

# Anti-Social Behaviour and Mental Health

January 2014



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## 1. Executive Summary

Community safety departments in London boroughs are reporting that a significant proportion of anti-social behaviour (ASB) cases they are dealing with have a mental health dimension. That is to say that either or both the complainant and alleged perpetrator have mental health support needs. The need however may or may not be formally diagnosed and this is one of the many issues that make dealing with ASB of this kind particularly complex. Other issues include effective information sharing and partnership working between agencies.

London's boroughs recognise the detrimental effect ASB can have on communities, and are preparing for legislative changes, that include the Community Trigger and Community Remedy, which aim to bring a more victim-centred and restorative approach to tackling ASB. Boroughs are also focused on addressing the complex underlying causes of ASB. Where there is a mental health dimension, boroughs are continually striving to get the balance right in terms of prevention, support and enforcement.

This publication draws on survey responses from London borough heads of community safety and explores emerging issues and challenges in this area. It is not intended to be the 'last word' on ASB and mental health, but to support the on-going dialogue between community safety and mental health professionals and to encourage fresh thinking on ways forward in this area.

The survey confirmed that mental health was recognised as an issue in relation to ASB by all respondents and many boroughs reported that it appears to have an increasing impact. A complicating factor is presented by the challenge of formally identifying mental health issues within the management of ASB cases.

The survey also confirmed that boroughs are firmly committed to supporting individuals with mental health needs, as well as protecting communities and individuals from ASB. Councils are striving to get the balance right when a potential conflict arises from these drivers, including constructing orders such as Anti-Social Behaviour Injunctions within a safeguarding framework. Boroughs are also preparing for forthcoming legislative developments (the Anti-social Behaviour, Crime and Policing Bill 2013-14) in the shape of the Community Trigger and Community Remedy, which are set to make a significant change to the available levers.

Despite the clear challenges, our survey found several examples of promising practice, which offer a basis for local partners to build on. Notably, we found encouraging examples of multi-agency triage where mental health professionals are fully engaged in the process, enabling appropriate care pathways to be identified.

There is much more that could be done to improve the response across London and an agenda for both pan-London as well local partnerships to consider. This agenda includes the systematic identification of mental health as an issue in ASB cases, development of interventions for cases where Mental Health Act thresholds are not met, the identification of risk and vulnerability, better partnership working, better information sharing, and the development of a common language and culture in relation to mental health and ASB.

**In particular, we recommend that at a pan-London level, London Crime Reduction Board<sup>1</sup> partners include ASB and mental health within their ASB work group's priorities. We suggest they consider:**

- **The promotion of a tailored Information Sharing Agreement (ISA) for regional partners**

**We also recommend that health, social care and community safety partners collaborate at a local level to better meet the challenges we have identified. In particular, we suggest that local partners collaborate to:**

- **Improve awareness for front line community safety staff to better identify early signs of mental illness, disability and personality disorders.**
- **Consider developing a shared framework for identifying risk and vulnerability and raising safeguarding alerts.**
- **Collaborate to achieve better outcomes following the discharge of mental health patients where there have been problems related to ASB, drawing on good practice (including the example of LB Southwark and SLaM covered in this report).**
- **Develop a common approach and language across professional boundaries, with a view to securing the outcomes that individuals need, drawing on good practice (including the example of LB Ealing in this report).**

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<sup>1</sup> The LCRB is chaired by the Mayor and brings together Criminal Justice Partners and local authorities to coordinate a strategic approach to reducing crime in London



## 2. Background

Tackling anti-social behaviour (ASB) is a priority for many community safety partnerships in London. ASB is also one of the three priority areas of focus for the London Crime Reduction Board this year. Boroughs have consistently raised the point that a sizable proportion of their ASB cases have a mental health dimension. Preventing and tackling ASB, and supporting people with mental health needs are two important areas of work for local authorities and their partners. Reducing crime and improving community safety are critical to London local government's role in building and sustaining safe and prosperous communities. A key element of this is preventing and tackling ASB.

London Councils conducted a survey of all heads of community safety in the 32 London local authorities and the City of London exploring the issues and challenges around mental health and ASB, finding out what practical responses are delivering results on the ground and listening to what the professionals feel they need to improve work in this area in the future. Seventeen boroughs responded, of which 15 completed the survey. Data from the 15 boroughs that returned survey responses are used in this report. Following a brief introduction to each section in this report, the relevant responses from the survey are presented. Examples of borough practice are then presented where available, followed by suggestions from borough heads of community safety for ways forward. The recommendations of this report are largely drawn from these suggestions.

### 3. Mental Health as a significant issue in Anti-Social Behaviour cases

The links between mental health and anti-social behaviour (ASB) are complex and justify careful exploration. It has been estimated that at least a third of young people given anti-social behaviour orders (ASBOs) have a mental health condition or learning disability (BIBIC, 2007)<sup>2</sup>. But we also know that people with mental health conditions are at risk of being the victims of crime and ASB.

Of the 15 borough community safety teams that completed the London Councils survey all said that mental health was a significant issue in relation to their ASB caseload. Six of the 15 boroughs included in this analysis said that a high proportion of their ASB cases had a mental health dimension. One borough said that upto 75 per cent of their at risk referral cases at any given time might have mental health as a factor; another borough gave a figure of around 40 per cent of all ASB cases having a mental health as a factor. Other boroughs did not provide an estimated percentage but said that mental health was a significant and increasingly common element in their ASB cases. Further research will however be required to establish a robust estimate as to the proportion of ASB cases across London that have a mental health dimension and also for identifying the underlying causes of any increase in this area.

#### What the boroughs say

*“On any given day a member of our partnership can be dealing with a high-risk situation involving a violent and aggressive individual, or someone deemed low risk but with equally entrenched negative behaviours or fixations. These behaviours in their own way have a direct impact upon the lives of our residents and their perception of crime.”*

LB Ealing

*“Approximately 40 per cent of our ASB cases at any one time have an element of mental health on one side or the other or sometimes both.”* LB Hackney

*“Mental health has proven to be a significant and challenging issue in tackling ASB for the neighbourhood community safety service. We have seen an increase in complaints of ASB associated with mental health and have found these cases innately difficult to deal with. This is because of the sensitive nature of these cases, as well as the confidentiality and data protection issues that inevitably arise in partnership work.”* LB Lewisham

*“Anecdotally, more and more cases are arising that have elements of what we perceive to be mental health issues. For example, complaints of noises and vibrations happening while partnership colleagues or we are on site and yet can’t experience or hear anything for ourselves. Additionally reports of hearing voices believed to be telepathically transmitted, interference with energy supplies thought to be controlled by neighbours. We don’t always record what we perceive to be mental health issues at the onset of a complaint due to the lack of information. Further down the line, we may still not record mental health as a factor due to non-diagnosed conditions, as detailed above, and in consideration of the Data Protection Act.”* LB Merton

*“In our experience we tend to see some of the lower level cases of mental health casework linked to ASB come to our attention. These cases often do not show any discernible pattern based upon factors such as age, ethnicity or economic status. Most of the cases we deal with we see people living alone,*

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<sup>2</sup> BIBIC (2007) research on ASBOs and young people with learning difficulties and mental health problems.

