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Mental Health and the Criminal Justice System: Overview

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This research paper provides an overview of mental health and the criminal justice system in Northern Ireland.

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Key Points

- There is a high prevalence of mental ill-health in Northern Ireland. Mental health services are stretched with budget constraints limiting funding from the Department of Health. The delivery of strategies such as the Executive's Mental Health Strategy 2021-2031 are dependent on additional and sustained funding.
- Many of the individuals in contact with the criminal justice system are repeat offenders who often experience poor mental health. This presents significant challenges for the justice system, including policing and prisons.
- Police Officers are responding to an increasing number of mental health-related incidents presenting a significant challenge. Over the next 12-18 months, the PSNI will roll out the 'Right Care, Right Person' model employed in other jurisdictions. This aims to direct people with mental health-related issues to the most appropriate service rather than the police.
- Northern Ireland's prisons have a high number of people with mental ill-health. On remand, receptions increased by 17% in 2022/23, up from 2,722 in 2021/22 to 3,171 during 2022/23. Access to rehabilitation and support services is often limited for these prisoners. Barriers to accessing mental health services on completion of a sentence can also hinder a person's rehabilitation and resettlement into the community.
- Strategies such as the Department of Health and Justice's Improving Health within Criminal Justice Strategy and Action Plan 2019 highlight the interconnection between these areas and the need for joint funding to address issues around mental health provision.
- Delay in the criminal justice system, particularly in cases involving sexual offences, can impact on the mental health of victims, witnesses and defendants. Some individuals feel forced to choose between healthcare and justice when attending counselling due to concerns around disclosure of third-party evidence.

- Professionals working across the criminal justice system are also under significant pressure, particularly within the PSNI where the Chief Constable recently highlighted that at least one in five people working in policing are experiencing mental ill-health.
- A number of problem-solving justice initiatives are being used in NI, including a Substance Misuse Court. Other jurisdictions have a range of other initiatives including trauma-informed approaches.

KEY FACTS

Mental Health in Criminal Justice System in Northern Ireland

Mental illness is one of Northern Ireland's leading causes of sickness and disability. Its impact on the Criminal Justice System affects offenders, witnesses, and victims as well as staff who work in the criminal justice system.



NI reported to have the highest prevalence of mental ill-health in UK

£3.4
BILLION

estimated cost of mental ill-health in NI (2019)

1 IN 5

police staff reported experiencing mental ill-health (2022/23)

36%
OF SICK DAYS

by prison staff was due to anxiety, stress, depression (2022/23)

45%
OF PEOPLE

assessed by Probation Board had mental ill-health contributing to their offending (2017-21)



on average for a case to be dealt with, at all courts (2023/24)

Delays in the criminal justice system can impact the mental health of victims, witnesses and defendants.

Complainants in cases involving sexual crime feel forced to choose between healthcare and justice when attending counselling due to concerns around disclosure of third-party evidence.

21,425
CALLS

responded to by PSNI relating to mental health
1 March 2023 – 1 March 2024

4,550
HOURS

PSNI spent in hospitals with people in mental health crisis
1 January 2023 – 14 April 2023

These facts provide a summary of the most recent statistics and have been referenced accordingly in the accompanying research paper. Please be aware there are data limitations due to potential inconsistencies in collection methods and context across different time periods.



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1 Introduction

The purpose of this paper is to present an overview of the key issues and impacts associated with mental ill-health and the criminal justice system. The paper considers the experiences of a range of individuals who come into contact with the criminal justice system, such as offenders, witnesses, and victims. It also considers the experiences of criminal justice partners, and the staff within those organisations, who make the system operational. For example, the Department of Justice, the Police Service of Northern Ireland, the Public Prosecution Service, the Northern Ireland Courts and Tribunal Service, the Northern Ireland Prison Service and the Probation Board for Northern Ireland.

1.1 What is mental ill-health?

There is no single definition of ‘mental health’ or ‘mental ill-health’. The World Health Organisation has stated that *“having mental health means we are better able to connect, function, cope and thrive. Conversely, when our mental health is impaired, and we lack access to appropriate support, our well-being can worsen. A wide range of mental health conditions can disturb our thoughts and feelings, change our behaviours, compromise our physical health and disrupt our relationships, education or livelihoods.”*¹ The World Health Organisation has also noted that mental health is fluid, exists on a continuum and that people experience different challenges and have different responses.²

The term ‘mental ill-health’ will be used throughout this paper as it is the impact of poor mental health, as opposed to good mental health, that can have a negative effect on individuals, society and the criminal justice system.

¹ World Health Organisation, [World Mental Health Report](#) (2022), para.2.1.1

² World Health Organisation, [World Mental Health Report](#) (2022), para 2.1.2

1.2 Paper Overview

Section 2 will consider mental health in Northern Ireland. In particular, it will note the prevalence of mental ill-health among the general population. It will also consider the state of mental health services and its funding. The purpose of this section is to provide context to the position of mental ill-health within the criminal justice system.

Section 3 will consider mental health law in Northern Ireland. The aim of this section is to provide an overview of the law that criminal justice partners need to consider when responding to mental health incidents.

Section 4 will provide an overview of the prevalence of mental ill-health in the criminal justice system. It will then consider mental ill-health among some of the most common groups of people that come into contact with the criminal justice system, such as people who come into contact with the police.

Section 5 will summarise recent strategies by the Northern Ireland Executive that seek to mitigate the impact of mental ill-health in the criminal justice system.

Section 6 will consider various policies across other jurisdictions that aim to improve approaches towards mental ill-health or mitigate the impact of mental ill-health in the criminal justice system.

2 Mental ill-health in Northern Ireland

Summary of Key Statistics

- Northern Ireland is reported to have the highest prevalence of mental ill-health in the UK and has a 25% higher prevalence than in England.
- The cost of mental ill-health in Northern Ireland was estimated at £3.4 billion in 2019.

- As of December 2023, just over 17,500 people were waiting for their first appointment for mental health services. Among those waiting, 6,500 people were waiting to access psychological therapies.

2.1 Prevalence of mental ill-health among the general population

The Department of Health has recognised mental illness as one of the four most significant causes of ill-health and disability in Northern Ireland. The other three causes are cardiovascular disease, respiratory disease and cancer. The Northern Ireland Audit Office reported in 2023 that Northern Ireland had the highest prevalence of mental ill-health in the UK, indicating that it is 25% higher among adults than in England. It was said that this higher prevalence rate was associated with greater levels of deprivation and the legacy of the Troubles.³

The prevalence of mental ill-health among adults is available via the Health Survey for Northern Ireland. This measures mental health through the General Health Questionnaire-12 scale (GHQ-12). A score of 4 or more is indicative of a potential mental health problem. In the most recent Health Survey from 2022/23, 20% of respondents had a high GHQ-12 score. This is broadly consistent with survey data since 2010, with the exception of 2020/21. Of the respondents surveyed that year, 27% scored 4 or more. This increase can be attributed to the impact of the COVID-19 pandemic.⁴

The survey provides data on mental health based on sex, age and geographical area (specifically by deprivation and urban or rural area). Since 2013/14, women have had a marginally higher GHQ-12 score in comparison to men. Between 2019/20 and 2022/23, respondents in the age groups 45-54 and 55-64 generally scored higher than other age groups. In the latest survey, respondents in the most deprived areas (28%) had a higher score than

³ Northern Ireland Audit Office, [Mental Health Services in Northern Ireland](#) (May 2023)

⁴ Department of Health, [Health Survey \(NI\): First Results 2022/23](#) (November 2023)

respondents in the least deprived areas (17%).⁵ Overall, within the breakdown of these demographics, there was an increased prevalence of a higher GHQ-12 score during 2020/21. This time period overlapped with the emergence of the COVID-19 pandemic and subsequent lockdowns.⁶

As regards children and young people, the most recent Youth Wellbeing Prevalence Survey from 2020 provides a picture of the extent of mental ill-health among this cohort. It found that approximately one in eight young people aged 2 to 19 years old experienced emotional difficulties. Almost one in eight adolescents aged 11 to 19 years old reported thinking about, or attempting, suicide and one in ten reported self-harm.⁷ In 2023, the Office of the Mental Health Champion reported that 45% of 16-year-olds in Northern Ireland have probable mental ill-health with females reporting higher levels (53% compared to 33% of males).

