that they had needed to be detained, but many felt the reaction of the police had been excessive. In almost all cases, the experience of being in a police cell left them feeling very vulnerable, angry or distressed – very far from feeling safe. As a result, a sense of mistrust and fear has developed which colours other interaction.

For many years Mind, ACPO, the Police Federation, the Independent Police Complaints Commission and the Metropolitan Police Authority have argued that it is neither appropriate nor therapeutic for police cells to be used as places of safety. It is clear from our research that the continued use of police cells for this purpose has knock-on effects for people with mental distress, creating a barrier to the effective working of the criminal justice system to protect the most vulnerable victims and witnesses.

"I was shocked when [the duty solicitor] asked if our client was 'a complete nut-job'. Solicitors are there to represent clients, yet how can they with that attitude?"

Appropriate adult

"The sergeant called wanting an appropriate adult for a client with a mental health issue. I asked what state he was in. They said, "He is as mad as a box of frogs." All of these derogatory terms are used by the police. They do not know how else to say it. I despair about it."

Appropriate adult

"One thing that concerns me is the amount of mental health people that have died in custody of the police. That is something that concerns me and scares me. I've had the police called out because of my behaviour and I was running away from them screaming murder because I thought they were going to kill me."

The relationship between offending and victimisation

Having a criminal record or being recognised by police officers from previous offences may affect a victim's credibility and make it harder for their testimony to be taken seriously. People with mental distress are more likely than other groups to encounter the criminal justice system as offenders – 12 per cent of respondents had been arrested in the past two years. Poverty and social disadvantage – high risk factors for mental distress – are also risk factors for crime and victimisation. Severe mental illness and personality disorders sometimes manifest themselves in acts of aggression or theft. Unusual or unexpected behaviours can be misinterpreted as antisocial or are simply not tolerated by the public, so ASBOs and acceptable behaviour contracts are disproportionately served against this group.

17 IPCC (2007), *Emerging findings from research on the use of police cells as a place of safety*, IPCC Briefing Note

The police may be less aware that they come into contact with distressed people on a regular basis as victims or witnesses of crime. Our survey respondents were more likely to have been in contact with the police because they were a victim of crime (80 respondents) than through Mental Health Act powers or being arrested for a crime (28 and 36 respondents, respectively).

According to the academic literature, people with schizophrenia are 14 times more likely to be the victim of crime than arrested for one.[18]

18 Brekke et al. (2001), 'Risks for individuals with schizophrenia who are living in the community', *Psychiatric Services* 52: 1358–66

Recommendations

Police cells should only ever be used as a place of safety in exceptional circumstances when all alternatives have been exhausted. When people in serious distress are detained in police custody, they should be transferred as soon as possible to a more appropriate and therapeutic environment.

Officers should receive mental health awareness training to understand the needs of, and better serve, people in their custody who are experiencing a mental health crisis (see page 22).

Police training should acknowledge the complexity of the relationships people have with the police and challenge disproportionate stereotypes about mental ill health and violence.

In a deprived area with high rates of crime and mental distress, a person who commits a crime or is arrested under the Mental Health Act one day may well witness or be a victim of crime the next. Training should highlight Mind's finding that people are more likely to have contact with the police as a victim than under arrest.

Supporting victims and witnesses with mental distress

Over the past 10 years, a number of legislative and policy initiatives have sought to address the needs of vulnerable and intimidated witnesses. The definition of 'vulnerable' includes people with mental distress.

The Youth Justice and Criminal Evidence Act 1999 provides for 'special measures' to support vulnerable witnesses in giving evidence. These include: giving evidence to the court via live link; removal of wigs and gowns; video-recording evidence in chief and cross-examination; use of an intermediary (to provide support and interpret questions and answers); and restrictions on evidence about the complainant's sexual behaviour.

More recently, the introduction of witness care units, therapy for vulnerable witnesses and pretrial interviews (so that prosecutors can assess the quality of a witness's evidence before they proceed to trial) have added to this package of supports.

