



The Association of Youth Offending Team Managers (AYM) response to the consultation on the reform of the Mental Health Act

About the AYM

The AYM is a professional association representing the majority of youth offending teams (YOT) and their managers in England.

Section 39 (1) of the Crime and Disorder Act 1998 requires the co-operation of the named statutory partners to form a YOT. Section 38 (1, 2) identifies the statutory partners and places upon them a duty to co-operate in order to secure youth justice services appropriate to their area. These statutory partners are the local authority, police, the probation service, and health. To support the YOT, additional partners may also be recruited to the joint strategic effort to prevent offending by children and young people.

The Association is able to draw on the wealth of knowledge and the breadth of members' experience to promote public understanding of youth crime issues and to play its part in shaping the youth crime agenda.

Our members run services providing community-based supervision for children and young people who offend. We also work with children in custody and work closely with staff in secure units and young offender institutions to ensure that young people receiving custody experience as smooth a transition as possible into custody and back in to the community.

The AYM welcomes the opportunity to provide a response to this consultation and we recognize that the reforms are an ambitious attempt to address a number of issues. However, the AYM is concerned that as a result of the demand on services resulting from the pandemic, it will be difficult to achieve the aims within the proposed time frames.

The AYM is concerned that children and young people experiencing mental ill health who are over-represented in the criminal justice system, may be viewed through a behavioural lens rather than that of a health perspective. Our members identify inconsistencies in the timeliness and level of interventions offered by health services across England. Some members report that those children receiving higher tariff criminal justice sanctions are more likely to receive more timely health interventions. As a result, those requiring earlier health interventions, offered through community provision, are subject to much longer waiting lists potentially resulting in increased mental ill health occurring. This appears to be at odds to the proposal to ensure that the powers of the mental health act are used in the least restrictive manner possible.

The Mental Capacity Act 2005 has the potential for greater influence regarding young people (16ys and over) and decisions made for and about them. There are interfaces

with the Children's Act that could be explored in terms of expanding their autonomy of decision making. This could be extended into a set of principles which apply to children under the age of 16yrs whose views still need considering and weighing against parental wishes and consent.

With regard to the intention to ensure service users receive therapeutic support to get better and be discharged from mental health services at the earliest opportunity, we welcome this principle. It is now well documented that children in contact with the law are highly likely to have suffered trauma and this needs to be considered alongside their wider, and often adverse, life experiences. Adopting a trauma informed approach to children's mental health, particularly those in contact with the law, will ensure that the root-causes of health problems can be considered, preventing over-medicalisation and increasing the chances of earlier discharge from mental health services. The AYM would suggest that the growing body of evidence regarding the impact of trauma and adverse childhood experiences on mental health should be reflected in delivery of services.

As a consultation that is considering reform of services, the AYM is concerned that there are no proposals for training across the workforce for systems that are to be introduced in 2023. Skilling up health, social care and others who support individuals with mental ill health, requires time to take effect; with delay reducing the impact of intended change. The AYM would suggest joint training provides benefits and reduces professional boundaries that often result in service users not receiving the most appropriate and timely intervention, this is particularly pertinent to children who are in contact with the law who, as stated above, can be inappropriately viewed through a behavioural, rather than a health lens. Greater exploration and consideration of assessment for diversion from the criminal justice system for children, particularly those with learning disabilities or with autism, requires clearly defined pathways or support mechanisms in place across police, youth offending services, and health. The absence of discussion about the availability of appropriate place of safety resources is concerning and whilst deprivation of liberty safeguards are mentioned, the AYM believes this requires greater exploration, especially with regard to children in contact with the law who are victims of exploitation.

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