

Mental Health Case Study

RJ Practitioner: Paul Shaw

Introduction:

Research is widely recognised that RJ approaches can have a positive effect regarding mental health/wellbeing for victims in this case it was discussed as a potential to also support the offender. Evidence from randomised control trials shows clear links between restorative justice and reductions in fear and anxiety, and fewer symptoms of post-traumatic stress disorder (PTSD) (Angel et al, 2014; Strang, 2002).

Referral Background:

This case study refers to an offence of Attempted Murder, as a victim-initiated referral received from the Victim Liaison Unit. Subsequent contact was made with a Social worker based in an NHS TRUST purpose built unit. In which the offender was currently located. In this instance, this Unit provides psychiatric care for offenders, as well as for individuals whose mental health problems and challenging behaviour require medium and low secure accommodation. Personal and community safety being a prime concern.

Speaking to staff at the unit, it was recognised that the use of Restorative Justice for perpetrators of crimes in such settings (principle 5 Restorative Practice) are underdeveloped, but on a case by case basis, have the potential to meet unexplored needs of offenders and victims alike. This sits within Principle 5 of the Good Practice Principles in Restorative practice; accessibility, in which restorative processes are non-discriminatory and available to all those affected by conflict and harm.

We recognise the overlap between victimisation and offending behaviour, and believe that primary care and other health agencies often work in areas where these can cross over, such as mental illness and substance misuse. They also have the potential to offer a core referral pathway into restorative justice for anyone who has been affected by crime – victim, offender, family member, friend or witness. This demonstrates a need to break down distinctions between 'offender-initiated' and 'victim-initiated' restorative justice. Many practitioners and service providers will identify the need to work without such constraints, where the needs and safety of all participants are key. Talking about building resilience into recovery and reducing the likelihood of deterioration or relapse will strike the right note for an organisation working with people in crisis. But make sure to emphasise that restorative justice helps them target people with vulnerabilities and works within the overall strategic framework on tackling inequalities, building personal and inter-personal resilience. It could therefore be argued that Criminal Justice, health agencies, and local authorities all have a vested interest in the positive impact of restorative justice.

RJ Intervention Preparation:

The initial needs of the victim were recognised and after several meetings with the perpetrator they were answered. However, it is important to understand that even after a significant length of time, the severity of an incident can impact on the victim and their acceptance of a response. An important point to note when undertaking a case which is both sensitive and complex is that the risk and vulnerability assessment is a constant fluid assessment and discussed open and honestly with all parties.

The Impact of the RJ Intervention:

After our sessions, a de-brief was given to the staff supervising the perpetrator to ensure the process did not have any adverse reactions. Support was also discussed with the victim when meeting and on occasions the Victim Liaison Unit were in support.

This case has presented many challenges, not unexpected given the nature of the offence. An important Part of an RJ process and one part of the practitioner's responsibilities, are to be constantly aware of people's emotions fears, concerns and feelings. It is also important to recognise when dealing with subjects outside of your expertise, to seek guidance and support from those who are. In this case, the perpetrator's Forensic Social Worker kindly agreed to bridge that gap and explain the complexities of mental health to the victim. This gave credence to the feedback already given to the victim by Restorative Cleveland.

The case continues, but the next part will include an exit strategy that's main focus will be NOT TO leave the victim with any questions unanswered.

As a result of the work carried out so far. Members of the unit have kindly agreed to complete a mental health awareness training with staff. We are also Planning a partnership referral pathway in collaboration with the NHS unit concerned and the victim liaison unit, to ensure we have a robust protocol, in terms of the identification and safe management of referred cases.