Nevertheless, one in five respondents to our survey did not report a crime because they were not offered the support they needed to make a complaint or they didn't know where to go to ask for support. Either information has not been well disseminated through the channels that people with mental distress would access or people with mental health needs are not being identified by the police as potentially vulnerable witnesses.

Even where support is available and well publicised, victims with mental distress face a difficult decision before they can access that support. In order to be offered 'special measures', an individual must first disclose that they have a mental health diagnosis to the police. But many respondents told us that disclosure resulted in the police acting differently, stopping believing them, showing less sympathy, and in some cases dropping the investigation entirely.

"My mother had a break-in and I rang the police station… We were just talking and I mentioned that I had mental health problems and they dismissed what I was saying and said they were going to talk to my brother about the situation."

Key points

- Receiving support relies on identification of potentially vulnerable witnesses. Police officers do not receive regular training in mental health awareness; other criminal justice professionals receive no mental health awareness training at all.
- One in five respondents did not report a crime because they were not offered the support they needed or they didn't know where to go to ask for support.
- Only a quarter of people used an advocate when reporting a crime.

Only a quarter of people accessed an advocate when reporting a crime, and support workers mentioned a lack of independent advocacy as a reason for low reporting rates.

"I did not get permission from my social worker to obtain an advocate until six or seven months into the process. The stress of 'going it alone' for six months was intolerable."

Our research shows policy changes alone will not make the system more accessible. To make the system fair we must also ensure that a culture develops where no one is scared to ask for the assistance they require for fear of discrimination or unequal treatment.

Identification and awareness of mental distress

Regular mental health awareness training for all frontline staff is key to improving the criminal justice system for a number of reasons:

Frontline criminal justice professionals need to know when people might be experiencing distress so they can provide appropriate support – including the special measures provided to vulnerable and intimidated witnesses. Participants in focus groups said that police officers had mistaken symptoms of mental distress for drunkenness or substance misuse and responded inappropriately.

"I'm not doing anything illegal… and the police doctor, when I demanded to have some of my medication, he wouldn't give it me… I had to be called a drug addict for having a tranquilliser and being arrested in the middle of the night. I had the boxes, I had the prescription, but it was no use. He said it was drug addicts' stuff."

One local Mind association which provides an 'appropriate adult' scheme to support vulnerable people placed under arrest in police custody, said that when potential clients did not get support they were often charged for crimes they had not committed:

"A person was arrested. The police knew he was on lithium. He accepted a caution because he was so unwell that he just wanted to get out of there. He would have accepted a death sentence. An appropriate adult would have explained the caution to him in a way he could understand. He thought he was just getting a telling off. It is not a telling off, it is quite serious."

Criminal justice professionals need to understand why and when mental ill health might affect a person's recall of events or their interpretation of an incident. Often, police and prosecutors are unaware of different diagnoses and their symptoms – but some knowledge is crucial to ensure cases are investigated without prejudice. People in serious distress can, and the vast majority do, retain full capacity to understand the world around them – including their experience of victimisation. However, some people with psychotic illnesses will experience periods of delusions and paranoia that may affect the reliability of their testimony. This should not discredit everything they experience when they are in a period of psychosis, and should not have a bearing on their experience when they are not experiencing psychosis.

All professionals working with people with mental distress – including the police, CPS, community support officers, housing authorities and health and social care staff – need to understand the principles of mental capacity. All people should be assumed to be able to make their own decisions and act for themselves, and should be supported in that capacity, unless there is good evidence otherwise. Decisions about a person's case, such as the decision not to prosecute, should not be made on the basis of assumptions about the witness's resilience or whether they can 'handle' court. These decisions should be made by the witness in consultation with experts.

Police officers need to know how to work with someone whose statement may at first appear conflicting or confusing. Intermediaries can

Good practice in mental health awareness training

Canterbury Christ Church University Mental Health Nursing Department and Kent Student Officer Programme have developed training which has the input of a mental health service user consultant. The aim of the programme is to promote innovative ways for police to work with people who have mental health problems which help break down the barriers people experience when trying to access justice and promotes greater understanding of those who have experienced stigma and discrimination.