A recent paper by the Northern Ireland Executive's Programme on Paramilitarism and Organised Crime (EPPOC) also confirmed the relationship between paramilitarism and poor mental health in Northern Ireland. The Programme's Aspire Project, an initiative aimed at helping to build the coping mechanisms and resilience of boys and men on the edge of the justice system, found that 94% of the participants had experienced paramilitary threat/intimidation and violence (beginning at age 13 on average); and 94% of them also showed evidence of mental health issues with 50% having an actual mental health diagnosis.⁸

However, data on mental health should be treated with caution. The Office for Statistics Regulation held a review on mental health statistics in Northern Ireland in 2021. It found that "*there is a scarcity of robust mental health data in*

⁵ Department of Health, [Health Survey \(NI\): First Results 2022/23](#) (November 2023)

⁶ Mental Health Foundation and Office of the Mental Health Champion, [Mental Health in Northern Ireland: Fundamental Facts 2023](#) (October 2023)

⁷ Health and Social Care Board, [Youth Wellbeing Prevalence Survey 2020](#) (2020)

⁸ The Executive Programme on Paramilitarism and Organised Crime, [The Connection between Paramilitarism and Mental Health in Northern Ireland](#) (July 2024)

*Northern Ireland. This has hindered the development of official statistics, meaning that there are significant and fundamental data gaps.*⁹ Meanwhile the Public Accounts Committee concluded in June 2024 that “*data on mental health services has been extremely poor, this is unacceptable, and needs to be improved urgently.*”¹⁰ Issues with data collection are not unique to the health sector; the Northern Ireland Audit Office also reported in 2019 that there has been a failure in the criminal justice system to collect good quality data on mental health and other key vulnerabilities.¹¹

2.2 Funding of mental health services

The Bamford Review, initiated in 2002 by the Department of Health, Social Services and Public Safety was published in 2007. It intended to facilitate the development of a long-term plan for improved provision of mental health services in Northern Ireland. The NI Executive implemented recommendations through two Action Plans, spanning from 2009-2011 and 2012-2015. They had an estimated timeline of 10-15 years for full implementation.

However, implementing the review’s recommendations has been problematic, with financing both existing mental health services and the suggested reforms posing a significant challenge. The Commission on Acute Adult Psychiatric Care highlighted a number of key strategic issues in 2016 that continue to impact the provision of mental healthcare in Northern Ireland, almost a decade after the Bamford Review. These include, for example, poor provision of psychological and other specialist services, inadequate availability of acute inpatient care, inadequate specialist inpatient care, as well as a lack of community-based alternatives to these types of care.¹² The Northern Ireland

⁹ Office for Statistics Regulation, [Systematic Review Programme: Review of Mental Health Statistics in Northern Ireland](#) (September 2021), page 5

¹⁰ Northern Ireland Assembly Public Accounts Committee, [Report on Mental Health Services in Northern Ireland](#) (June 2024), page 27

¹¹ Northern Ireland Audit Office, [Mental Health in the Criminal Justice System](#), May 2019

¹² The Independent Commission on Acute Adult Psychiatric Care, [Old Problems, New Solutions: Improving Acute Psychiatric Care](#) (2016)

Affairs Committee noted that “*much of the ambition of Bamford had yet to be realised*” during an inquiry into health funding in 2019, with concerns highlighted in a range of areas, including prevention and early intervention, the availability of psychological therapies and access to services in times of mental health crisis.¹³

A 2023 report by the Northern Ireland Audit Office, estimated the cost of mental ill-health in Northern Ireland at £3.4 billion annually.¹⁴ The report also suggested that financial pressures continue as mental health funding in Northern Ireland was the lowest in the UK. The Audit Office noted that mental health funding had not kept pace with increases in the wider health budget over time and would require a “*substantial additional investment*” of £80 – 190 million every year to bring funding levels closer to the rest of the UK.¹⁵ The report also noted that COVID-19 put additional cost pressure on the delivery of mental health services.

Since the Bamford Review, there have been further wider developments with the publication of several major reviews into health and social care services. This included ‘Transforming Your Care’ (TYC) published in 2011 which made recommendations around mental health services, including highlighting the need to progress the Bamford recommendations. However, TYC was “*virtually abandoned*” by 2015 when it became clear that the resources were not available to sustain its implementation.¹⁶ In addition, ‘Systems, Not Structures: Changing Health and Social Care’, known as the Bengoa Report, was delivered in 2016 with a focus largely on the reconfiguration of delivery systems rather than specifically on mental health; this resulted in the publication of ‘Health and Wellbeing 2026 - Delivering Together’ by the Department in 2017 which

¹³ House of Commons Northern Ireland Affairs Committee, [Health Funding in Northern Ireland](#) (2019)

¹⁴ Northern Ireland Audit Office, [Mental Health services in Northern Ireland](#) (May 2023)

¹⁵ Northern Ireland Audit Office, [Mental Health Services in Northern Ireland](#) (May 2023), para.6.

¹⁶ Ulster University, [Review of Mental Health Policies in Northern Ireland: Making Parity a Reality](#) (2019)

highlights the particular challenges in relation to mental health in NI.¹⁷ However, serious financial challenges are evident across the health service in terms of delivering transformation in a range of areas.

2.2.1 Recent responses from the Executive

An Executive Working Group on Mental Wellbeing, Resilience and Suicide Prevention was established in 2020. The Executive subsequently agreed the Mental Health Strategy 2021-2031.¹⁸ Amongst other things, the Strategy aims to promote mental wellbeing, resilience and good mental health through prevention and early intervention. It also aims to provide the right support at the right time to all age groups.

A funding plan was published alongside the Strategy. It estimated the total cost of implementation at around £1.2 billion over the Strategy's lifespan. The Northern Ireland Audit Office said this funding "*may go some way to closing the gap in funding levels*" but cautioned that, on the basis of the planned cost profile, funding would not reach the necessary level until 2030-31, which would be near the end of the Strategy's lifespan.¹⁹ The Audit Office highlighted that a lack of funding would likely threaten its delivery.

The Strategy does not include many policy actions with regard to people who are in contact with the criminal justice system. However, it does commit to providing regional specialist in-patient services for patients with a higher need in dedicated low secure settings. The aim of this action is to support people gravitating towards the criminal justice system into recovery. Beyond this, the Strategy makes reference to a number of other relevant strategies, which are discussed in section 5 below.

The Assembly's Public Accounts Committee published a report on mental health services in Northern Ireland in June 2024. The Committee was concerned that the funding commitments for the Strategy had not been met thus

¹⁷ Department of Health, [Health and Wellbeing 2026 – Delivering Together](#) (May 2017)

¹⁸ Department of Health, [Mental Health Strategy 2021-2031](#) (June 2021)

¹⁹ Northern Ireland Audit Office, [Mental Health Services in Northern Ireland](#) (May 2023), para.7

far. As of June 2023, the Department of Health has allocated just over £10 million towards the delivery of the Strategy which is £24 million below the amount estimated to be necessary over the first three years of the Strategy. In evidence to the Public Accounts Committee, the Department of Health's Permanent Secretary said this was a result of departmental funding challenges as opposed to a lack of prioritisation of mental health.²⁰

The Department of Health also published a Mental Health Strategy Delivery Plan 2024 - 25 in August 2024 which is the third annual delivery plan published under the Mental Health Strategy 2021 - 2031.²¹ This highlighted that a number of priority actions have been taken forward despite severe budgetary challenges, including publication of an independent Mental Health workforce review and co-design of a five-year implementation plan for the establishment of a Regional Mental Health Service. However, it notes that the ongoing delivery of the Strategy continues to depend on the provision of additional and sustained funding.

2.3 Access to mental health services

The latest available figures from December 2023 provide that just over 17,500 people were waiting for their first appointment for mental health services. Among those waiting, 6,500 people were waiting to access psychological therapies.²² As of December 2023, around three quarters of people waiting to access psychological therapies had been waiting longer than the 13-week target time. As of June 2024, 26% of women and 15% of men received anti-depressant medication in the year 2023/24. The proportion of the population

²⁰ Public Accounts Committee, [Report on Mental Health Services in Northern Ireland](#) (June 2024), para.49

²¹ Department of Health, [Mental Health Strategy Delivery Plan 2024/25](#) (August 2024)

²² Public Accounts Committee, [Report on Mental Health Services in Northern Ireland](#) (June 2024)

receiving anti-depressant medication was over one and a half times higher in most deprived areas compared with the most affluent.²³

In its June 2024 report, the Public Accounts Committee said that the number of people waiting to access services continued to increase to “*unacceptable levels*.”²⁴ The Committee noted that waiting times are “*contributing to increased acuity in presentation, making conditions harder and more costly to treat*” and recommended that the Department “*develops an action plan setting out how it intends to address waiting lists in mental health*.” Furthermore, both the Northern Ireland Audit Office and the Public Accounts Committee have identified workforce issues as a key reason for lengthy waiting times. A lack of mental health nurses was identified as a particular problem with a vacancy rate of around 11% at the end of March 2022.²⁵ The Public Accounts Committee called for the Department to urgently implement the recommendations of the Mental Health Services Workforce Review 2022 – 2032 which is a key enabler of the Mental Health Strategy 2021 - 2031.²⁶

3 Mental Health Law

The Mental Health (Northern Ireland) Order 1986 makes legislative provision for mental health law in Northern Ireland. It makes provision for detention and compulsory treatment in hospital and for guardianship. For the provisions to apply, the definition of ‘mental disorder’ must be satisfied. Under article 3(1), a ‘mental disorder’ for the purposes of the 1986 Order includes “mental illness, mental handicap and any other disorder or disability of mind.” Under article 3(2),

²³ Department of Health, [Publication of General Pharmaceutical Services for Northern Ireland Annual Statistics 2023/24](#) (June 2024)

²⁴ Public Accounts Committee, [Report on Mental Health Services in Northern Ireland](#) (June 2024), page 7

²⁵ Northern Ireland Audit Office, [Mental Health in the Criminal Justice System](#) (May 2019); Public Accounts Committee, [Report on Mental Health Services in Northern Ireland](#) (June 2024)

²⁶ Department of Health, [Northern Ireland Mental Health Services Workforce Review 2022 – 2032](#) (July 2023)

a mental disorder excludes “personality disorders, promiscuity or other immoral conduct, sexual deviancy or dependence on alcohol or drugs.”

