Pre-arrest strategies for diverting people with mental health issues

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A systematic review of policing strategies for diverting individuals suspected of non-violent, low-level offences away from the criminal justice system and towards community mental health services.

DOES PRE-ARREST DIVERSION REDUCE CRIME?

We don’t know!
- No conclusive evidence that diversion reduced future incidences of arrest
- Indications that diversion increased the likelihood of arrest in the long term

DOES PRE-ARREST DIVERSION IMPROVE MENTAL HEALTH?

The evidence is mixed
- Indications that diversion increased the use of prescribed medications in the short and long term
- BUT evidence that diversion increased the risk of hospitalisation and only increased the likelihood of accessing counselling in the short term

What type of people are more likely to be diverted?
Older, high school educated, non-white groups were more likely to be referred for diversion

Are certain officers more likely to divert people with mental health issues?
There is no evidence that police officers’ age, gender, years of service, or CIT training influenced their likelihood of diverting people with mental health issues

What is important for implementing pre-arrest diversion?
- Strong multi-agency collaboration
- Awareness and acceptance of diversion should be promoted to officers
- Referral to services should be easy for officers
- Strategies need to support people with mental health issues to access and take-up treatment

What are the cost implications?
- Initially, diversion shifts costs away from the criminal justice system and towards public health
- Diversion is a promising strategy with the potential to lead to overall cost savings

Research method
A systematic review of existing research and economic summary:
- Comprehensive search
- Description and critically assessment of relevant studies
- Synthesis of studies using statistical meta-analysis

Limited evidence
CIT, CIT, COT
Two ‘weak’ studies examining four sites in USA