As part of their policing degree curriculum, police cohorts are trained in factors relating to social exclusion, communication styles, differing models of mental distress and the impact of poor mental health. The training contains questions, exercises and interactive media to share the experiences of people with mental health problems who engage with the justice system. This is to ensure that future experiences are treated with empathy and sensitivity.

This has proved very successful and helped to foster positive partnership working between all involved. It has promoted the justice system as a path to social inclusion. It has also proved successful in raising awareness of the reality of living with emotional distress in today's society and creating empathy with the experience of others.

provide an invaluable service in supporting people with mental health problems during interviews and in court, by ensuring that questions put to a witness are understood fully and answers given are correctly interpreted. Being able to identify where this support might be valuable – by asking the right questions and assessing situations intelligently – is essential if needs are to be met.

The most seriously distressed people are also some of society's most vulnerable. We need to ensure they are not excluded from justice on the basis of assumptions. Police officers receive very little training on how to work with clients with mental health problems. In London, new recruits receive around three hours' mental health awareness training, with no obligation or opportunity to refresh this knowledge throughout their career.[1] Crown prosecutors, barristers, magistrates and other service providers receive no compulsory training at all.

1 Metropolitan Police Authority Mental Health Project Team consultation event, 12 October 2006

We have seen some excellent practice in training. A number of local Mind associations including Newquay Mind, Chelmsford Mind and Lewes Mind are involved with their local police forces and offer officer placements for new officers, providing valuable mental health awareness training and an opportunity for officers to build contacts with the community they will serve.

However, these initiatives are not universally available and focus almost exclusively on new recruits. Many police officers with a number of years' experience say they would welcome similar opportunities. Training for community support officers and community wardens is not a priority. Yet they have a key role in the building of safe neighbourhoods, by providing a less daunting route for reporting hate crime, harassment and antisocial behaviour, and being most visible in places where there is economic disadvantage and high levels of crime. We have also heard that a number of existing schemes have been shut down because of constraints on the training budget. Mind is calling for schemes such as these to be treated as a priority.

Recommendations

Criminal justice agencies and other organisations should reach out to people with mental distress by targeting information about their rights at the services this group use and trust.

It is the responsibility of people within the mental health sector and support agencies, along with criminal justice agencies, to ensure that accessible information is distributed widely so that victims are aware of their rights. It is important that victims also know where to access support and that contact is made before the victim is called upon to provide evidence so that their needs are met.

All frontline police and CPS recruits, as well as legal professionals, should receive mental health awareness training, delivered by people with direct experience of mental distress.

Refresher training should be provided every three years. Training for judges, lawyers and magistrates should include mental health awareness training and briefing on mental capacity.

Criminal justice agencies must monitor the diversity of all their employees, including experience of mental distress, and promote greater diversity among their staff.

International experience of tackling discrimination shows that the best ways to improve attitudes towards mental distress are to challenge stereotypes and promote direct contact with people with mental health problems. Knowing that criminal justice agencies have strong diversity policies will inspire confidence in people with mental distress that they will be treated with respect.

Conclusion

"Justice must be not just fair but seen to be fair. Confidence in the criminal justice system is shaken when some groups believe they are less likely to get a fair deal. Absence of such confidence is divisive and alienating."[1]

Justice is neither fair, nor seen to be fair, when it comes to those with mental distress. While a great deal of policy work has been done, the experience of victims with mental health problems suggests that much more is needed to bring real change in the way the criminal justice system responds to the needs of a diverse range of users.

This report highlights inequalities in the working of the criminal justice system which need urgent attention. We urge the police, the Crown Prosecution Service, legal professions and health service providers to accept their role in promoting a fair society, where people can feel confident that justice will be done.

The findings highlight a society in which people with mental distress do not enjoy their right to live a life free from fear and victimisation. Mind is seriously disturbed at the levels of harassment reported in our research. We call for immediate action to redress the balance, so that we can all feel safe in the communities where we live.