*with little support from family and friends, so they tend to attach to the service and want daily contact. Another local observation has been that many of our repeat callers that show some mental health-related problems also seem to struggle with the changing demographics of the borough, for example the arrival of new communities and different lifestyles.” LB Redbridge*

*“Too often approaches to the issue of mental health and ASB are reactive and piecemeal. We have cases where there have been five admissions in to hospital at crisis points.” LB Southwark.*

### **What works: LB Camden – client group approach to ASB**

It is Camden’s experience that a large proportion of clients committing ASB have mental health needs. Camden responds to ASB exhibited by different client groups, including street population, young people, serious youth violence, multi-agency risk assessment conference (MARAC) cases, safety interventions panel and offenders. The council has set up strategies to ensure effective communication between services, such as the example below:

Street population clients: typical street activity in Camden includes begging, rough sleeping, street drinking, street-based drug activity and street-based sex work. Clients coming to attention are opened as ‘cases’ to Camden’s multi-agency forum ‘Targeting and Tasking’ (T&T) which meets fortnightly and is attended by council officers from community safety, legal services, community wardens as well as the police, hostel keyworkers, third sector support services, mental health services and Camden’s commissioned CRI safer streets team who provide street-based outreach services to clients open to T&T. Each client has a ‘plan’ which is agreed and reviewed at each T&T meeting and has a clear focus on identifying mental health needs and finding ways to meet/address those needs. For example, Camden’s safer streets team carries out joint patrols with mental health professionals using the good working relationship to advocate clients engaging with mental health services. The views of mental health professionals are sought as early in the case work process as possible and well before enforcement is considered as a rule. Their views are also sought in regards to setting ASBO prohibitions to be requested by the courts.

Specific responses in relation to ASB and mental health include:

- Checks are carried out with social services and London Probation prior to or at the time of enforcement action being taken. These checks usually pick up “live” or historic mental health cases, but Camden works with colleagues to ensure that any gaps are closed.
- Consideration is given as to whether a client has the capacity to understand an order of the court. A mental health capacity assessment is progressed as required.
- Camden operates a two-tiered approach when seeking to apply for enforcement measures in that along with any enforcement, the client is offered support to enable them to manage what is being asked/required of them.
- The consultation process and form used for potential ASBO applications has a focus on mental health history/presentation and identifying needs to ensure that the client has been supported into the appropriate services. In addition, a services statement is always prepared to detail the circumstances of the client.
- Through Camden’s panel meetings and excellent working relationships, all partners have a good understanding of the mental health services and support services available locally and are able to refer directly those clients whom they assess would benefit from support and intervention.

## What would help?

“Long term planning to better support clients, that are repeatedly admitted to hospital at crisis points in their lives, back in the community. Also greater clarification of the care pathway that has been selected as this may require revision if deemed ineffective to manage the client’s need.”

“A better understanding of the criteria for sectioning someone and how to identify appropriate care pathways.”

“Bespoke funding interventions for identified clients, aligned to care pathways.”

“Training of partners and police to understand their valuable role, as well as knowing the roles and limitations of other organisations.”

“There is a need for more supported accommodation and care plans need to be more robust.”

“Looking for sustainable solutions and accurate care pathway identification, which ultimately will prove to be cost effective.”





## 4. Identification of mental health issues in an Anti-Social Behaviour case

Across London one of the greatest challenges faced in community safety is the identification of mental health issues within an anti-social behaviour (ASB) case. This challenge reflects the depth and scope of the subject and the number of diagnoses and treatment options available. The survey responses demonstrate a considerable variation in the treatment plans and partnership working across London. What is clear from the survey responses are the benefits of multi-agency triaging where mental health professionals are represented, and also of early identification, including initial identification by community safety officers, that enables appropriate care pathways to be identified.

### What the boroughs say

*“Obtaining confirmation of the mental health diagnosis can sometimes be difficult as written permission may be required from the perpetrator, which is not always forthcoming. Problems with obtaining formal diagnoses can cause further delays when a case goes to court and the impacts of the ASB may continue.”* LB Hammersmith and Fulham

*“When complaints are received with concerns about the mental health of a victim or perpetrator or where the prescribed behaviour indicates that there are mental health concerns, we immediately check with both the community mental health team and social services to confirm if they, or family members, are known. We may need to discuss current treatment plans, long-term prognosis and if planned enforcement interventions are likely to detrimentally affect the wellbeing of the victim or perpetrator.”*  
LB Waltham Forest

*“We hold monthly anti-social behaviour risk assessment conferences, chaired by a senior police officer and serviced by victim support, to discuss potentially high-risk cases. Mental health professionals sit in on these meetings and are able to guide the panel on the appropriateness of the actions being considered. They are also able to liaise, on the panel’s behalf, with consultants and specialist teams to manage risks within the context of support and enforcement.”*  
LB Waltham Forest

### What would help?

“Improvement in the skills and knowledge of community safety officers to identify early signs of mental illness, disability and personality disorders, through awareness training. As a result we can help to enhance early intervention particularly in young people and to reduce the long-term impact of conduct disorders, anti-social personality disorders and mental health in adolescents and adulthood.”

“Fast track assessments, with a view to identifying a care pathway. These need to be both accountable and reviewable, as often the wrong care pathway is developed and agencies need to return to the drawing board and share information if it is deemed the intervention provided is unhelpful.”

## 5. Cases falling below the Mental Health Act Threshold

Some of the key challenges faced by community safety professionals with regard to anti-social behaviour (ASB) and mental health relate to questions around the nature and degree of mental illness and health of the person or persons involved. The experience of community safety teams has been that if a person has mental health issues, this does not automatically lead to an assessment under the Mental Health Act. From a community safety perspective there may appear to be some grey areas in the Mental Health Act, which do not adequately address engagement with community partners especially where there are issues regarding patient confidentiality.

When someone is entering into crisis and they do not meet the threshold for intervention, what are the options available? We have noted a positive development in LB Ealing with the development of community contact reports where the level of crisis can be evidenced and supplied to mental health services in a constructive dialogue.

Of the 15 boroughs that completed the questionnaire, eight said that dealing with ASB cases where mental health assessments did not meet the threshold for crisis care options was an issue, for example with personality disorder and dual diagnosis cases. Of those, six said that getting the individuals concerned to engage with services on a voluntary basis was a particular challenge.

### What the boroughs say

*"The challenges exist still when a diagnoses of something such as personality disorder, or non-specific anxiety syndrome and the like where the mental health team are working with the person but the nature of the illness means that treatment is not something easily arrived at. When we are genuinely sure that this is the case, this is when we ask the "capacity" question to assist us to work on with other options." LB Hackney*

*"The problems are caused when the individual is diagnosed as having behavioural issues and not deemed treatable as mental health. Where individuals are below the threshold for mental health services – and we may identify or refer to services requiring 'voluntary' engagement – it is challenging as they may not wish to engage." LB Barnet*

### What works: LB Ealing - Contact reports

The experience of LB Ealing's safer communities department was that that colleagues in mental health services didn't always have a 'real time' understanding of what was going on outside their established contact with their patients. The safer communities department felt this lack of understanding and knowledge was a key in determining factor for ASB cases, and was an issue that could be addressed and positively influenced.

