

We would like to take this opportunity to thank everyone who took part in this project—peer researchers and everyone who was interviewed. A large part of this project could only be completed due to the input and help received from people who have experienced the criminal justice system.

This project is an example of how it is essential to include people who have experienced the criminal justice system to obtain the data needed to give a complete insight and awareness of the issues being researched by COCOA.



On behalf of Dean Maxwell, Peer Researcher Lead, and Richard Byng, Project Lead.

If you would like to read the full report, it can be found at :

<http://tinyurl.com/NIHR-COCA> or <http://tinyurl.com/PCMD-COCA>

If you have any queries or would like further information please contact

Richard Byng
Primary Care Group
Health Services Research
Peninsula Medical School
Room N32, ITTC Building, Tamar Science Park
Derriford, Plymouth, Devon, PL6 8BX

Email: richard.byng@pms.ac.uk

This project was funded by the NIHR Health Services and Delivery Research programme (project number 08/1713/210).

The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the NIHR HS&DR programme, NIHR, NHS or the Department of Health.

COCOA

Care for Offenders: Continuity of Access

study

We wanted to tell everyone **what we found** and **how so many different people have helped** us to make **recommendations about improving healthcare** for people in the Criminal Justice System



So a big thank you to all for making such an important contribution

What we did

Remind me, what is COCOA?

Between 2008 and 2011 we asked:

- 200 people in prison or serving community sentences about their healthcare and
- Health and criminal justice staff about healthcare services as part of the COCOA study.

We wanted to know **what was going on** and **how we could make things better** so we looked at services at two sites (South West and South East England).

A group of peer researchers (people with lived experience of the criminal justice system) were involved in interviewing people, running focus groups, revising material and interpreting data.

By healthcare we mean:

Mental Health



Substance Misuse



Physical Problems



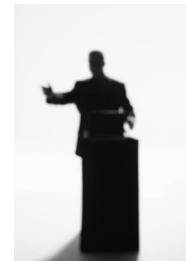
What recommendations did you make to healthcare and criminal justice staff?

- Try to engage and build relationships with people in prison or under probation e.g. specific training on what life is like for these people
- Help people continue to access healthcare by providing a good experience (especially improving the relationships between people and their practitioner and how services communicate with people)
- Help people to become more independent with their healthcare e.g. using self care plans and the use of peer support
- Improve mental health care e.g. create a specialised service of depression and anxiety talking therapies for people involved in the criminal justice system.
- Merge physical, mental health and substance misuse services together
- Improve IT systems e.g. link health records between services

What will you do with the results?

We would like to tell services and practitioners about our findings to improve healthcare. To do this we will:

- Work with local services to advise on changes
- Publish articles in international academic journals
- Present our findings at conferences
- Discuss the findings with policy makers



Results - Staff's views on healthcare



What did healthcare and criminal justice staff say about the opportunities and problems for healthcare at each setting?



We asked healthcare and criminal justice staff what each setting did well and not so well in helping people in prison or on probation with their healthcare:

Police

Opportunities - police can help people access their urgent medication e.g. picking it up from their homes.

Problems - police do not have to have mental health training and cannot access medical records.

Court

Opportunities - those with high level problems do get a range of help (substance and severe mental health).

Problems - those with lower level problems do not and there is no system within the court to make sure people's medication or medical records follow them.

Probation

Opportunities - staff help people to access healthcare services, one probation office had a healthcare clinic, bringing healthcare to the individual.

Problems - staff find it difficult to help people access community mental health teams.

Prison

Opportunities - healthcare is easier to access in prison than in the community and drug, mental health and healthcare teams are starting to communicate and link up to work together.

Problems - access to medication can be a challenge due to having set hatch times, needing to fill out apps and needing paper work from the community.

Results

How people reported their healthcare

Did participants have many health problems?

- People who took part reported high levels of healthcare need:
- 71% reported drug and alcohol issues
 - 61% reported mental health issues
 - 86% had issues with more than one problem (comorbidity).
 - Just over half of the participants reported problems with drugs (half of those were using heroin).