The Northern Ireland Audit Office has noted that the exclusion of personality disorder means that people with a mental health issue who do not have a diagnosed disorder may fall outside of scope. The Audit Office argued that this disparity can make mental health an operationally challenging issue for criminal justice partners, particularly because personality disorders are relatively high among those who come into contact with the criminal justice system compared to the general population.²⁷

In May 2016, the Assembly passed the Mental Capacity Act (Northern Ireland) 2016 (MCA). Prior to this, law on mental capacity had developed through case law. The Act came about as a result of recommendations made by the Bamford Review 2007, which recommended placing mental capacity law on a statutory footing.²⁸

The Act applies to people aged 16 and above. It creates a statutory framework to support the preparations for a person’s care in circumstances where that person lacks capacity to decide for themselves or will lack capacity in the future because of, for example, dementia. For people under 16 years old, the 1986 Order remains in effect.

The 2016 Act is being implemented in phases. Once the implementation is complete, the Act will replace the 1986 Order's process for individuals aged 16 and over who lack, or will lack, capacity. At the time of writing, only the first phase of implementation has been completed.

Phase One was completed in 2019. This commenced provisions in the Act that established a new statutory process for depriving a person of their liberty when they lack capacity. This is called the deprivation of liberty safeguards which are often shortened to ‘DoLS’. Phase One also commenced provisions in the Act

²⁷ Northern Ireland Audit Office, [Mental Health in the Criminal Justice System](#) (May 2019)

²⁸ Harper C et al (2016), [No Longer ‘Anomalous, Confusing and Unjust’: The Mental Capacity Act \(Northern Ireland\) 2016](#), *International Journal of Mental Health and Capacity Law* (22) 55-70

that relate to the spending of a person's money and valuables who lacks capacity. It also commenced provisions that provide when research can be done on, or in relation to, a person who lacks capacity to consent to the research.

The Department provided an update in April 2024 around key priorities for 2024 – 2025, noting that it has started the consideration for the commencement of Section 12 (Acts of Restraint) with plans for a consultation exercise later in the year. The Department is also continuing other work to explore future implementation of the Act. There are plans for an internal project team to be established to develop an up-to-date implementation and funding plan for full MCA implementation.²⁹ This update also noted an impact on the PSNI in relation to DoLS, highlighting that the Department is “*acutely aware of the challenges service users experience when needing to be conveyed to hospital. We are working with our PSNI and NIAS colleagues to reach an agreed position in relation to roles and responsibilities under the MCA and an agreed way of working together to reduce delays and improve service user experiences.*”³⁰

It is worth noting that during the phased commencement of the 2016 Act, the 1986 Order will also continue to operate. This means that a dual system operates in Northern Ireland in relation to mental capacity for people over the age of 16.

4 Mental Health and the Criminal Justice System

This section of the paper will consider mental ill-health in relation to the impact of individuals coming into contact with the criminal justice system through policing and prisons. In addition, it will also consider this issue from the perspectives of victims and witnesses of crime and professionals working within the system.

²⁹ Department of Health, [MCA DoLS Update](#) (April 2024)

³⁰ Ibid

Northern Ireland's justice system aims to protect the public, bring offenders to justice, support victims and assist in the rehabilitation of offenders. Many of the individuals in contact with the criminal justice system are repeat offenders who are trapped in a cycle of reoffending without making effective progress towards rehabilitation; examples of social and health issues experienced by those who are convicted include adverse childhood experiences, mental ill-health, substance abuse, homelessness and a lack of employment opportunities.³¹

In evidence to the Justice Committee on 13 June 2024, the Director of Safer Communities at the Department of Justice, Mark Goodfellow, said the "*prevalence of mental health in the justice system is of increasing concern.*"³² However, poor mental health among those who come into contact with the criminal justice system is not a recent challenge. In 2010, Criminal Justice Inspection Northern Ireland reported that mental health presented enormous challenges for the criminal justice system.³³ Furthermore, the Assembly's Research and Library Service published a paper in 2011 on Prisoners and Mental Health. The paper noted the high prevalence of mental illness in criminal justice systems across the UK and the underfunding of mental health in Northern Ireland at that time.³⁴ These issues persist today.

There are a variety of factors that may contribute to people coming into contact with the criminal justice system. The Northern Ireland Audit Office has recognised that many may "*tend to live disorderly lives and have significant mental health, alcohol and substance abuse issues.*" It also said that "*the unique context of Northern Ireland and the Troubles undoubtedly has a*

³¹ Northern Ireland Audit Office, [Mental Health in the Criminal Justice System](#) (May 2019)

³² Northern Ireland Assembly, [Hansard of Budget 2024-25 and June Monitoring Round: Department of Justice](#) (June 2024), Page 6

³³ Criminal Justice Inspection Northern Ireland, [Not a Marginal Issue: Mental Health and the Criminal Justice System in Northern Ireland](#) (March 2010)

³⁴ Northern Ireland Assembly, [Research and Library Service Paper: Prisons and Mental Health](#) (March 2011)

significant impact” on people coming into contact with the criminal justice system.³⁵

The Northern Ireland National Audit Office has also reported that achieving the objectives of the criminal justice system has been complicated by the challenge of providing mental health services to the public. It found that many of the people with complex health and social needs who came into the criminal justice system had not been in contact with community health services because, among other things, funding for those services had not kept pace with the demand, meaning people struggled to access the care they needed.³⁶ As noted in the previous section, access to mental health services continues to be a factor. In addition, the report noted that the wider problems facing health services had a knock-on effect on the criminal justice system. For example, pressures on health services may present a barrier to effective in-community rehabilitation, which in turn may contribute to a person re-offending.

When giving evidence to the Justice Committee on 13 June 2023, the Permanent Secretary at the Department of Justice, Hugh Widdis, said *“everything the Department [of Justice] does is so integrated with everything that other Departments do. Their policies very often push people towards [the Department of Justice] and vice versa.”* Mr Widdis also acknowledged that the departments have *“maximum impact”* when they collaborate, particularly as departmental budgets were tightened.³⁷

4.1 Mental health of people who come into contact with the police

Summary of Key Statistics

³⁵ Northern Ireland Audit Office, [Reducing Adult Offending in Northern Ireland](#) (June 2023)

³⁶ Northern Ireland Audit Office, [Mental Health in the Criminal Justice System](#) (May 2019)

³⁷ Northern Ireland Assembly, [Hansard of Budget 2024-25 and June Monitoring Round: Department of Justice](#) (June 2024), Page 6

- In 2022/23, there were 111,571 crimes reported to the PSNI, the highest recorded level since 2006/07.
- In a sample of arrests made between 2017 and 2018, 64% of those arrested had a mental health issue at the time of arrest or prior to arrest.
- In the year between 1 March 2023 and 1 March 2024, the PSNI responded to approximately 21,425 calls relating to mental health.
- In the year 2022/23, the PSNI's Armed Response Unit responded to 922 incidents involving emotionally or mentally distressed people, or a person otherwise deemed vulnerable. This was an increase on the previous year by 12%.
- In the period 1 January 2023 to 14 April 2023, the PSNI spent approximately 4,550 hours in hospitals with people in mental health crisis.

The PSNI is the largest criminal justice organisation and “*the main interface*” between the justice system and the community.³⁸ In 2022/23, the PSNI recorded 111,571 crimes, the highest recorded level since 2006/07.³⁹ In 2023/24, this decreased to 104,344 recorded crimes.⁴⁰ In the Chief Constable's latest End of Year Report 2022/23, it was noted that the PSNI received 209,987 emergency calls, 499,070 101 calls and 23,283 online reports.⁴¹

³⁸ Northern Ireland Audit Office, [Mental Health in the Criminal Justice System](#), (May 2019), para 2.3

³⁹ Police Service of Northern Ireland, [Trends in Police Recorded Crime in Northern Ireland 1998/99 to 2022/23](#) (November 2023)

⁴⁰ Police Service of Northern Ireland, [Police Recorded Crime Bulletin Period Ending 31st March 2024](#) (May 2024)

⁴¹ Police Service of Northern Ireland, [Chief Constable's End of Year Report](#) (July 2023)

4.1.1 Responding to mental health-related incidents

Under the Mental Health (Northern Ireland) 1986 Order (noted above), police officers have three choices when responding to incidents that are mental health related. Police can either detain a person if the incident is in public and bring them to a place of safety like a hospital emergency department or police custody; accompany a person (rather than formally detain them) to a hospital emergency department; or leave the scene and take no further action. There is no statutory power available to officers to detain a person where the incident happens on private premises and no criminal offence has occurred. In a 2019 report, the Northern Ireland Audit Office said that officers felt the third option is unrealistic because, for example, taking no action could have consequences for the safety of the person and others.⁴²

The Northern Ireland Audit Office reported that from a sample of arrests made between 2017 – 2018, 64% of those arrested had a mental health issue at the time of arrest or prior to arrest. The Audit Office also said that the police found it difficult to gain effective health assessments or access to healthcare for persons arrested. The report also noted that there had been a drastic increase in the number of non-criminal incident reports received by the police, which often involved a person experiencing a mental health or emotional crisis.