1 DCLG (2007), *Fairness and Freedom: the final report of the Equalities Review*

Recommendation	Responsible
1. The Home Office British Crime Survey should include an indicator of respondents' mental health.	Home Office Research Development and Statistics Unit
2. To fulfil their duties under the Disability Discrimination Act, policymakers and criminal justice agencies should involve people with mental distress and the organisations that represent them. The Equality and Human Rights Commission must ensure that relevant agencies fulfil their obligations in providing equal access to justice for people with mental distress.	Home Office, Office for Criminal Justice Reform, Ministry of Justice, Victims Advisory Panel, local government, ACPO, police authorities, CPS, Criminal Justice Boards, Equality and Human Rights Commission
3. Government should conduct research into how best to bring to justice crimes that victims with mental health problems experience, including hate crimes, domestic violence, sexual violence and theft. Evidence-based strategies are needed to prevent and answer these crimes, with adequate resources to ensure hard-to-reach victims and those with support needs have equal access to justice.	Government, ACPO, police authorities, Chief Constables, Criminal Justice Boards
4. Criminal justice agencies must consistently monitor diversity information, including mental health, at every stage of the process.	Police Authorities, Chief Constables, CPS

5. Sentencing needs to reflect the need to challenge discrimination against people with mental health problems, both by individuals and wider society.	Sentencing Guidelines Council, CPS
6. Local third-party reporting systems (anonymous hate crime, advocate reporting) must be made available across the country.	ACPO, Home Office, Department of Health, Wales Assembly Government, NHS Wales
7. In the forthcoming review of adult safeguarding guidance, the Government should strengthen the obligations on health and social services to work with criminal justice agencies and voluntary agencies that support victims.	Department of Health, Wales Assembly Government, Home Office
8. The Government should bring in tighter rules around the use of medical histories and psychiatric reports in cross-examination.	Government, Office for Criminal Justice Reform
9. Police cells should only ever be used as a place of safety in very exceptional circumstances and as a last resort. Where people in serious distress are detained in police custody, they should be transferred as soon as possible to a more appropriate and therapeutic environment.	ACPO, mental health trusts in England and Local Health Boards in Wales10
10. All frontline police and CPS recruits, as well as legal professionals should receive mental health awareness training, delivered by people with direct experience of mental distress.	ACPO, police authorities, Chief Constables, CPS, Magistrates Association, Judicial Studies Board, Bar Council, Law Society
11. Criminal justice agencies must monitor the diversity of all their employees, including experience of mental distress, and promote greater diversity among their staff.	ACPO, CPS, police authorities, Chief Constables, the judiciary, the Magistrates Association
12. Criminal justice agencies and other organisations should reach out to people with mental distress by targeting information about their rights at the services this group use and trust.	ACPO, CPS, police authorities, Chief Constables, Independent Police Complaints Commission, Victim Support, Mind, voluntary sector mental health service providers

Appendix 1

Profile of respondents with direct experience of mental distress

Age group	Total
18 to 24	6
25 to 34	40
35 to 44	88
45 to 54	89
55 to 64	52
65 to 74	17
75 to 84	6
did not answer	7

Gender	Total
did not answer	6
female	172
male	121
transgender	5

Sexuality	Total
bisexual	15
lesbian	16
gay	8
heterosexual	214
celibate	1
rather not say	50

Ethnicity	Total
white Irish	6
white British	243
any other white background	21
black Caribbean	4
black African	1
Asian or Asian British Pakistani	1
Asian or Asian British Indian	3
Asian or Asian British Bangladeshi	1
any other black background	1
Chinese	3
mixed white and black Caribbean	1
mixed white and black African	4
mixed white and Asian	1
white British, any other mixed background	1
any other mixed background	4
did not answer	9

Area	Total
city	47
inner city	30
town, city	1
town	115
rural	58
rural, town	2
suburban	40
did not answer	11