The safer communities department also realised there were no guarantees that the information held by the council and its external partners, namely: police, housing department, social services, safer communities noise nuisance and environmental health, were being fully communicated and/or understood by mental health services when they were reviewing the care plan or the diagnosis. There was a real blockage between medical and non-medical partners and what was shared.

The need to bridge this gap, ensuring consistency and informing any medical or treatment plan was identified. Safer communities believed any effective treatment plan needed to reflect these concerns, and this could only occur if their records were presented, looked at and genuinely understood. The

department felt these records could assist mental health services in assessing the success of their current treatment plan.

The council designed the community contact reports to pull together the pieces of the community jigsaw, which crisscrossed everything from homelessness assessment records to ASB and police intelligence. As a result, the report could tell a complete story about the person, as well as the nature and degree of their illness and crisis.

These reports can give a more complete personal history and story about how a patient is genuinely coping in the community, allowing the health professionals to challenge the often distorted self-presenting picture of the patient/client. The contact report for example will help capture that the person who states at their assessment that they sleep well at night may actually be shouting and screaming and keeping up their neighbour.

By working together Safer Communities and Mental Health Services have used these reports to justify:

- Emergency warrants under the Mental Health Act
- Uphold detention at Mental Health Tribunals (section 2 and 3)
- Inform deliberations at Care Plan Approach meetings (both in the community and on ward)
- Apply for enhanced funding via the 'Joint Health and Social Care Funding Panel' for:
  - supported accommodation (medium/high level need)
  - floating support packages (differing degrees).

### **What would help?**

"A single point of secure contact around referrals and alerts."

"If there is a dual diagnosis such as when someone has drug or alcohol issues we may be advised that that these issues need treating first. This creates a cycle where the mental health deteriorates as the drug abuse increases."

"There needs to be a better system of early diagnosis rather than waiting for a crisis and an arrest before an assessment of an individual's mental health is carried out. Many of this group have acute mental health issues often compounded by drug use."

"Full and comprehensive diagnosis in particular issues where there is a dual diagnosis or a 'personality disorder'. We are often informed that a client has a personality disorder without being provided full details of type, nature and degree of the disorder."

## 6. Identification of risk and vulnerability

Identification of risk, vulnerability and support needs are key issues in relation to anti-social behaviour (ASB) and mental health. While there will be differences in risk classification across housing, the police, mental health and community safety, it is important that there is an open dialogue between services as risk assessment should be adaptable and have the ability to reflect changing events. Many of the issues relevant to identification of risk and vulnerability will of course also be there in relation to identification of mental health issues generally, such as speed of assessment and information sharing across agencies.

### What the boroughs say

*“One of the key challenges community safety and mental health professionals face is identifying common triggers and prioritising cases, where often there is a conflict between how we grade and jointly manage risk. Risk management and the dynamic nature of mental health has been a key concern of residents and partners for some time.*

*“Until recently we could send invites to mental health services regarding meetings but more often than not they did not attend. This issue of non-attendance was a real concern and was addressed by listening to the concerns of mental health services, and understanding their need for us to explain more clearly the nature of our alert, for example simply stating the person ‘shouts or we have a noise complaint’ wasn’t always helpful in describing a scenario where in fact a person ‘repetitively cries and screams, running out the back garden and appearing to have a conversation (where no one else is present) and holding their hands to their ears, often for two or three hours at a time, and often in the night time’.*

*“Learning what the triggers are for involvement, and what is needed to evidence each step and stage has been vital to improving engagement.” LB Ealing*

*“The challenge faced is mainly about identifying the level of vulnerability and support needs, even when people are identified as suffering with mental health issues. The high threshold for support services mean that many people are not as supported as they possibly need to be. They may appear to their mental health professional to be coping with living in the community but some of their symptoms cause a fair level of distress to their neighbours and sometimes themselves.” LB Islington*

*“Officers of both the council and the police carry out documented vulnerability risk assessments on new or repeat cases and refer to/liaise with mental health services as necessary so that appropriate advice assistance can be made available. The risk and action taken are recorded respectively on IT systems. The council uses the “accolade system” and police use “Airspace.” The risks are scored and action plans created according to risk which are then regularly reviewed. The problems are caused when the individual is diagnosed as having behavioural issues and not deemed as treatable mental health.” LB Bromley*

*“Risk in relation to ASB (post Pilkington) is managed via a victim-centred approach and is implemented by the council, police and Hackney Homes which is the housing ALMO for the borough. This approach has assisted us in getting mental health colleagues involved at an earlier stage than before in serious cases. This is because it teases out the issues behind cases and makes it clearer to all parties that mental health is a key issue that has to be addressed along with other factors. The four monthly anti-social behaviour panels are attended where requested by mental health workers more frequently than in the past so that they can be involved in the problem solving and meet the other professionals having*

*to deal with the case and not see their role as dealing with the patient in isolation. Gaining continuity across the borough is still the issue we are working on.” LB Hackney*

*“We have the option of completing a risk assessment matrix when we’re loading cases onto our casework system and all officers know to use this where there is a concern for the mental state of the perpetrator, or complainant, or sometimes both. This is only our own assessment but it’s useful for flagging up those cases that need to be handled quickly, or more sensitively.*

*We have repeat victims and repeat perpetrators as standing agenda items at each of the four multi-agency ASB meetings taking place in borough. It’s a way of ensuring that all partners are aware of concerns and acts as another safety net for the individuals involved. Also our officers are very good at referring to safeguarding where there is any suspicion that a vulnerable adult, or child may be being exploited in any way. Even where these cases are not taken on as actual Safeguarding, we will still arrange and chair separate meetings to treat them as priorities and ensure agreed actions are followed through to protect everyone, especially where we consider there to be a vulnerability issue.”*

*LB Hammersmith and Fulham*

*“The Haringey Community Safety Partnership has improved the identification and management of vulnerable victims, including those with mental health issues, to ensure they receive the extra support necessary. This has led to:*

- Significant reductions in ASB in some locations, specifically by those identified with mental health issues.*
- One location recorded 352 fewer calls, down to 41 this year. Another location with a similar issue has seen 81 fewer calls for the same period.*
- Substantial reductions have also been seen from St. Ann’s Hospital*
- Closer liaison between the trust and the police mental health team has resulted in call volumes falling significantly from 218 to 47 this year.”*

*LB Haringey*

## What works: LB Lewisham - Risk Assessment

“The Neighbourhood Community Safety Service has a standard procedure for dealing with ASB complaints and part of the procedure is the management of risk. The complainants and the perpetrators are risk assessed within 48 hours of receiving the complaint and when their level of risk is established the following procedure is then put in place.”

### Risk Assessment Response:

#### RED

- automatic referral to ASB MARAC (multi-agency risk assessment conference)
- NCCS locality manager to be made aware
- local police team to be contacted and made aware
- relevant referrals made to agencies – social services, CYP, mental health, Victim Support etc
- develop immediate action plan to mitigate risk e.g. contact landlord or relevant RSL, interview complainant and perpetrator, use relevant enforcement tools (see guidance)
- undertake weekly reassurance call to re-assess risk level.

#### AMBER

- refer to ASB MARAC
- reassess risk at next contact.

#### GREEN

- undertake response as per protocol.