In the years since the publication of that report, it would appear that the issue has intensified. The media has reported on this issue recently with *Belfast Live* highlighting that data obtained from the PSNI through a Freedom of Information request indicated that between 2019 and 2023, the police had responded to 103,975 incidents relating to mental health.⁴³ In 2019, there were 18,857 such incidents, increasing to 22,261 in 2023.

The PSNI responded to 21,425 calls related to mental health between 1 March 2023 and 1 March 2024. This was according to a report by Chief Constable Jon Boutcher to the Policing Board in March 2024. The vast majority of these calls

⁴² Northern Ireland Audit Office, [Mental Health in the Criminal Justice System](#) (May 2019)

⁴³ *Belfast Live*, [PSNI called to over 100,000 mental health incidents in past five years, figures show](#) (25 March 2024)

are not crime related and the Police Service is often not equipped to provide the most appropriate response. The Chief Constable also noted that, in the period 1 January 2023 to 14 April 2023, the PSNI had spent approximately 4,550 hours in hospitals with people in a mental health crisis.⁴⁴ Further work is ongoing around data collection in this area by the PSNI.

The Chief Constable cautioned that the PSNI's data recording was not designed to formally record calls relating to mental health incidents and that the above figure may be a conservative one.⁴⁵ Nevertheless, it would appear that the issue of the police responding to an increasing number of mental health-related incidents presents a significant challenge for the PSNI. The Chief Constable was reported to have told the Policing Board in March 2024 that the police are at a "*tipping point*" as a result of these pressures on the force.⁴⁶

4.1.2 Police responses to an increase in mental health-related pressures

The PSNI launched a 20-month pilot called the Multi-Agency Triage Team in July 2018. The Team operated on Friday and Saturday nights between 7pm and 7am covering areas within the South Eastern Health and Social Care Trust. The Team was made up of two police officers, a mental health nurse and a paramedic to respond to 999 calls relating to a mental health problem. It would appear that the Team has continued to operate but publicly available information is limited. Minutes from a Policing Board meeting on 27 July 2024 indicate the options for the future of the Team are being considered by the PSNI. The minutes also state that "*the absence of key agencies on the [Team] has greatly impacted on [the Team's] delivery.*"⁴⁷

More broadly, it is worth noting the Service's commitment to Problem Solving Justice initiatives in recent years. For example, the PSNI has also been

⁴⁴ *Belfast Telegraph*, [PSNI at 'tipping point' after dealing with 21,000 mental health calls in past year to help NHS](#) (7 March 2024)

⁴⁵ *Ibid*

⁴⁶ *Ibid*

⁴⁷ Northern Ireland Policing Board, [Minutes Partnership Committee Meeting](#) (25 January 2024), para.4.2.

involved in the Multi-Agency Support Hub model which was established in 2016 with the aim of supporting vulnerable people who may be on the cusp of entering the criminal justice system through early intervention and prevention. The Department of Justice published an evaluation of this initiative in 2021, noting that over a five year period to 2021, Support Hubs dealt with 599 referrals, including 291 males and 308 females, with the majority of clients typically facing addiction issues and mental health problems. 85% of Support Hub members strongly agreed or agreed that Support Hubs reduce unnecessary 999 calls and 73% strongly agreed or agreed they help improve client's mental health.⁴⁸ The evaluation also suggested a number of potential improvements, including obtaining buy-in from all statutory bodies and improving data collection. However, there is a lack of publicly available data to indicate the longer-term impact of this model and whether interventions resulted in fewer interactions with police.

In addition to these initiatives, the PSNI has begun to roll out the 'Right Care, Right Person' (RCRP) model, which it intends to implement over a period of 12-18 months.⁴⁹ Right Care, Right Person is an operational model that seeks to direct people with health-related issues to the most appropriate service instead of a police force acting as the default first responder in such cases. The RCRP model was first introduced by Humberside Police in 2020 and it is either fully implemented (or in the process of) within all Police Forces in England and Wales. The use of the Right Care, Right Person model by other forces is discussed in Section 6.

Locally the PSNI has established a Right Care, Right Person Programme Board and associated Tactical Group with a number of work streams. A Reference Group has also been established with representation from the Department of Health, the Police Ombudsman for Northern Ireland and others; significant engagement has also taken place across a range of health partners. The Service ran a five-week data gathering exercise with front line supervisors in

⁴⁸ Department of Justice, [Evaluation of Support Hubs in Northern Ireland](#) (March 2021)

⁴⁹ Police Service of Northern Ireland, [Chief Constable's Accountability Report to Northern Ireland Policing Board](#) (April 2024)

June and July to capture information around RCRP type demand on the Service. The PSNI has highlighted that there must be a focus at the centre of planning and implementing RCRP on ensuring patient safety so that individuals in health crisis are not left without support.

4.2 Mental health of people in prison

Summary of key statistics

- In 2022/23, the overall average daily prison population in Northern Ireland was 1,685, an increase of 13%. This was the highest annual average since 2014/15 and continued an upward trend since 2020/21.
- Prisoner numbers in Northern Ireland are the lowest per population in the UK; in 2022/23, there were 97 prisoners per 100,000 head of population in Northern Ireland.
- Between 2017 and 2021, 45% of offenders assessed by the Probation Board had some level of mental health issue that contributed to their offending.
- In 2022, 66% of prisoners had reported having used drugs at some stage in their life.

Typically, around 3,000 offenders receive a custodial sentence annually which is served in one of NI's prisons with 3,756 custodial outcomes in 2023.⁵⁰ The overall average daily prison population in Northern Ireland was 1,685 in 2022/23 which represents an increase of 13% compared to 2021/22. This was the highest annual average since 2014/15 and continued an upward trend since 2020/21. The male prison population increased from 1,428 to 1,607 and the

⁵⁰ Department of Justice: [Court Prosecutions, Convictions and Out of Court Disposals Statistics for Northern Ireland 2023](#) (June 2024)

female prison population increased from 66 to 78.⁵¹ Those aged 30-39 accounted for the largest proportion of the prison population (36%). The second most common age group in prison was 21–29 year-olds (26%), who account for 11% of the general population.⁵² Furthermore, there were 97 prisoners per 100,000 head of population in Northern Ireland in 2022/23. This was down from the highest ratio of 124 per 100,000 people in 2013. Prisoner numbers in Northern Ireland are the lowest per population in the UK.⁵³ Meanwhile 45% of offenders assessed by the Probation Board between 2017 and 2021 had some level of mental health issues that had contributed to their offending.⁵⁴

It is also worth noting the number of prisoners held on remand in Northern Ireland, as remand receptions increased by 17% in 2022/23, up from 2,722 in 2021/22 to 3,171 during 2022/23.⁵⁵ The Northern Ireland Audit Office has noted that access to rehabilitation and support services for remand prisoners is often limited. The Northern Ireland Prison Service has limited scope to work with remand prisoners as often these individuals have not actually been convicted of any offence. During their time in custody a significant proportion, especially those later convicted and released due to 'time served', cannot access rehabilitation support.⁵⁶

Criminal Justice Inspection (CJINI) issued a review on bail and remand in 2023, highlighting that Northern Ireland's current system is "*out of step with the rest of the UK... legislation is disjointed, information is fragmented and in the absence of any alternatives, prison is too often the default revolving door.*"⁵⁷ CJINI made a number of recommendations focusing on public consultation on a Bail Act and

⁵¹ Department of Justice, [The Northern Ireland Prison Population 2022/23](#) (October 2023)

⁵² House of Commons Library, [UK Prison Population Statistics](#) (July 2024)

⁵³ Ibid

⁵⁴ Northern Ireland Audit Office, [Reducing Adult Offending in Northern Ireland](#) (June 2023)

⁵⁵ Department of Justice, [The Northern Ireland Prison Population 2022/23](#) (October 2023)

⁵⁶ Northern Ireland Audit Office, [Reducing Adult Offending in Northern Ireland](#) (June 2023)

⁵⁷ Criminal Justice Inspection Northern Ireland, [The Operation of Bail and Remand in Northern Ireland](#) (January 2023)

the development of guidance around bail decisions. The DOJ established a Working Group on Remand in 2022 and the draft Justice Bill contains amendments to bail provisions relating to children.⁵⁸

The Department of Justice's most recent statistics for reoffending rates relate to 2020/21. During this year, 19% of adult offenders (total cohort 14,923 adults) who received a non-custodial disposal at court, a diversionary disposal or were released from prison reoffended within one year. Of the total number of adults who reoffended, 13% were female and 20% were male. Of the proportion of adults who completed a custodial sentence in 2020/21, 49% reoffended within one year of release; 29% of those sentenced to community supervision also reoffended.⁵⁹

The Northern Ireland Audit Office said in 2019 that "*for those prosecuted and convicted, the current sentencing framework is generally considered to be ineffective in supporting rehabilitation.*"⁶⁰ The Audit Office found there was a high proportion of short custodial sentences, which were widely recognised as being ineffective and inefficient. It also noted that barriers to accessing health and social services on completion of a sentence can hinder a person's rehabilitation and resettlement into the community. The report stated a key responsibility of the criminal justice system is to collaborate with healthcare professionals. This would ensure that effective arrangements to access health services are provided while a person is in the justice system.