How easy did participants find it to access

- 37% rated their healthcare as poor
- 29% reported that they found it hard to access healthcare
- 50% of the mental health treatment that was recommended by healthcare staff was not received.
- Participants reported high access to services which provide help for heroin misuse
- However the ease of accessing healthcare depended on the type of problem (drug, mental health or physical health issues) and the criminal justice setting they were in (community, courts/ police, probation or prison)

Results

Difference in setting

How can moving from one place to another (courts, prison, probation) affect healthcare?

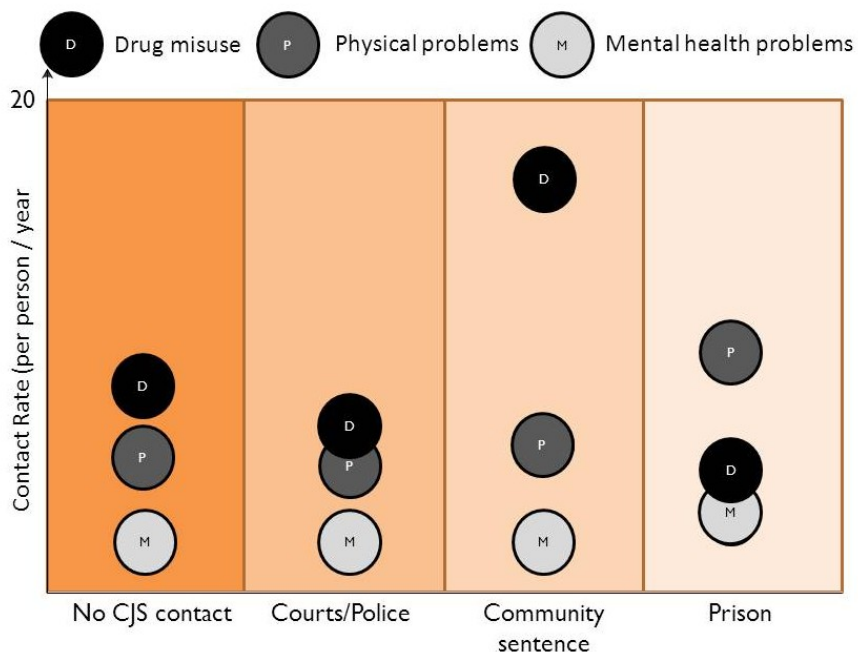
We wanted to show how being in different places in the criminal justice system can affect how much help people receive for different problems. The following helps to explain the diagram below:

When people had **no criminal justice system contact** (in the community) there was little help for mental health problems and the most help for drug misuse.

When people were **in court or a police station**, help for mental health and physical problems stayed the same but help for drug misuse decreased slightly.

When people were on **probation**, help for drug misuse increased enormously, but help for physical health and mental health problems stayed the same.

When people are in **prison**, they received more help for physical problems but much less help for drug misuse than at any other place in the criminal justice system. Help for mental health problems stayed the same.



Results

Participants' views on healthcare

What did participants say about their healthcare?



- Healthcare is not as important as family, accommodation, and employment which some participants said were their main priorities

"No. You'll reoffend whether the healthcare is there or not. It's nothing to do with that..."

- Some participants said they rejected healthcare services, choosing to deal with healthcare problems by themselves. People reported that sometimes this meant they were using illegal drugs to cope with health and mental health problems

"I self-medicate... always have done..."

- Participants valued being treated with care, respect and being listened to and some said they really liked the healthcare they received

"I went to my doctor about it because I couldn't handle it and he was pretty good with me, he gave me some tablets and that to calm me down until it all got sorted... The advice and that he give me, and knowing that he said if ever I need him, I can just go up there and speak to him"

- The relationship with their practitioner was more important than the actual quality of treatment and a bad experience with one quite often led to a break down in trust with them all

"I don't like doctors" "[they] look at you funny... never smile..."