### Management oversight of ASB cases

- cases assessed as low risk (green) are discussed with the line manager in monthly 1:1s and risk are reassessed on a monthly basis
- cases assessed as medium risk (amber) are discussed with the line manager in monthly 1:1s and more frequently if specific concerns arise and risk should be reassessed on a monthly basis
- cases assessed as high risk (red) are discussed with the line manager at least fortnightly during the period of high risk.

In cases where officers have to make home visits the following protocol is followed:

- inform line manager of the visit
- do a risk assessment – check with neighbours and family and friends
- get police intelligence for the address
- check NHS for information on the client
- inform RSL
- visit location in pairs.

## **What works: LB Islington - Repeat calling as identifier of vulnerability**

LB Islington has recently set up the ASB and community engagement sub-group, which sits under the main community safety partnership and is chaired by the head of housing operations.

Though currently in its infancy, one of the key work strands for the partnership is developing mechanisms for identifying repeat and vulnerable victims of ASB and ensuring that appropriate support measures are in place. The two main actions in this respect are:

- to improve processes in place for identifying and managing repeat callers and vulnerable victims including the use of vulnerability risk assessments to identify those most at risk,
- to ensure effective engagement with mental health, floating support and other support services to support vulnerable victims.

Actions within those strands include:

- reviewing existing arrangements and set up a clear process to ensure repeat callers are discussed at appropriate partnership meetings identifying relevant agency involvement in providing support and problem-solving issues of concern,
- to embed use of vulnerability risk assessments in management processes to ensure completion by relevant agency for all repeat callers who meet trigger level,
- to review protocols in place for provision of support services with lead officers to ensure appropriate involvement and mechanisms in place for removing blockages where required.

LB Islington is working towards a 10 per cent reduction in repeat ASB complaints to the police and the council in 2013/14 year plus a 10 per cent increase in the identification of vulnerable or repeat victims identified and supported.

The borough has the benefit of a shared (police and council) crime and intelligence manager in the community safety team which means good access to police and council data and intelligence. The community safety team get a monthly breakdown by ward of repeat callers, to police as well as well as the council ASB reporting line, with details over the previous 24 weeks broken down by four week periods.

This shows the number of calls made, the caller's name, location, and nature of the calls for example rowdy or inconsiderate behaviour, noise, neighbour disputes, animal problems. This information is shared with key partners and discussed at a police-led anti-social behaviour action group meeting chaired by a chief inspector. The borough has recently widened attendance at this meeting to include more partners from housing, public protection, and community safety and a representative from the mental health assessment and advice team. Members of the action group are required to provide an up-to date position in relation to the repeat caller including:

- What is the core issue – nature and frequency of calls, the context and possible cause?
- Is there a vulnerability risk assessment in place?
- Have complaints been thoroughly investigated?
- Is a partnership response needed or a referral to a problem-solving panel?

- Is there support in place?
- Is partnership intelligence and information about the specific case being collated?

Previously cases discussed were selected on the basis of highest volume of calls made, but a more sophisticated process is being developed to identify those most vulnerable including using information from the Police Grip and Pace Team as call volume alone is not necessarily the best indicator for risk and vulnerability. Officers are also meeting with the main Registered Housing Providers in the borough to invite them to make referrals of vulnerable victims of ASB identified by their use of vulnerability risk assessments.

One case involved a 60 year-old woman living in a flat, managed by a Registered Provider (RP), constantly calling the ASB reporting line about problems with noise from her neighbours. During a 24 week period she called 78 times. The noise had been investigated on a number of occasions by the council's Noise Team and also the RP's ASB Team. Investigations concluded that sounds heard were general household noises and that surrounding neighbours in the block were feeling harassed by the regular stream of complaints made about them. The ASB Officers, concerned about possible mental health issues, referred the case for a Mental Health assessment and were frustrated by the fact that mental health services were unable to intervene as the tenant refused to engage, stating that she did not have any mental health issues. The RP had been advised to get the tenant's GP to make a referral, but the RP didn't have any means of finding out who her GP was, the tenant would not disclose this and they had no information about family members etc. Following discussion at the ASBAG the mental health team made a further attempt at contact, held a lengthy conversation with her and established that a call to the ASB reporting line seemed to have become part of her night time routine. The RP has a volunteer befriending service and attempts are being made by the call handlers and RP ASB officer to get the resident to take up this service. In the meantime calls have reduced and careful monitoring is taking place by all agencies involved of the complainant as well as her neighbours.

In addition borough researchers prepare a monthly report for MAGPI<sup>3</sup> (problem-solving) officers to take to the housing/police liaison meetings which take place every four weeks. This helps to inform housing ASB officers and other partners about what's happening on their patch and identifying trends such as hotspots of behaviour, patterns of offending, and vulnerable victims being targeted.

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<sup>3</sup> This is an acronym for Multi-Agency Geographical Panels in Islington. They are Islington's ASB and low level crime problem-solving panels attended by a range of agencies including council departments – Street Environment, Licensing, Play and Youth, Greenspace, Housing plus other providers, Neighbourhood Policing Teams, outreach services, park guard and voluntary organisations, including faith groups, local ward councillors etc.



## What would help

“The holding of a multi-agency Community Risk Meeting on a monthly basis where relevant partners offer solutions to emerging issues to ensures that matters are dealt with effectively.”

“The introduction of a pan-London mechanism to receive information from the police in relation to mental illness or other vulnerability would ensure the correct care pathway is created for the individual and potential mental health related crisis avoided.”

“Guidance or legislation around Personality Disorders, and other conditions that are currently below Mental Health Act thresholds.”

“More positive actions around Mental Health and vulnerable people by RSLs which could include a responsibility to promote the behavioural change of individuals at an early stage if this is thought to be in the individual’s best interest.”

“Training for staff in relevant partner agencies to recognise vulnerability.”



## 7. Supporting people with mental health issues and tackling anti-social behaviour

Addressing and preventing anti-social behaviour (ASB) where there is a mental health aspect invariably involves making sensitive and difficult decisions. Boroughs will be working hard to meet the mental health support needs of individuals and at the same time fulfilling their duty to prevent and tackle ASB. What is clear from the responses and case studies submitted by community safety departments is that “enforcement” and “support” are not mutually exclusive, and boroughs are often constructing orders such as anti-social behaviour injunctions within a safeguarding framework. The survey responses also reveal that the course of action adopted by services is greatly influenced by whether an individual engages with support services on a voluntary basis or not. Forthcoming legislative developments in the shape of the Community Trigger and Community Remedy are also set to make a significant contribution in this area.

### What the boroughs say

*“The protection of vulnerable residents is the responsibility of us all but we pay particular attention to those residents who are identified as vulnerable due to their mental health. They are often the parents of vulnerable children and are more likely to be subjected to domestic violence. They are also at greater risk of losing their homes due to benefits not being claimed or because they do not understand their responsibilities in maintaining tenancies etc.”* LB Waltham Forest

*“If a case may look like needing to be progressed to possible court proceedings, then we may need to call a case conference and get all the relevant parties to share information and see what can be done, it can then be decided on what action to take or what support needs to be offered. We would then re-evaluate any possible action once all information about the person and their condition is known.”*  
RB Kensington and Chelsea

### What works: LB Hammersmith and Fulham - Getting the balance right on enforcement action

An early step in any ASB case, where there is an indication from the offending behaviour that intervention may be needed, is to find out where the individual is known to relevant services (principally adult social care, learning disabilities, community mental health team and housing). In LB Hammersmith and Fulham the anti-social behaviour team works very closely with housing officers, who are often also aware of an individual’s history. One of the first actions would be to check the history contained in the tenancy file and on the ASB database, as these can also be very helpful in determining historic issues and patterns of behaviour. There is also a specific log on the database for recording all forms of vulnerability.