In a separate 2023 report, the Audit Office found four key challenges to the rehabilitation of offenders: accommodation, education and employment, substance misuse and mental health.⁶¹ It found that there was a high degree of repeat offending and that it was common for people convicted of an offence to

⁵⁸ Department of Justice, [Department of Justice Departmental Response to recommendations in the Northern Ireland Audit Office's Report Reducing Adult Reoffending in Northern Ireland](#) (August 2023)

⁵⁹ Department of Justice: [Adult and Youth Reoffending in Northern Ireland 2020-21 Cohort](#) (October 2023)

⁶⁰ Northern Ireland Audit Office, [Mental Health in the Criminal Justice System](#), May 2019, para.7.

⁶¹ Northern Ireland Audit Office, [Reducing Adult Offending in Northern Ireland](#) (June 2023)

have complex social or health issues such as mental ill-health, an alcohol or drug dependency or suffer from homelessness. The Audit Office noted that many of these people do not have contact with key services, such as mental health services. It said that *“the justice system can become the service of last resort.”*⁶²

It also noted that mental health needs are not always dealt with in a multi-disciplinary way prior to release from prison and issues often arise for individuals in accessing health and community services. This highlighted poor or complex interfaces between various systems and justice which act as significant barriers to resettlement. Greater collaborative working between Departments could assist in addressing these issues but may prove challenging due to financial constraints. The report highlighted that a new Programme for Government may offer an opportunity to address some of these issues.⁶³

The Director General of the Northern Ireland Prison Service, Beverley Wall, noted in November 2023 that prisons *“hold some of the most complex and challenging members of our society, many with significant addiction and mental health issues.”* Ms Wall argued that a rising prison population adds to the challenges. She further noted the importance of rehabilitation and resettlement of prisoners and said that *“it requires a partnership approach across government and with addiction services, the voluntary sector and local employers.”*⁶⁴

Separately it is also worth noting the specific needs of certain groups within the criminal justice system, such as women and girls. CJINI published a report in 2021 with a focus on how females in conflict with the law are treated.⁶⁵ This made a number of recommendations, highlighting that the treatment of females by the criminal justice system must take account of the specific issues and

⁶² Ibid, page 2

⁶³ Ibid, page 43

⁶⁴ Department of Justice, [Rehabilitation and resettlement is my priority – Prisons Director General](#), 7 November 2023.

⁶⁵ Criminal Justice Inspection Northern Ireland, [How the Criminal Justice System in Northern Ireland Treats Females in Conflict with the Law](#) (November 2021)

sensitivities affecting women and girls to deliver outcomes that are equitable. It also noted that women and girls are more likely to receive short prison sentences but their impact can be far reaching, particularly for mothers and their children. It also reiterated the need for a new small custodial facility for women which “*should be built, staffed and run around a therapeutic model. It should be supported by an acute mental health facility and draw on a network of staff, services and support in the community.*” The Prison Review Team originally made this recommendation in 2011.⁶⁶

4.3 Mental health of victims

A number of organisations working to support victims of crime have raised the detrimental impact that delay in the criminal justice system has on their mental health. The Department of Justice published statistics in August 2024 around case processing times for criminal cases in Northern Ireland for April 2023 to March 2024. The average time taken for a case to be dealt with, at all courts, was 190 days, a decrease of 8% from the previous year (206 days) and back below a level seen in the first year of the Covid-19 pandemic in 2020-21 (193 days).⁶⁷ These figures are also broken down by offence category and it is worth noting that the median time taken for cases where the main offence was sexual was 675 days, the longest for any of the offence categories. This is a decrease of 11% for 2022-23 and the lowest median figure for this type of case recorded in the last three years. This was followed by fraud cases at 413 days with public order and motoring taking the shortest average times at 159 and 162 days respectively.

Delay in the criminal justice system has been subject to a number of reviews in recent years in Northern Ireland. The Committee will be aware that the Public Accounts Committee issued a report on Speeding up Justice in September

⁶⁶ Prison Review Team, [Review of the Northern Ireland Prison Service: Conditions, Management and Oversight of all Prisons](#) (October 2011)

⁶⁷ Department of Justice, [Case Processing Time for Criminal Cases Dealt with at Courts in Northern Ireland April 2023 to March 2024](#) (August 2024)

2021. This highlighted the harm that both victims and defendants can suffer due to delay, particularly in cases dealt with in the Crown Court which deals with the most serious cases where typically victims have suffered the most significant harm, and the potential sentences for those accused are the most severe.⁶⁸ Meanwhile CJINI published a report in June 2023 calling for a “*fundamental reset*” within the Police Service of Northern Ireland and the Public Prosecution Service to improve the quality of prosecution files and speed of case progression in an effort to tackle delay within the system and improve outcomes for victims, witnesses and defendants.⁶⁹

Meanwhile Sir John Gillen’s Report into the Law and Procedures in Serious Sexual Offences in Northern Ireland was published in 2019. This report recognised that delays and inefficiencies in the criminal justice system raise issues around complainants’ access to justice, defendants’ rights and the proper administration of justice.⁷⁰ It also highlighted the potential for re-traumatisation for individuals going through a criminal process with adversarial elements which are central to the concept of a fair trial in this jurisdiction.

The Gillen Review included a specific chapter around ‘Cross-Examination on Previous Sexual History’ which referred to a “*perception amongst complainants that cross-examination on previous sexual history will frequently occur and present yet another daunting hurdle.*”⁷¹ It included a recommendation that the Department of Justice should carry out an exercise to determine the extent of admission of previous sexual experience in trials in Northern Ireland; in addition, legislation concerning admission of previous sexual experience should only be

⁶⁸ Northern Ireland Assembly Public Accounts Committee, [Report on Speeding up the Justice System](#) (September 2021)

⁶⁹ Criminal Justice Inspection Northern Ireland, [File Quality, Disclosure and Case Progression and trial recovery from the COVID-19 pandemic](#) (June 2023)

⁷⁰ Department of Justice, [Gillen Review Report into the Law and Procedures in Serious Sexual Offences in Northern Ireland](#) (May 2019)

⁷¹ Ibid, page 271

revisited in light of such an exercise. The report also highlighted the importance of firm judicial case management in these circumstances.⁷²

It is evident that the potential disclosure of third-party evidence can have a traumatic impact on the mental health of victims, particularly victims of sexual crime. The Commissioner Designate for Victims of Crime published a report in 2023 that highlighted that “*victims of sexual crime believe that they are being forced to choose between healthcare and justice*” when deciding whether to attend counselling alongside going through the criminal justice system.⁷³

The Commissioner Designate for Victims of Crime also issued an update focused on ‘Five Years on from the Gillen Report’ in May 2024. This noted that progress is ongoing but cautioned that it has been slow;⁷⁴ 135 recommendations out of 253 had been implemented at that time. The Commissioner Designate stated that notable achievements include the introduction of Independent Legal Advisors for victims, who are now able to obtain free and independent legal advice regarding their privacy rights and information about the court process. The establishment of bespoke Remote Evidence Centres where victims can give evidence from a separate location to the court was also highlighted as a positive. However, the Commissioner Designate also noted that “*the golden thread running through Gillen’s entire review is that of cultural reform. Both within our criminal justice system and across wider society, fundamentally, we must address the misogynistic, stereotyping and victim blaming attitudes that are all too prevalent.*”⁷⁵

Violence against women and girls is linked to this and is a particular area that has implications for the mental health of victims engaging with the criminal justice system. Research published to help inform the Executive’s Strategic Framework to End Violence Against Women and Girls (EVAWG) in 2023 noted

⁷² Ibid, page 272

⁷³ Commissioner Designate for Victims of Crime, [A Second Assault: The Impact of Third Party Disclosure Practice on Victims of Sexual Abuse in Northern Ireland](#) (November 2023)

⁷⁴ Commissioner Designate for Victims of Crime, [Five Years on From Gillen Report](#) (May 2024)

⁷⁵ Ibid

that a consistent theme emerging was the negative impact of sexual violence on women's mental health which can also be reinforced by the criminal justice system.

This described "*feelings of guilt – for what had happened, for reporting, for not reporting; anger – at the lack of response from family, friends, the police; sadness – at the pain felt, the trust broken, the impacts on others. There is a need to build confidence in young women that they will be listened to and taken seriously [by Police]. Linked to this are broader criminal justice issues whereby young women feel the burden is on them to prove they were victimised.*"⁷⁶ The Commissioner Designative for Victims of Crime also published a rapid review of the Experiences and Mental Health Impact of Intimate Partner Violence against Men and Boys in May 2023. This rapid review highlighted that there was a lack of empirical research evidence exploring experiences and impacts of intimate partner violence among male victims both in Northern Ireland and the UK more broadly.⁷⁷

4.4 Mental health of professionals working in the criminal justice system

There are a number of organisations operating in the criminal justice system such as the Police Service of Northern Ireland, the Public Prosecution Service, the Northern Ireland Courts and Tribunals Service, the Probation Board, the Youth Justice Agency and Forensic Science Northern Ireland. In February 2023, the Criminal Justice Inspection Northern Ireland published a report on leadership development and wellbeing support within these criminal justice organisations. The report found that the COVID-19 pandemic had encouraged greater communication about wellbeing among these organisations. The report recognised the impact that responding to crime can have on the wellbeing of

⁷⁶ S McAlister, G Neill, D Schubotz and M Templeton, '[It's just what happens': Girls' and young women's views and experiences of violence in Northern Ireland](#)' (August 2023)

⁷⁷ Commissioner Designate for Victims of Crime, '[Experiences and Mental Health Impacts of Intimate Partner Violence against Men and Boys: A Rapid Review](#)' (May 2023)

professionals in the criminal justice system.⁷⁸ For example, attending a crime scene, dealing with distressing evidence or responding to a mentally distressed or vulnerable prisoner.