Accommodation	Total
no fixed address	1
street homeless	2
privately rented accommodation	42
privately owned accommodation	83
rented from a council or housing association	10
supported housing – high level of support	6
supported housing – medium level of support	10
supported housing – low level of support	13
residential care home	9
other	21
did not answer	12

Appendix 2

Methodology

In June 2007, 5,100 questionnaires were sent to Mind's networks of people with direct experience of mental distress and other disability forums, with seven weeks allowed for response. The survey was also made available online and 1,100 copies of a second questionnaire, for support workers whose clients are victims and witnesses with mental distress, were distributed through Mind's networks and sent out to Victim Support services, advocacy and signposting services and hate crime reporting schemes.

Mind received 304 completed questionnaires from people with direct experience of mental distress, and 86 responses to the support workers' survey. A breakdown of the profile of respondents can be found in Appendix 1.

Focus groups with people with direct experience of mental distress and support workers explored some of the issues raised in questionnaire responses. A total of 52 people were involved in the sessions, which were held at Hunts Mind (1 August), Merthyr and the Valleys Mind (14 August), Hammersmith and Fulham Mind (17 August), Mind in Camden (5 September), Southend District MHA (6 September) and Solent Mind (7 September).

Mind hosts an expert policy group on 'Crime, victimisation and access to justice', which has informed our policy recommendations. The group provided a range of views from across the criminal justice system, organisations representing 'vulnerable witnesses' and people who themselves have experience of harassment, reporting a crime and being a witness in a criminal court. Half of its membership has direct experience of mental distress.

Research limitations

Safety in institutional settings

This report primarily considers the experience of people with mental distress living in the community. We intend that the results of this research will complement the findings of *Ward Watch*, our 2004 report, and our ongoing policy and campaigning work around safety in inpatient wards. We hope that together, the two reports will provide a broad picture of the safety of people with mental distress both in and outside of hospital.

"Mentally disordered offenders"

There are real concerns about how the criminal justice system operates for offenders with mental distress, some of which were discussed in focus groups and mentioned in questionnaire responses. However, more detailed analysis of the experience of offenders was outside the scope of the current research.

Scope to consider diversity issues

It was clear from the focus groups and survey responses that people's gender, sexuality, ethnicity, class and other factors had a big part to play in their experience of crime and the criminal justice system, as does the severity of their mental health problem. However, our sample size and the demographic spread of respondents do not give us a robust basis for quantitative findings about diverse groups with mental distress.

It is important to stress that our sample largely comprised people with more severe and longer term mental health problems who are members of Mind's networks. People who had been the victims of crime may also have been more motivated to take part in the research.

A huge thank-you to the staff and service users of Mind in Tower Hamlets, Hunts Mind, Hammersmith and Fulham Mind, Camden Mind, Merthyr and the Valleys Mind, Solent Mind and Southend Mind for their assistance in running the focus groups. Thanks, too, to all the support workers and people with direct experience of mental distress who took the time to complete our questionnaire. To Hunts Mind, the Mental Health Project Team at the Metropolitan Police Authority, The Liverpool Investigations Support Unit, Stechford Police and Empathise Training and Consultancy for sharing their good practice with Mind, and to all the experts who influenced our policy recommendations.

Our mission

Our vision is of a society that promotes and protects good mental health for all, and that treats people with experience of mental distress fairly, positively, and with respect.

The needs and experiences of people with mental distress drive our work and we make sure their voice is heard by those who influence change.

Our independence gives us the freedom to stand up and speak out on the real issues that affect daily lives.

We provide information and support, campaign to improve policy and attitudes and, in partnership with independent local Mind associations, develop local services.

We do all this to make it possible for people who experience mental distress to live full lives, and play their full part in society.

15–19 Broadway,
London E15 4BQ
T: 020 8519 2122
F: 020 8522 1725
w: www.mind.org.uk

Mind*info*Line
0845 766 0163

Registered charity number 219830
Registered in England number 424348

mind

For better mental health