The first course of action in an ASB case with a mental health dimension would always be to try to address the behaviour by intervention and support rather than to pursue an enforcement action and put an individual with mental health issues through the criminal justice system where this could be avoided.

The borough would always refer (or re-refer) to support where necessary when someone is brought to its attention. Where there’s deemed to be no risk, anti-social behaviour coordinators will carry out home visits with support workers to explain the impacts of behaviours on others and the possible consequences on the security of the tenancy to them. These visits in themselves can be effective in stemming problems, and often encourage support agencies to increase the level of supervision and intervention they will offer to those in need.

In cases where the individual is willing to engage with services on a voluntary basis, the borough is often satisfied not to initiate any form of legal, or tenancy action where issues can be successfully addressed by support. Experience has shown that complainants are usually happy for this kind of resolution too. In the most part, they simply want to be able to live in peace.

Occasionally, and only where intervention measures have been exhausted, will the council serve a Notice Seeking Possession, or look at other proportionate enforcement actions. In such cases this would invariably be taken forward in conjunction with continued support measures and with full liaison with partner agencies to ensure the individual is receiving the best opportunity possible to address the problems with holistic assistance. Particular care is taken to ensure that all support and diversion measures are evidenced for consideration of the court, along with details of how fully the measures were engaged with by the perpetrator and the continued impact they had on those being affected.

In the rare cases where support and diversion measures have not worked, the borough makes a point of emphasising community and individual impact of the behaviour and makes full use of hearsay statements and community impact statements from police and occasionally other bodies. The borough has also used ideas from published practices on community harm statements for these types of statement.

Whenever there is a need to formally interview perpetrators with mental health issues, the anti-social behaviour coordinators always try to do so with an appropriate support worker in attendance. The council always clearly explains to support workers what is being done and why, so they are not in the dark about the situation and remain best placed to offer informed advice to the individual concerned. The council always make support workers aware of court dates and encourages them to attend in their support capacity.

The council avoids transferring those with mental health issues to other mainstream housing but will initiate work with support agencies to move them to supported accommodation where that is deemed most appropriate for their needs.

The council has historically agreed management transfers for those with lower level mental health issues into accommodation, which has a concierge service and CCTV coverage. This has been particularly useful for those with vulnerabilities, who are susceptible to having their properties being taken over by drug dealers, or being exploited in other ways, as it enables the council to properly monitor their wellbeing, as well as have better access to independent evidence for taking legal action against abusers. The perpetrators tend not to like being so closely monitored and will usually move off.

Though suitable accommodation is always in short supply. The priority for the council is to move someone out of mainstream housing into somewhere where their needs can be met rather than look at legal remedies where possible. While the council will hold off on legal action, as far as possible when moves are being arranged, this is clearly also reliant on the type of impact of behaviours on others, particularly in regards to physical risk, or their own mental well-being. For example there has been a case where a possession order was obtained but not enforced, as the offer of supported accommodation was imminent.

## **What works: LB Bromley - ABCs**

Acceptable behaviour contracts (ABCs) have long been used in LB Bromley following close working between the borough's Anti-Social Behaviour Unit (ASBU) and community mental health teams (CMHT). The ABCs have been found to provide a framework of rules, which the individual could work to with the support of CMHT workers and ASBU Officers. Face-to-face meetings with the individual are frequently made while they are in hospital in order to prepare them for their discharge. This approach has enabled a focus on supporting the mental health needs of the individual concerned and at the same time trying to protect the wider community from ASB, in a way that would not be possible for either agency to achieve individually.

Over 50 such ABCs have been compiled and issued. All but one has been successful. One such case involved a woman with serious issues around her behaviour and mental health. She would inflict violence on anyone looking at her and had an extreme sense of rejection because of her size. The ABC was designed to deal with her issues and was supported by an activity programme which fulfilled much of her social and emotional needs. The content of the ABCs are developed jointly by the ASBU and the CMHT. This relationship has proved essential for ensuring that the ASB case officer and CMHT nurse responsible for the individual are able to construct the ABCs to deal with the identified issues affecting the individual and the community. Joint access to all case notes and joint responsibility for case notes has also proven invaluable to ensuring that all issues are addressed.

## **What works: LB Hammersmith and Fulham - Supporting vulnerable victims of ASB**

If the council has any concerns as to whether a vulnerable individual is being exploited in any way, the ASB Team will facilitate a safeguarding of vulnerable adults meeting as quickly as possible. The council takes a proactive approach to dealing with people preying on vulnerable tenants and makes full use of injunctions to protect people being exploited, or placed at risk of tenancy action becoming necessary. If the council has concerns about anyone posing any kind of serious risk either to themselves, or others they will ensure all relevant partners are informed straight away and will convene action-planning meetings with all relevant partners. The council is proactive in ensuring all actions are completed.

Officers will complete a Risk Assessment Matrix (RAM) when they first open a case. This takes into account the complainant's own feelings about their level of risk, as well as officers' own observations and any background knowledge they may be aware of. The RAM is scored, so can be used to expedite action where necessary and also to urge partners to do likewise. It can be used as part of any Safeguarding referral. A typical case study is outlined below:

### **Case study**

"Ms M has known mental health issues and a history of being sectioned on a regular basis. She is in a mentally and physically abusive relationship with a well-known drug dealer, who is of no-fixed abode, although he has family in the borough. Ms M can also become very abusive and aggressive when she is going through crisis. She is chaotic and occasionally delusional and presents a considerable challenge for professionals trying to support her.

"It has become clear that Ms M cannot manage a mainstream tenancy and needs supported accommodation and proper supervision. The ASB team has liaised very closely with CMHT and the SNT, and initiated Safeguarding procedures as soon as the case was referred.

“We have asked the medical support professionals to consider the tenant’s longer-term housing needs and are doing everything we can do to facilitate a transfer into supported accommodation on medical grounds. We have also looked at the domestic violence as another ground for getting her moved. To date she has always refused the offer of a move even if she initially agreed.

“We keep the offer of an application for an injunction open for her all the time. We are keen to prohibit the partner from approaching her and her home. She will occasionally say she will engage with us but has never continued to assist us to help her. On each occasion the council has sealed her property while she has been under section because of a concern that the partner will begin to use her property as a base for dealing, or sell off her personal property. The ASB Team liaises with CMHT, so the flat can be made accessible just in time for her release. We have also arranged lock changes where necessary.

“The tenant has recently said that she would like a move out of borough. The ASB Coordinator worked closely with the client’s community psychiatric nurse, who was leading on assisting her with an out of borough move with the domestic violence as the reason. The council offered the tenant temporary accommodation in London in the interim, which she refused. Only very recently has she informed services that she is back with her partner. As a result, the ASB team are unsure whether the application for the move will be agreed but are nonetheless pursuing the matter.