In the Chief Constable's 2022/23 Accountability Report to the Northern Ireland Policing Board, it was reported that at least one in five people working in policing are experiencing a mental health condition. It was also highlighted that mental health is now one of the biggest causes of workforce absence within policing. The Chief Constable has repeatedly highlighted that the Service needs more funding to be able to properly tackle this issue.⁷⁹ In addition, the Police Federation has also highlighted the impact of this on a number of occasions, stating that "*the Service is in crisis mode. Officer numbers are alarmingly shrinking, workplace pressures and demands are unsustainable and breaking our officers, and services are having to be pared back.*"⁸⁰

The PSNI's People Strategy 2025 contains reference to five 'People Principles' with 'Valuing Health and Wellbeing' highlighted as being central to the organisation.⁸¹ Meanwhile the Service's Occupational Health and Wellbeing Branch is made up of a multidisciplinary team of healthcare professionals. They are committed to supporting the health of the organisation and helping officers and staff to maintain their health and well-being in order to carry out their duties safely and effectively. However, some of the support services available are under strain and subject to delay due to funding pressures.⁸² A Written Question from the Chief Constable to the Policing Board in May 2024 revealed that the total number of Police Officers and Police Staff absent from work due to a sickness absence of 28 days or more is 558; this is further broken down into

⁷⁸ Criminal Justice Inspection Northern Ireland, [Leadership Development and Wellbeing Support within the Criminal Justice System in Northern Ireland](#) (February 2023)

⁷⁹ Police Service of Northern Ireland, [Chief Constable's Accountability Report to the Northern Ireland Policing Board](#) (May 2024)

⁸⁰ Police Federation Northern Ireland, [PFNI Reacts to Widdis Letter](#) (August 2024)

⁸¹ Police Service of Northern Ireland, [People Strategy 2025](#) (2020)

⁸² Northern Ireland Policing Board, [Oral Question to the Chief Constable on Occupational Health and Wellbeing](#) (November 2023)

477 Police Officers and 81 Police Staff.⁸³ The number of Officers absent long term had increased to 493 by 31 July 2024.⁸⁴ The average working days lost for Police Officers during 2021-2022 was 16 with 11 for Police Staff;⁸⁵ it is likely that these figures will have increased since then.

A number of other criminal justice organisations are taking steps to protect the wellbeing of staff. For example, the PPS has said improving physical and mental wellbeing of staff is one of its key priorities.⁸⁶ 15 average working days were lost during 2022/23 in the PPS. Statistics also indicate that 27 average working days were lost during 2022/23 in the Northern Ireland Prison Service by Prison Grade Staff. Over a third (36%) were due to Anxiety, Stress, Depression or Other Psychiatric Illnesses.⁸⁷ In addition, Justice Minister Naomi Long MLA, opened a new staff wellbeing hub at Maghaberry Prison in 2022. The hub aims to provide information and support services, particularly after critical incidents have occurred. This was the first hub to be established in Northern Ireland's prisons.⁸⁸

Furthermore, it is also worth considering the mental health of legal professionals working within the criminal justice system. For example, the Law Society of Northern Ireland launched a new Wellbeing initiative in April 2024 which aims to provide solicitors with access to practical information from a range of leading organisations offering guidance and support on mental health issues.⁸⁹ Issues such as delays in payments for work in legal aid cases can impact on those

⁸³ Northern Ireland Policing Board, [Written Question to the Chief Constable on Occupational Health](#) (May 2024)

⁸⁴ [PSNI sick leave figures three times English and Welsh counterparts](#), *Irish News*, 20 August 2024

⁸⁵ Police Service of Northern Ireland, [Chief Constable's End of Year Report to the Northern Ireland Policing Board 2021/22](#) (February 2023)

⁸⁶ Public Prosecution Service, [Annual Report and Accounts 2022-23](#) (October 2023)

⁸⁷ Northern Ireland Statistics and Research Agency, [Sickness Absence in the Northern Ireland Civil Service 2022/23](#) (February 2023)

⁸⁸ Department of Justice, [Long opens new staff wellbeing hub at Maghaberry Prison](#) (13 October 2022)

⁸⁹ Law Society of Northern Ireland, [Wellbeing support launched for solicitors and staff](#) (08 April 2024)

working within the system with the Bar Council and Criminal Bar Association highlighting the pressure that this puts on criminal practitioners in November 2023.⁹⁰

5 Government strategies relevant to mental ill-health and the criminal justice system

In 2019, the Department of Health and Department of Justice jointly published the 5-year Improving Health within Criminal Justice Strategy and Action Plan. The aim of the Plan is to ensure that children, young people and adults in contact with the criminal justice system are healthier, safer and less likely to be involved in offending behaviour.⁹¹ The recommendations around service planning and commissioning highlight the interconnection between Justice and Health and the need for joint funding and support to address issues around mental health service provision.

More broadly, reducing reoffending was first identified as a key Programme for Government area within the draft 2016-2021 document (Outcome 7) with the reoffending rate included as one of the draft indicators (Indicator 39) intended to help monitor progress towards achieving this. Outcomes Delivery Plans were developed to oversee the delivery of actions that focused on delivering various Problem-Solving Justice initiatives which are explored in greater detail below.⁹²

5.1 Problem-solving justice

Problem-Solving Justice typically involves collaboration between agencies to provide an innovative alternative to custody for complex and vulnerable offenders with research from the USA and internationally consistently

⁹⁰ Bar of Northern Ireland, [Criminal Barristers urge DoJ to properly address payment delays forcing strike action](#) (17 November 2023)

⁹¹ Department of Health and Department of Justice, [Improving Health within Criminal Justice](#) (June 2019)

⁹² Northern Ireland Executive, [Draft Programme for Government Framework 2016-21](#) (May 2016)

supporting the notion that the model is effective, reduces reoffending and enhances treatment engagement.⁹³

For example, there are more than 3,800 drug courts across the USA which were initially established in the 1980s to address high numbers of drug-related offences and arrests.⁹⁴ Nationwide evidence suggests that 72% of individuals engaging with problem solving courts do not re-offend within 2 years, 56% abstain from substance use and there is a net economic benefit of approximately \$2 for every \$1 invested.⁹⁵

There is more limited evidence about the effectiveness of Problem-Solving Courts in the UK due to inconsistent implementation and evaluation. However, the Glasgow Drugs Court has been operating since 2001 which aims to break the cycle of repeat offending for individuals with long-term drug misuse issues through an intensive program of drug treatment, weekly drug testing and court reviews.⁹⁶

Looking to England and Wales and the Ministry of Justice launched three courts referred to as Intensive Supervision Courts (ISC) in June 2023. The Police, Crime, Sentencing and Courts Act 2022 made amendments to the Sentencing Act 2020 and provided legislative powers to pilot formally recognised ISC in England and Wales operating in Liverpool, Teeside and Birmingham;⁹⁷ two of these cover Substance Misuse and one is a Women's Court. It was estimated that there were around 40-60 Specialist Domestic Abuse Courts in England and Wales in the summer of 2023.

⁹³ G O'Hare, [Problem-Solving Justice and Problem-Solving Courts: What Northern Ireland Can Learn from the US Experience of Mental Health Courts](#), *Irish Probation Journal* Volume 15 (October 2018)

⁹⁴ UK Parliament POSTnote 700, [Problem-Solving Courts](#) (July 2023)

⁹⁵ P Downey et al, [National Institute of Justice Research: Cost Benefit Analysis: A Guide for Drugs Courts and Other Criminal Justice Programs](#) (June 2014) and S Rossman et al, [The Multi-Site Adult Drug Court Evaluation: The Impact of Drug Courts](#) (November 2011) in UK Parliament POSTnote 700, [Problem-Solving Courts](#) (July 2023)

⁹⁶ Centre for Justice Innovation, [Glasgow Drug Court](#) (2020)

⁹⁷ UK Parliament POSTnote 700, [Problem-Solving Courts](#) (July 2023)

Locally the Department of Health has since produced a Strategic Framework to Tackle the Harm from Substance Use 2021-2031.⁹⁸ This notes that a Problem-Solving Justice 5 Year Strategic Plan was also developed during 2020 with options such as Enhanced Combination Orders and a Substance Misuse Court (SMC) available to provide tailored programmes for offenders under court supervision. The SMC was converted from a pilot to business as usual in April 2021 at Laganside Court where it is managed by the Presiding Magistrate. However, any decisions around future rollout are likely to be subject to the availability of additional funding. Plans for a pilot Mental Health Court (MHC) do not appear to have progressed to date. However, the DOJ did commit in 2023 to expediting the identification of alternative problem-solving approaches to mental health issues through working with the Department of Health.⁹⁹

The Northern Ireland Audit Office noted that the further advancement of the Problem-Solving Justice programme had been significantly impacted by budgetary pressures; it was also estimated that expansion would cost an additional £6.3 million by 2024-2025 making it unclear whether any further progress would be achieved.¹⁰⁰ In 2022, despite funding issues, the DOJ published two additional strategies related to this area. The Adult Restorative Justice Strategy 2022-2027 aims to increase the use of restorative practice within the adult justice system and across all types of disposals.¹⁰¹ A Strategy for Women and Girls 2022-2029 was also developed aimed at introducing gender-responsive prevention and early intervention approaches to tackle underlying issues and provide tailored support both in and beyond custody.¹⁰²

⁹⁸ Department of Health, [A Strategic Framework to Tackle the Harm from Substance Use \(2021-31\)](#) (September 2021)

⁹⁹ Department of Justice, [Department of Justice Departmental Response to recommendations in the Northern Ireland Audit Office's Report Reducing Adult Reoffending in Northern Ireland](#) (August 2023)

¹⁰⁰ Northern Ireland Audit Office, [Reducing Adult Offending in Northern Ireland](#) (June 2023)

¹⁰¹ Department of Justice, [Adult Restorative Justice Strategy for Northern Ireland 2022-2027](#) (March 2022)

¹⁰² Department of Justice, [Supporting Change: A Strategy for Women and Girls in or at Risk of Contact with the Justice System 2022-2029](#) (March 2022)

Both strategies note the importance of addressing mental health and/or addiction issues as key factors for effective rehabilitation.

