The Offender Personality Disorder Strategy
From consultation to implementation

PCA conference: 9th March 2012
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This workshop

Headlines from the DH/ NOMS offender personality disorder strategy

Two current services:
The IMPACT project: a partnership between London Probation Trust and Camden & Islington Foundation Mental Health Trust
The Resettle Project, Liverpool: a partnership between Probation, the NHS, the Police
The vision

Reduce the risk of serious harm to others and serious further offending

Improve psychological health and wellbeing, and tackle health inequalities

Develop leadership in the fields of health, criminal justice and social care, and create a workforce with appropriate skills, attitudes and confidence
Coalition Government’s policy

For NOMS & the NHS to improve the management of offenders with PD through:

- Shared responsibility
- Joint operations
- Predominantly based in the CJS
- Whole systems approach

Psychologically informed approaches focusing on relationships and the social context in which people live.
Labour party manifesto (2001) ‘those with a dangerous severe personality disorder – we will pass new legislation and create over 300 more high-security prison and hospital places’
Context

1999

Whitemoor DSPD unit opened

2003

Policy implementation guidance for the development of services for people with personality disorder

2011

The Personality Disorder Capabilities Framework

National Institute for Mental Health in England

Personality disorder: No longer a diagnosis of exclusion
Context

1999
Broadmoor (2005) and Primrose (2007) units opened

2004/5

2007

2011

• The Knowledge and Understanding Framework
• Basic training about attitudes and leadership through a BSc & MSc programme
Context

1999

ANTISOCIAL PERSONALITY DISORDER
THE NICE GUIDELINE ON TREATMENT, MANAGEMENT AND PREVENTION
NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

2009

BORDERLINE PERSONALITY DISORDER
THE NICE GUIDELINE ON TREATMENT AND MANAGEMENT
NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

2011
“In conjunction with other government departments, the Department of Health, the National Offender Management Service and the NHS should develop an inter-departmental strategy for the management of all levels of personality disorder within both the health service and the criminal justice system, covering the management of individuals with personality disorder into and through custody, and also their management in the community.”
High risk of serious harm + SPD – 7,500

PD services in secure mental health (1,000)

Very high risk of harm + SPD (3,000)

Offenders with PD managed by NOMS - 117,000 of 234,140 (June 2011)

12,000 of 24,577 women
2,000 of 3,154 women
50 women

All figures are unvalidated estimates. DH/NOMS personality disorder policy team November 2011
## The entry criteria for services

### Men
- Assessed as presenting a high likelihood of violent or sexual offence repetition and high or very high risk of serious harm to others
- Likely to have a severe personality disorder
- A clinically justifiable link between the personality disorder and the risk

### Women
- Current offence of violence against the person, criminal damage, sexual and/or against children
- Assessed as presenting a high risk of committing an offence from the above categories
- Likely to have a severe form of personality disorder
- A clinically justifiable link between the above
The Pathway

An active pathway of intervention

- Early identification
- Pathway planning
- Treatment interventions
- PIPEs
- Community case management
- Workforce development
Workforce development

• All staff working in pathway services to have an understanding of PD
• Commitment to the Knowledge and Understanding Framework (KUF)
• New level of core training
• Developing expertise
• Investing in leadership and supra-regional structures
• Supervision available for all staff
Next steps