“The council is now prepared, should she return to the property, to warn her that future tenancy breaches will result in tenancy action. The impact on the local community has been significant. If we do need to instigate tenancy action, we will work with the Mental Health support agencies all the way through and demonstrate to the court the reason for the action is for the wellbeing of the tenant herself, as well as the community impact of the behaviours on the neighbours. Supporting statements would be taken from the healthcare professionals to support the action. The tenant would be fully supported throughout the process. The council would demonstrate to the court that supported temporary accommodation was ready for the tenant, while permanent accommodation was found. They would all again take into account her abusive partner.”

### **What would help?**

“More support easily available for mental health sufferers – those diagnosed or those experiencing episodes due to outside factors, such as stress. For example when starting a contract with an RSL there could be key worker information stored on the system that if the person appears to be struggling with a crisis the RSL can access either the key worker or information on how to be supportive i.e. only have a woman talk to the individual or ensure they only come in pairs, whatever the particular stress trigger is for the person housed to ensure the partner dealing with them does so in as crisis avoidance way as possible.”

“Powers to deal with a person’s ASB, even when there are mental health issues, that address that behaviour and requires them to engage with services including where appropriate police putting more cases to the crown prosecution service for a criminal justice pathway.”



## 8. Partnership working

Working in partnership allows multi-agency resolutions and joint ownership. It builds trust and value in all who participate, which creates a fertile ground for sharing more cases and thus finding solutions to more complex cases and the identified underlying issues causing anti-social behaviour (ASB). The shared problem solving in partnership is a way of training each partner in possible options developing organisational learning as each partner representative cascades the solutions to the rest of their organisation. Partnership working also provides greater credibility in court and panels that will make decisions for the individual.

### What the boroughs say

*“We do work closely with partners in tackling ASB involving mental health issues. We have established a sub group of the safer community partnership to ensure effective operational delivery of partnership objectives on ASB as set out in the safer communities’ strategy 2011-14. The group meets bi-monthly and is co-chaired by the council lead for ASB and the police partnership chief inspector. Membership includes environmental health, registered social landlords and others such as mental health services as necessary.”* LB Barnet

*“Referral pathways can be complex, and increasingly involve the need for engagement with GP services. The move towards this pathway is harder for non-health professionals to engage with, and from experience often is not understood by primary care providers. We have therefore had to revise our communications methods and approach in response.”* LB Ealing

*“Most cases requiring CMHT referrals are involving RSL tenants. We have over the last 12 years had a monthly RSL panel where serious ASB cases requiring multi-agency work can be referred by partners.”* LB Bromley

*“Camden staff and Camden-commissioned services operate joint shifts with Camden mental health services to progress interventions for clients who benefit from support in accessing mental health services. For young people, Camden has launched ‘One Point’ which is a centralised system bringing together education, child and adolescent mental health services (CAMHS), youth offending team, police, community safety, youth services and other agencies into a single team who ensure joined up working, planning and delivery.” LB Camden*

*“In an attempt to move beyond the protective/defensive position of: ‘I sent a referral and it’s not my problem’ to one of problem solving and shared ownership, a number of officers and managers within the council and community mental health team came together about two years ago to work on a number of cases with a mental health and an ASB dynamic, which were entrenched and causing a serious strain on resources. These early cases and the successes which naturally flowed from this work showed what could be achieved when we came together and agreed on a common goal.*

*“Each service realised they shared the same objective (although from a slightly different starting point) in wanting to remove an individual from their state of crisis and safeguard the wider residents and community. It was agreed this could only be achieved by sharing resources (including knowledge) and bringing partners together.” LB Ealing*

*When working with the police, around mental health issues the main area of partnership working is the police referring cases to the neighbourhood community safety service. When concerns are brought to the adult social services about a residents’ well-being the response from the mental health services has always been very professional and they respond well to our concerns.” LB Lewisham*

*“One of the most difficult issues we face is where there is significant ASB which may include very bizarre, delusional and frightening behaviour, but where the case is closed to mental health services or not known to them. It is very difficult to get mental health services to do a door step assessment and the advice is to ask the public to call police so that a Section 136 Assessment can be instigated by police. This can be onerous for the complainants and for the police and allow behaviours to escalate to a crisis point. We have on occasion been forced to take enforcement action including possession proceedings to give the community respite.*

*“Another issue that can prove problematic is where an individual is diagnosed with a personality disorder rather than an actual illness. In some cases we have been informed that as such there is little that can be done and that as a partnership we need to take enforcement action. We have known a number of cases like this which have escalated and resulted finally in a diagnosis of schizophrenia and subsequent hospitalisation.” LB Southwark*

*“In one particular case, the individual contacted the police over 100 times in a 24 week period. The victim’s champion conducted a joint visit with his mental health care worker and local Policing Team. The individual was advised about his misuse of the 999 system. The police and victim’s champion drafted a clear set of instructions, which the care worker laminated and displayed next to the individuals telephone. It explained the consequences of making false calls. The calls reduced dramatically. The victim’s champion continued to monitor the calls and liaised with the care worker if the calls began to increase. Cases are reviewed monthly at a meeting chaired by the police sergeant seconded to the LBWF community safety unit. The co-located Police Partnership team are also in attendance at this meeting.” LB Waltham Forest*

## **What works: LB Southwark - working with local hospital to achieve better outcomes from discharge**

The London Borough of Southwark's anti-social behaviour unit (SASBU) has developed a close working relationship with the south London and Maudsley NHS Foundation Trust (SLaM) over the past few years in relation to problem solving cases where there are mental health and ASB issues.

This partnership has existed for some considerable time but has strengthened in the last few years as it became apparent that an increasing number of cases being referred to SASBU had a mental health dimension. This could be as a perpetrator of ASB or as complainant exhibiting acute sensitivities to issues such as noise.

In many instances the ASB unit as well as managing the individual's behaviour, found themselves managing community frustrations. These centred around cases where there appeared to be repeat admissions in to hospital for treatment but inadequate support put in to manage mental health when the individual was discharged back to the community.

Key elements of the partnership work between the ASB Unit and SLaM now include:

- Regular meetings with the various community team's including case conferences and risk management meetings.
- Safeguarding checks with services to see which individuals are known to ensure that issues of ASB and crime are flagged up at the earliest opportunity and monitored through case meetings.
- Working in partnership to carry out welfare checks in emergency situations.
- Assisting with locating individuals when they are not engaging or have absconded from hospital.
- Signing individuals up to acceptable behaviour contracts ensuring that the individual's mental health support worker assists in the drafting of the contract so supporting any prohibitions or guidelines that may be included. This often helps the individual recognise the impact their behaviour is having on the community and the importance of engaging.
- Ensuring that there is meaningful information sharing and discussion of cases between SLaM and SASBU allowing professionals to gain insight from both the medical and enforcement side and allows officers to come up with a partnership plan that meets all needs.
- Senior officers from SASBU have recently started to attend SLaM management meetings and staff away days. The purpose of this is to develop understanding around each other's work and to reassure mental health services that enforcement is only be used as a last resort where other non-legal interventions have not been successful.

A particular element of the partnership work between SLaM and SASBU has been the use of hospital discharge/care plans as an effective way of minimising repeat ASB within the community.

Officers from the council's ASB unit attend all types of meetings from initial case conferences to hospital discharge meetings. Hospital discharge meetings are an opportunity for the ASB Unit, police, housing and partners to discuss issues arising within the community with the medical team dealing with a client and the client themselves.