6 Comparative analysis with policies from other jurisdictions

This section considers additional policies from the UK and RoI that aim to reduce the impact of mental ill-health in the criminal justice system and, where relevant, public services more generally.

6.1 Right Care, Right Person model (England)

A 2018 report from the His Majesty's Inspectorate of Constabulary and Fire & Rescue Services found that only 2% of 17,043 people surveyed felt that it was the Police's responsibility to respond to mental health-related calls.¹⁰³ Since then Humberside Police developed and implemented the Right Care, Right Person (RCRP) model in 2020. It sets out a number of principles around a partnership approach that aims to ensure that individuals in mental health crises are seen by the right professional. It applies to calls to Police regarding concerns about welfare, people who have walked out of a healthcare setting, people who are absent without leave from mental health services and medical incidents.

Humberside Police identified that before the introduction of RCRP, the Police Force was deployed to an average of 1,566 incidents per month relating to issues such as concerns for welfare, mental health incidents or missing persons.¹⁰⁴ As a result of implementing RCRP over a three-year period, Humberside Police saw average incidents per month reduce by 508 deployments which equated to 1,132 officer hours and allowed resources to be

¹⁰³ His Majesty's Inspectorate of Constabulary and Fire & Rescue Services, [Policing and Mental Health: Picking Up the Pieces](#) (November 2018)

¹⁰⁴ College of Policing, [Right Care Right Person – Humberside Police](#) (April 2023)

dedicated elsewhere.¹⁰⁵ Metropolitan Police Commissioner Sir Mark Rowley confirmed that the Met will introduce RCRP from November 2023; at that time the Met estimated that Officers spent over 10,000 hours each month responding to mental health concerns and dealing with issues that should principally be health matters.¹⁰⁶ This rollout involved Met call handlers receiving training to use the model to triage incoming calls and decide on an appropriate course of action, including whether to deploy Police Officers or not. After six months, there were around 6,000 fewer deployments amounting to 34,000 Officer hours freed up to tackle crime.¹⁰⁷

This work has been underpinned by the National Partnership Agreement (NPA): Right Care Right Person. The NPA was signed by the Department of Health and Social Care, the Home Office, the National Police Chiefs' Council, the Association of Police and Crime Commissioners, the College of Policing and NHS England.¹⁰⁸ The NPA highlights that *“to successfully adopt the approach, strong partnerships need to be formed between police forces, health bodies and local authorities to identify how to implement this approach in a way that best meets the needs of the local population and the shared aims of the agencies involved.”*¹⁰⁹ It is evident that partner agencies must have a clear and shared understanding around when Police will be deployed and when an alternative form of health and social care support would be more appropriate.

The NPA notes that at the centre of the RCRP approach is a threshold to assist police in making decisions about when it is appropriate for them to respond to incidents, including those which relate to people with mental health needs. The

¹⁰⁵ Metropolitan Police Service, [Introduction of Right Care, Right Person Model](#)

¹⁰⁶ Ibid

¹⁰⁷ [Fall in mental health calls saves police time - Met](#), *BBC News*, 09 May 2024

¹⁰⁸ Department of Health and Social Care and Home Office, [Policy Paper: National Partnership Agreement: Right Care, Right Person \(RCGP\)](#) (July 2023)

¹⁰⁹ Ibid

NPA sets the following threshold for a police response to a mental health-related incident:

- to investigate a crime that has occurred or is occurring; or
- to protect people, when there is a real and immediate risk to the life of a person, or of a person being subject to or at risk of serious harm.¹¹⁰

The College of Policing has also produced a toolkit for Police Forces in England and Wales around how to implement RCRP which will be subject to further developments.¹¹¹ In addition, it is worth noting that the RCRP process sits alongside other nationally embedded operating models such as THRIVE (threat, harm, risk, investigation, vulnerability, engagement) and the national decision model (NDM) framework.¹¹²

However, concerns have been raised by some stakeholders that the Met Police will no longer attend mental health-related calls for vulnerable people as a matter of course. In May 2024, the mental health charity Mind expressed “grave concerns” about the national rollout of RCRP. The charity noted that “*it is a patchy picture across the country, with some areas delivering well-integrated support while other areas are struggling. Failing to properly fund NHS mental health crisis services while instructing police forces to step back from mental health calls is an unsafe and frankly irresponsible decision.*”¹¹³

As noted above, the PSNI is currently working towards a staged rollout of the RCRP model.

6.2 Diversion schemes

Diversion schemes seek to move people away from the criminal justice system and break the cycle of offending by connecting individuals to more appropriate

¹¹⁰ Ibid

¹¹¹ College of Policing, [Right Care Right Person Toolkit](#) (July 2023)

¹¹² College of Policing, [Right Care Right Person – Humberside Police](#) (April 2023)

¹¹³ [Met police policy on mental health calls may be putting lives at risk, say charities](#), *The Guardian*, 09 May 2024

pathways such as mental health services, drug treatment services or education programmes. Two of the most common types of diversion are ‘pre-arrest diversion’ and ‘court diversion’.

6.2.1 Police-led drug diversion schemes (England and Wales)

As noted above, people coming into contact with the criminal justice system may be more likely to experience mental health and drug issues. Drug diversion schemes are police-led initiatives that divert people who may have a drug dependency and committed low-level offences or committed a drug-related offence away from the criminal justice system to other services. Those services can include, for example, mental health services, drug treatment services and education programmes.

A growing number of police forces in England and Wales have launched drug diversion schemes. The most commonly referenced schemes are led by West Midlands Police, Durham Constabulary and Thames Valley Police. The UK Government has provided funding to the University of Kent and the College of Policing to evaluate police-led diversion schemes. The project is assessing the process, outcomes, equity and cost-effectiveness of diversion schemes operated by the above three police forces. The project will conclude in March 2025 and is expected to inform the UK Government’s 2025 spending review.¹¹⁴

6.3 Trauma-informed approaches

Traumatic experiences can disproportionately impact people who come into contact with the criminal justice system. Research has found that adults in Wales exposed to four or more traumatic experiences during childhood (adverse childhood experiences) were twenty times more likely to have been in

¹¹⁴ University of Kent, [The PDD Project: Evaluating Police-led Diversion Schemes](#)

custody at some point in their life.¹¹⁵ Trauma-informed approaches seek to recognise the trauma a person may have experienced and how that may have impacted their life or behaviour.

6.3.1 Trauma-informed approaches in Scotland

The Scottish Government is working to embed trauma-informed approaches across Scottish workforces, particularly in the public sector. In 2017, Scotland was one of the first countries in the world to publish a knowledge and skills framework for psychological trauma, developed by NHS Education for Scotland.¹¹⁶ Since 2018, the Scottish Government has invested over £9.6 million in a National Trauma Transformation Programme. This includes a total of £1.6 million each year since 2021/22 shared equally across all 32 local authorities to work with community partners.¹¹⁷

In May 2023, a separate trauma-informed framework was published for working with victims and witnesses in the justice system (both criminal and civil).¹¹⁸ Police Scotland has also sought to adopt trauma-informed practices as part of the National Trauma Training Programme. This includes the incorporation of trauma-informed training in Police Scotland's development programmes for detectives and probationary officers.¹¹⁹

On 25 April 2023, the Scottish Parliament introduced the Victims, Witnesses, and Justice Reform (Scotland) Bill. Two of the Bill's primary aims are to embed a trauma informed approach across the justice system by requiring all justice agencies to take steps to reduce re-traumatisation, and to establish an

¹¹⁵ M. A. Bellis, K. Ashton, K Hughes, et al. Adverse childhood experiences and their impact on health-harming behaviours in the Welsh adult population, *Public Health Wales*, 36, 1-36.

