Methods for identifying and/or assessing mental vulnerability

The aim of this systematic review was to identify the existing research evidence evaluating the effectiveness of ways that non-mental health professionals could use to identify and/or assess people they come into contact with for mental vulnerability.

At the point of starting this review, we identified that the [National Institute for Health and Care Excellence (NICE)](https://www.nice.org.uk/) were in the process of undertaking a review, titled: ‘Identification and management of mental health problems and integration of care for adults in contact with the criminal justice system’. The NICE review included the following question:

* *What are the most appropriate tools for the recognition of mental health problems, or what modifications are needed to recognition tools recommended in existing NICE guidance, for adults in contact with the police?*

As the NICE review target population included adults in contact with the police and in police custody, we decided to pause our review and wait for NICE to complete theirs in order to avoid duplication of effort.

# NICE GUIDELINE 66

NICE Guideline 66, ‘Mental health of adults in contact with the criminal justice system: identification and management of mental health problems and integration of care for adults in contact with the criminal justice system’ has now been published and can be found here: <https://www.nice.org.uk/guidance/ng66/evidence/full-guideline-pdf-4419120205>. The review question relevant to our planned review can be found in Sections 5.2 and 5.3 on Pages 61-78 of the full report, which we summarise below.

## Tools for the recognition of mental health problems

We summarise here in brief the findings of the review question to identify the most appropriate tools for the recognition of mental health problems for adults in contact with the police, in police custody and for the court process.

In the introduction to section 5, the guidelines committee state:

‘Outside of the prison services there are no well-established and routinely used case identification or assessment tools and procedures. The distinctive nature and patterns of presentation in this guideline’s target groups makes it desirable that specific assessment tools and processes be identified that could offer advantages over generic approaches’.

The NICE review team found limited evidence, all assessed as poor quality, for a range of tools to assess for depression (n=3 studies), bipolar disorder (3 studies), affective disorder (4 studies), learning disabilities (1 study), schizophrenia (1 study), psychosis (1 study) and Axis-I or Axis-II disorder (8 studies). The tools identified that met the review’s conservative threshold of ≥0.70 for both sensitivity and specificity were:

* Referral Decision Scale (RDS), RDS-Bipolar and RDS-Schizophrenia,
* Correctional Mental Health Screens for Men (CMHS-M) and Women (CMHS-W), and
* HELP-PC.

Tools with lower than 0.70 sensitivity or specificity and therefore excluded were: Brief Jail Mental Heal Screen (BJMHS) or revised BJMHS (BJMHS-R), Co-occurring Disorders Screening Instrument for Mental Disorders (CODSI-MD), Co-occurring Disorders Screening Instrument for Severe Mental Disorders (CODSI-SMD), and the Custody Risk Assessment Form. In addition, the single study of the Prison reception health screen, widely adopted in UK prisons, fell below the threshold for inclusion.

An additional related question in the NICE review looked for evidence on the most appropriate tools to support or assist in the assessment of mental health problems. No studies meeting the inclusion criteria were found.

There was no economic evidence for either of the questions reported on here.

The NICE guidelines committee restricted their recommendations to the need for future research.

## Overview of NICE guideline 66

Below, we give an overview of NICE guideline 66 as other sections are likely to be of relevance and interest to Connect co-production partners.

### Why did NICE produce the ‘mental health of adults in contact with the criminal justice system’ guideline?

* Between 20-45% of police time is spent engaging with people experiencing mental health problems
* The guideline covers assessing, diagnosing and managing mental health problems in adults who are in contact with the criminal justice system.
* It aims to improve mental health and wellbeing in this population by establishing principles for assessment and management, and promoting more coordinated care planning and service organisation across the criminal justice system.

### Who is the guideline for?

* Those commissioning and providing health and justice services
* Health and social care professionals working with adults in contact with the criminal justice system in community, primary care, secondary care and secure settings
* Adults in contact with the criminal justice system who have or may have mental health problems

### The Guideline makes recommendations on:

* Principles of assessment
* Identification and assessment throughout the care pathway
* Risk assessment and management
* Care planning
* Psychological interventions
* Pharmacological interventions
* Organisation of services
* Staff training

Mental health of adults in contact with the criminal justice system, Identification and management of mental health problems and integration of care for adults in contact with the criminal justice system NICE Guideline 66 March 2017 [**www.nice.org.uk/guidance/ng66/evidence/full-guideline- pdf-4419120205**](http://www.nice.org.uk/guidance/ng66/evidence/full-guideline-%20pdf-4419120205)

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