Through these meetings the partnership is able to highlight a history of a case from start to present date that builds a picture of an individual's behaviour in the community, often the mental health practitioner does not know this.



The meetings give the ASB unit an opportunity to build a care plan where the partnership works together to meet the individual's needs, which in turn can prevent individuals from committing further anti-social behaviour and also from facing enforcement action which could include possession proceedings.

Staff within the hospital and community mental health team (CMHT) are able to work directly with officers from the ASB unit and the Police to identify the issues, set a plan and establish engagement, which again may involve an acceptable behaviour agreement. It also gives the client themselves an opportunity to discuss their issues. For example in some cases the ASB Unit have been able to identify an individual at risk from other community members through such meetings.

On occasion the ASB Unit may consider that an individual may benefit from being transferred from their existing tenancy. In some cases tenancies have been taken over by drug dealers or other criminals and the risks to the individual in returning to that location may be too high to allow them opportunity to recover and settle back in to the community.

This is more likely to happen in cases where there is a dual diagnosis of mental health and substance misuse. In such instances we will work with the CMHT to re-house those individuals. On occasion the ASB Unit have garnered support from the CMHT to secure closure orders on properties that have been 'taken over'. This allows ASBU to close the property and offer respite to the community, while placing the victimised individual in to temporary accommodation pending permanent resolution of their housing needs.

### **What Works: LB Ealing - Joint Health and Social Care Funding Panel**

Ealing council's Joint Health and Social Care Funding Panel meets monthly to assess five to six cases at a time, utilising a pot of money funded by Health and Social Care allowing an enhanced care plan to be implemented. Depending on the level of need, this plan can range from supported accommodation (medium to high) or floating support to address either personal care needs or wider tenancy support.

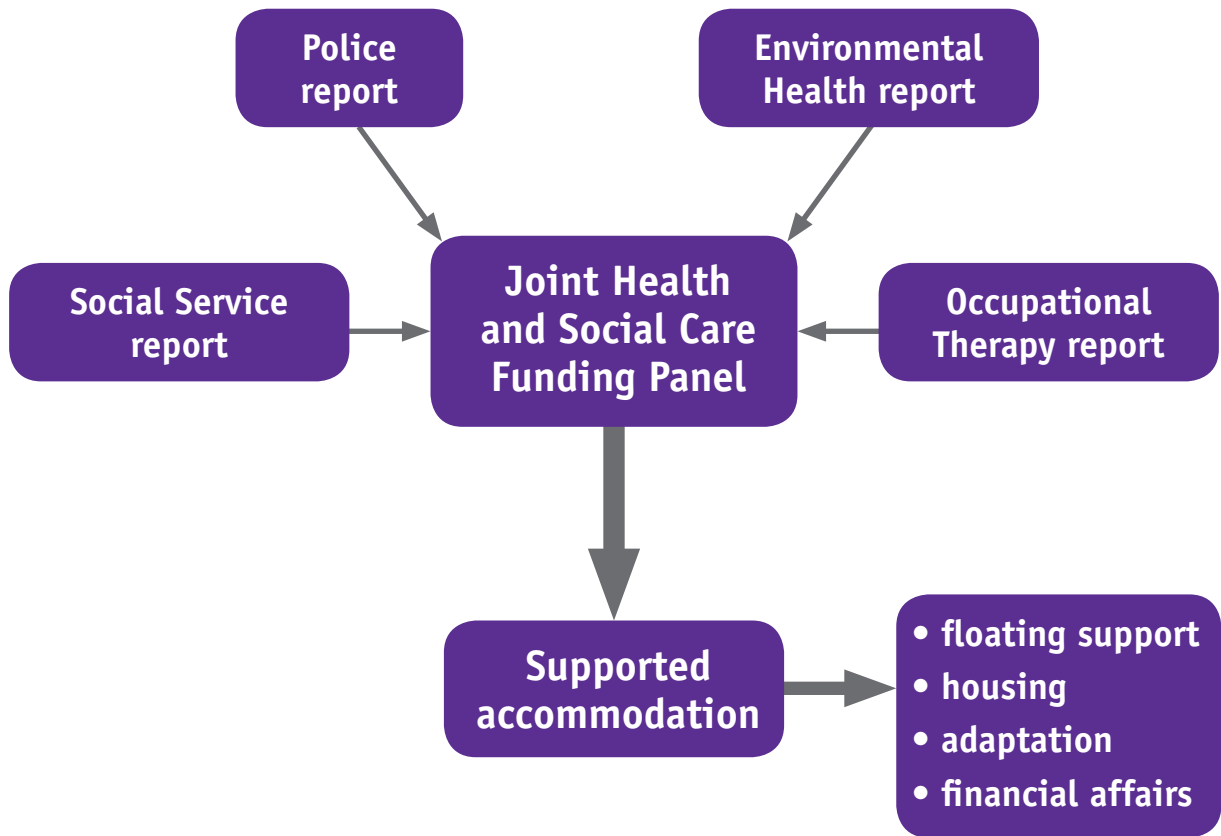
Where there is an interest and Safer Communities have been involved due to ASB or a wider Community Safety concern, Safer Communities will coordinate with mental health services the compilation of a report to explain the level of crisis and pattern of behaviour within the community.

Contributions will be made from the following (non-medical) teams and services:

- Safer Communities
- The police
- Social Services
- Environment Health
- Noise and Nuisance

This approach reflects an entirely new area of working and reveals an exciting development in the field of mental health and ASB. Often it is the repetitive nature of the issues concerned (and the perceived lack of options) that are most distressing for residents, and it is the ability of the local authority to engineer change which can fundamentally count.

Safer Communities contributes to the 'Joint Health and Social Care Funding Panel' to create a new set of options for residents. The evidence community safety professionals hold can significantly inform the decisions of ward and community mental health services, and help craft bespoke packages for some of the most vulnerable residents, ending the repetitive nature of the crisis.



## Background

The following scenario is not uncommon to any particular London borough and demonstrates missed opportunities to intervene earlier in a case involving a resident with complex needs and who was driven to crisis point by his condition before concerted action by the borough and its partners brought resolution.

The client: Male, 50s, living in a one-bed council property since 1986.

The client has been suffering with mental health issues for approximately 20 years with recurrent levels of crisis during this period. In 2000 the client's property was cleaned professionally due to the extent of their hoarding and they have been in and out of hospital under a section of the Mental Health Act a few times during this period.

While in the community their home and behaviour again became an issue which raised concerns for both Mental Health services and Safer Communities. Matters came to a head in 2012. Visits were made by a utility company to issue a gas safety certificate in June and three visits from housing officers regarding rent received no response. A report was submitted by the housing department to the council's Safer Communities 'problem solving hub'.

A professionals meeting chaired by Safer Communities with mental health services agreed for all partners to support an application to the panel, with status reports provided by the Housing department, police, mental health services and environmental health documenting the history. It was also agreed Ealing would provide emergency accommodation with a heightened level of support from mental health services (daily home visits) to ensure the resident could sustain the interim accommodation pending re-housing via the panel.

Before the report was submitted a further home visit/assessment was arranged with Safer Communities with environmental health. The tenant was unexpectedly present, in great distress and at some risk to themselves and the public. The police attended and detained the tenant under s.136 of the Mental Health Act and took him to a place of safety.