¹¹⁶ NHS Education for Scotland, [Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce](#) (May 2017)

¹¹⁷ Scottish Government, [National Trauma Transformation Programme: Trauma-Informed Substance Use Pathfinders – Learning Report](#) (November 2023)

¹¹⁸ NHS Education for Scotland, [Trauma Informed Justice: A Knowledge and Skills Framework for Working with Victims and Witnesses launched](#) (May 2023)

¹¹⁹ NHS Education for Scotland, [Leadership Pledge of Support](#)

independent Victims and Witnesses Commissioner for Scotland. At the time of writing, the Bill was at Stage 2 (out of three).¹²⁰

The adoption of a trauma-informed approach in the Scottish justice system is motivated by evidence that traumatic experiences, particularly adverse childhood experiences, can increase the likelihood of people coming into contact with the criminal justice system. For example, the 2019 Scottish Health Survey reported that one in seven Scottish adults had experienced four or more adverse events (including emotional, physical or sexual abuse) before the age of 18. A separate study found that an overwhelming 91% of women in Scottish prisons had reported childhood and adulthood trauma and that 51% of women had reported experiencing sexual abuse.¹²¹

6.3.2 Trauma-informed practices in England and Wales

The adoption of trauma-informed practices across workforces is not unique to Scotland. The Welsh Government published a trauma-informed framework for Wales in 2022.¹²² In the framework, the Welsh Government has said that support for people's mental well-being is a priority.

Separately, within the England and Wales criminal justice system, the Home Office announced in 2021 a £17 million funding package to establish trauma-informed training for frontline professionals in England and Wales.¹²³ The funding would support early intervention and prevent young people being drawn into serious violence.¹²⁴ Six Police Forces received funding to adopt trauma-informed practices in police custody units.¹²⁵ Seven Police Forces received

¹²⁰ Scottish Parliament, [Victims, Witnesses, and Justice Reform \(Scotland\) Bill](#)

¹²¹ National Trauma Training Programme, [Evidence and Impact](#)

¹²² ACE Hub Wales, [Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impact of Trauma and Adversity](#) (July 2022)

¹²³ Criminal justice in Wales is a matter reserved to the UK Government

¹²⁴ Home Office, [New investment to support young people at risk of serious violence](#) (27 July 2021)

¹²⁵ Those Police Forces are Thames Valley, Lancashire, Northumbria, Nottinghamshire, Leicestershire and South Wales.

funding to adopt trauma-informed practices in violence reduction units, which aim to drive children and young people away from serious violence.¹²⁶

6.3.3 Trauma-informed approaches in Northern Ireland

The PSNI has stated that trauma-informed training and responses to victims is a “core theme” throughout the Student Officer Development Programme for new recruits. It is also worth noting that the Service has a range of resources aimed at supporting Officers and Staff in dealing with trauma and responding to traumatised victims, including a Wellbeing and Trauma Resilience Plan. The Police College Investigative Training Faculty also delivers a range of courses designed to assist Detectives to engage effectively with traumatised victims, including Child and Adult Joint Protocol Training and Specialist Child Abuse Development Programme. An e-learning package is also available across the organisation covering Adverse Childhood Experiences.¹²⁷

The Safeguarding Board for Northern Ireland’s Strategic Plan 2022-2026 committed to embedding trauma-informed approaches to all its work to safeguard children and young people.¹²⁸ That work is being taken forward by the Board’s Trauma Informed Practice Committee. The Committee is made up of representatives from across a range of sectors, for example, the PSNI, Youth Justice Agency, Local Councils and Health and Social Care Trusts.

Developments in establishing trauma-informed approaches within public sector agencies appear to be primarily focused on children and young people and victims. In the criminal justice context, a trauma-informed approach that considers other categories of people who come into contact with the criminal justice system, such as adult offenders and witnesses, may also be helpful. A trauma-informed approach may be particularly relevant in the Northern Ireland

¹²⁶ Those Police Forces are Avon and Somerset, Greater Manchester, Leicestershire, Hampshire, Lancashire, Sussex and the West Midlands.

¹²⁷ Northern Ireland Policing Board, [Question to the Chief Constable: Trauma Training](#) (06 April 2023)

¹²⁸ Safeguarding Board for Northern Ireland, [Strategic Plan 2022-2026](#) (April 2022)

context given the direct and intergenerational trauma that may present as a result of the Troubles.

In February 2024, a study by the Safeguarding Board for Northern Ireland and Queen's University concluded that trauma-informed approaches are useful in supporting the strategic priorities of a range of child and adult services, such as early intervention and preventing and mitigating the effects of trauma. The study recommended that a Northern Ireland trauma-informed strategy, resource hub and training framework be established. It noted that learning could be taken from the Scottish National Trauma Transformation Programme (see above).¹²⁹

6.4 Prison In-reach and Court Liaison Service (Republic of Ireland)

The Prison In-reach and Court Liaison Service (PICLS) was established in 2006. It is a multidisciplinary psychiatric service that assists the courts in identifying defendants with major mental illness and provides practical solutions to assessing what the appropriate mental health care would be for each defendant. The PICLS is based in Cloverhill Prison. The PICLS model was designed to enhance the detection of mental illness through a structured, two-stage screening process and to facilitate the provision of appropriate treatment. Depending on the seriousness of the offence and the severity of the mental illness, prisoners could be diverted to, for example, a secure forensic hospital, a community mental health hospital or another community mental health service. The service helped divert over 1,500 people away from Cloverhill Prison to mental healthcare locations outside prison between 2006 and 2019.¹³⁰

Beyond this, it is also worth noting that a number of other jurisdictions internationally operate similar models with mental health court liaison services forming a key component of the forensic mental health sector in Australia; a

¹²⁹ Queen's University Belfast and Safeguarding Board for Northern Ireland, [We are on a Journey: Implementing Trauma Informed Approaches in Northern Ireland](#) (February 2024)

¹³⁰ Mental Health Commission, [Access to Mental Health Services for People in the Criminal Justice System](#) (November 2021)

service exists in each state and territory to identify and treat those with mental illness in contact with the courts.¹³¹

6.5 Release of prisoners on Fridays (England and Wales)

Following the enactment of the Offenders (Day of Release from Detention) Act 2023, offenders can only be released on working days that are not followed by a weekend or Bank Holiday in England and Wales. The Act was passed to mitigate the risk of vulnerable prisoner-leavers who may have a mental health or drug issue from being released on a Friday and not having enough time to access vital services, like healthcare, and accommodation before services close at weekends. The aim of the Act is to help reduce reoffending.

This policy does not extend to Northern Ireland and it would appear that the release of prisoners on Fridays continues in Northern Ireland. In 2023, the Northern Ireland Audit Office reported that stakeholders had identified the release of prisoners on a Friday as a barrier to persons released from custody obtaining housing and other support services over the weekend. However, though the Northern Ireland Housing Executive acknowledged that there were added difficulties with Friday releases, it said that an out of hours emergency service was available to ensure it continues to meet its statutory duties in relation to accommodation.¹³²

The Northern Ireland Audit Office noted that there is a “*strong consensus that inadequate stable accommodation was the greatest barrier to desistance, given that an address is key to accessing services including healthcare.*”¹³³ It is worth noting that an updated Protocol for the Management of the Accommodation and related Support Needs of People in Custody in Northern Ireland was published in October 2023 between a number of partner agencies, including the Housing

¹³¹ F Davidson, E Heffernan, B Hamilton et al. Benchmarking Australian mental health court liaison services – results from the first national study, *The Journal of Forensic Psychiatry & Psychology* (2019) 30(5), 729–743

¹³² Northern Ireland Audit Office, [Mental Health Services in Northern Ireland](#) (May 2023)

¹³³ Ibid

Executive, Department of Justice, Probation Board for Northern Ireland, Northern Ireland Prison Service and Housing Rights.¹³⁴ This includes a section on discharge from prison which highlights the need to ensure that appropriate accommodation (temporary or permanent) and associated support services are in place for each person leaving custody.

This issue highlights the multifaceted needs of people who come into contact with the criminal justice system and the importance of cross-departmental working between criminal justice partners and other public sector organisations. The Committee may wish to consider how effective the new policy is in England and Wales and whether it would be worth considering something similar in terms of legislating against the release of prisoners on Fridays in Northern Ireland.

¹³⁴ Northern Ireland Housing Executive, A Protocol for the Management of the Accommodation and related Support Needs of People in Custody in Northern Ireland (October 2023)

7 Glossary

ACE	Adverse Childhood Experience
CJINI	Criminal Justice Inspection Northern Ireland
DOJ	Department of Justice
DoLS	Deprivation of Liberty Safeguards under the Mental Capacity Act (Northern Ireland) 2016
GHQ-12	General Health Questionnaire-12 scale
ISC	Intensive Supervision Courts
MCA	Mental Capacity Act (Northern Ireland) 2016
MHC	Mental Health Court
NDM	National Decision Model used in Policing
NIAO	Northern Ireland Audit Office
NIAS	Northern Ireland Ambulance Service
NICTS	Northern Ireland Courts and Tribunals Service
NIPS	Northern Ireland Prison Service
NPA	National Partnership Agreement for Right Care, Right Person
PICLS	Prison In-reach and Court Liaison Service
PPS	Public Prosecution Service
PSJ	Problem Solving Justice
PSNI	Police Service of Northern Ireland
RCRP	Right Care, Right Person
SMC	Substance Misuse Court
THRIVE	Threat, harm, risk, investigation, vulnerability, engagement model used to assess the right initial police response to a call for service
TYC	Transforming Your Care