## **Outcome**

- Safer Communities arranged (with the supporting evidence of partners) for the tenant to be rehoused into funded supported accommodation – pending completion of a period of treatment in hospital.
- With the support of Safer Communities’ evidence floating support was put in place to complement the care and support package the tenant would be receiving from Community Mental Health Services.
- Safer Communities attended all Care Plan Approach (CPA) meetings while the resident was on ward with mental health services to ensure consistency.
- The property was cleared and some of the resident’s personal effects saved.
- Since the resident has been re-housed in accommodation which met their needs they have been settled and stable and have not been causing any problems for the neighbours in the local area.
- The resident has been improving and engaging well with services, with no reported issues.

### **What would help?**

“Training in protocols and partnership working to achieve more, and have clear understanding of role and responsibility”

“Adult social care involved in the partnership.”

“Psychological expertise to support partner agency staff to develop their own psychologically informed practice so as to offer better support as an alternative to referrals or abandonment.”

“Closer collaboration between mental health providers and Neighbourhood Community Safety Services”

“To have a standardised approach for RSL, community safety organisations and Safer Neighbourhood Teams when dealing with cases with a mental health dimension.”

“CMHT to attend more multi-agency meetings to understand what we need to deal with and us to understand what problems face them”.

“To move towards multi-disciplinary teams”.

## 9. Information sharing

Anti-social behaviour (ASB) and mental health is by its nature a multi-disciplinary issue. The perspectives will include supporting individuals with mental health issues that have become involved in ASB; as well as tackling ASB where there is a mental health dimension. These differing perspectives have their own vocabulary that reflects professional priorities. Communication between disciplines can be an issue.

The survey found that embedded and well developed systems for information sharing between partners is essential to effective working on ASB and mental health. Particular issues that boroughs raised included; the difficulty in understanding the access points to mental health services and with whom information about particular individuals should be shared; obtaining information for individuals previously unknown to community mental health teams (CMHT) and information on out of borough clients.

### What the boroughs say

*“The main challenge can be the lack of information from the professionals involved with the individuals. It can also be lack of action from the police to act as a deterrent, as officers do not want to be accused of discriminating against a vulnerable person. However, if it can be shown that action has been taken to provide support and awareness to others about the ASB and it still continues, and then legal action must be seen and accepted as the last resort option. The police and the local authority have legal responsibilities to stop ASB continuing and impacting on others.”*

LB Hammersmith and Fulham

### What works: LB Ealing - Changing the language

*“Effective communication is one of the most important requirements of a community safety professional. Bringing partners together and building a common sense of purpose, underpins our best hopes for driving forward change in our communities.*

*“Safer Communities have sought to challenge the use of language and culture around the subject of mental health and ASB. In the past our relationship was often fractious and strained, our use of words and language such as ‘ASB’, ‘crime’, ‘problem’, ‘prison’ and ‘perpetrator’ were so negative and loaded with meaning that when they were delivered they isolated us from our partners.*

*“We found we were the victims of our own success, which had been built-up and reinforced in the press and social media. Opinions and judgements had often been made outside of our meetings and established contacts about what we actually did and if they wanted to work with us. Sometimes, we were simply introduced at professionals meetings as ‘Team ASBO’ or the police and, even if we were in the room, medical or safeguarding professionals were still unsure why we were there. Our partners thought we were either going to have their patient arrested or put under a court order, which they felt would undermine any hard won progress or stability they had made.*

*“Safer Communities therefore reflected upon the process, and examined our role, seeking to understand why partners were hesitant to work with us and what we could do to address these underlying concerns. To overcome this resistance we recognised that by adopting familiar language and safeguarding tools we were able to explain and articulate the contribution of ASB/housing and mental health.*

*“We have found safeguarding builds a common sense of purpose, and a framework from which all professionals can work from and solve problems. Safer Communities, ultimately believes a resident*

*in crisis with mental health issues, is a safeguarding concern and not an issue of crime and ASB. Any change towards a more enforcement based approach and tact, should in our experience, only occur in high risk cases and in full partnership with mental health services.*

*"This change took us away from the negative connotations and attitudes that we identified had to be overcome, while being able to re-enforce our commitment to solve issues by both supporting the vulnerable and enhancing their care plans, and not sinisterly as 'Team ASBO' trying to arrest and send people to prison. With each success this support and positive momentum has been returned in kind by our colleagues in the West London Mental Health Trust. These developments have been hugely beneficial for Ealing and its residents and is an exciting area of work which we are continuing to develop."*

A community safety professional, LB Ealing

### **What would help?**

"More effective information sharing between the NHS, Local Authorities, RSLs and the police."

"A clear understanding of the organisational needs of other agencies, as well as a central mechanism for receiving information from a partner agency and then passing it on to the relevant agencies to deal with. For example a housing provider may make a third party report for the police to investigate a case of criminal damage. If mental health is identified as a factor an approved mental health professional could be signposted to assess clinical need. This could for example mean that an individual was found to be off their medication. An improvement in the situation following appropriate support could result in less criminal damage, less mental health crisis and increased likelihood of maintaining a tenancy."

"More cross-borough, pan-London information sharing arrangements."

"Sharing information (service level agreements with CMHT, Adult Social Care etc) identifying realistic options to resolve the ASB; agreeing action plans and partners sharing responsibilities to ensure these are adhered to."

"There needs to be an understanding across services of the need to share information and look for solutions to protect the wider community. There are huge costs associated with legal action being taken to try and manage a situation where it becomes obvious that the individual does not have the capacity to understand. This does not just relate to ASB but to the criminal justice system as well."

"An improvement in communication from this service after referrals are made to them i.e. what happens next."

## 10. Recommendations

The recommendations in this report are responses to the challenges identified by heads of community safety in relation to anti-social behaviours (ASB) and mental health, as well developing some of their suggestions for what would help in relation to ASB and mental health. The recommendations broadly cover some of the key areas identified in the report; the identification of mental health as an issue in ASB cases; available options when a case does not meet Mental Health Act thresholds; the identification of risk and vulnerability, partnership work; information sharing, and developing a common language and culture in relation to mental health and ASB.

The recommendations are aimed at pan-London as well local levels and it is hoped that they would be considered by both strategic partners and local delivery bodies.

**In particular, we recommend that at a pan-London level, London Crime Reduction Board partners include ASB and mental health within their ASB work group's priorities. We suggest they consider:**

- **the promotion of a tailored Information Sharing Agreement (ISA) for regional partners.**

**We also recommend that health, social care and community safety partners collaborate at a local level to better meet the challenges we have identified. In particular, we suggest that local partners collaborate to:**

- **Improve awareness for front line community safety staff to better identify early signs of mental illness, disability and personality disorders.**
- **Consider developing a shared framework for identifying risk and vulnerability and raising safeguarding alerts.**
- **Collaborate to achieve better outcomes following the discharge of mental health patients where there have been problems related to ASB, drawing on good practice (including the example of LB Southwark and SLaM covered in this report).**
- **Develop a common approach and language across professional boundaries, with a view to securing the outcomes that individuals need, drawing on good practice (including the example of LB Ealing in this report).**



London Councils  
59½ Southwark Street  
London SE1 0AL  
[www.londoncouncils.gov.uk](http://www.londoncouncils.gov.uk)  
020 7934 9813

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