Royal College of Psychiatrists NI (RCPsych NI) Response to: DfC Equality Assessment Consultation on Anti-Social Behaviour Housing Proposals

Introduction:

The Royal College of Psychiatrists (RCPsych) is the statutory body responsible for the supervision of the training and accreditation of Psychiatrists in the UK and for providing guidelines and advice regarding the treatment, care, and prevention of mental and behavioural disorders. Among its principal aims are to improve the outcomes for those with mental illness and to improve the mental health of individuals, families and communities.

The College has approximately 450 Members in Northern Ireland (including Doctors in training) who provide the backbone of the local Psychiatric service, offering acute and community treatment, as well as specialist care and consultation across a large range of settings.

This response is submitted on behalf of the Devolved Council of the Royal College of Psychiatrists in Northern Ireland.

It is welcome that a Cross-Departmental Anti-Social Behaviour (ASB) Legislation Delivery Group was established. It is welcome that the Department for Communities (DfC) has identified ASB as a priority and has highlighted two topics for future legislation. Our comments focus on patients who would have a mental illness, substance misuse or learning disability, both as victims and maybe at times as sources of ASB. Our substantive comments are set out below.

Data, needs or issues in relation to any of the Section 75 groups

Are there any data, needs or issues in relation to any of the Section 75 equality categories that have not been identified in Section 2 of the EQIA consultation document?

YES

Potential adverse impacts in relation to any of the Section 75 groups

Are there any adverse impacts in relation to any of the Section 75 equality groups that have not been identified in section 3 of the EQIA consultation document?

YES

OUR COMMENTS ON THE COLLECTION OF AVAILABLE DATA AND RESEARCH:

As stated in the report, many people are characterised by membership of more than one section 75 category. One category may dominate for an individual person, but many may also have a mental illness or learning disability issue as well. In addition, within the mental illness and learning disability category there may be more than one diagnosis. This is not captured in the data that is provided.

There is clearly a lack of data on disability in the context of being victims of ASB held by the Housing Executive and many of these vulnerable people cannot advocate for themselves. It is good that there will be a requirement for section 75 details to be recorded. However, there is also a lack of information in the other mentioned sources as well. There needs to be a clear description of the nature of the disability and the disabilities must not be grouped together. There is a need for more granular information, including the interventions and outcome.

If a person who has mental illness, who has a substance misuse issue or who is neurodivergent is identified as a perpetrator of ASB (highlighted in this report as being a significant group), detailed information of the circumstances, the interventions and the outcome should be collected. It is important that there is early and effective multi-agency planning between the Housing Agencies, carers/families as well as Mental Health and Learning Disability teams and primary care. This ASB may be a reflection of the person becoming unwell or under major stress - and appropriate input may mitigate this at an early stage. It is interesting that in one part of the report it highlights the high percentage of young people involved in ASB who have a mental health condition or a learning disability - and in another part of the report that in recent years ASB is associated with poor mental health and more likely perpetrated by adults. There needs to be more granular information on this and more research. The risk is that the lack of objective data and clarity on what interventions were made, as well as outcomes, may fan the negative attitudes towards people with mental illness, learning disability and addictions and add to the stigmatising of these patient groups.

OUR COMMENTS ON THE IMPACTS ON PEOPLE WITH MENTAL ILLNESS, SUBSTANCE MISUSE OR LEARNING DISABILITY:

Injunction against ASB proposals: We agree with the lowering of thresholds for granting injunctions. However, the threshold for arrest and more specifically

for the exclusion of persons being only available if there is a threat of or actual harm needs to be revisited. Patients with a mental illness or learning disability can be very vulnerable to stress. Threats and psychological menace can have a devastating impact and can possibly lead to a relapse of their illness, the development of an additional new mental illness such as depression/anxiety and also self-harm and most catastrophically potentially even suicide. This important and well recognised vulnerability needs to be considered in this legislation to meet the Equality needs for these patient groups. A wider view of harm or threat of harm needs to be taken. It is not just what is inflicted by the perpetrator directly, but can also be the impact on the vulnerable victim in the sense of a relapse of their illness or harm self -inflicted by the person themselves. This is not made clear in this document and puts people with a mental illness, substance misuse or learning disability at a disadvantage.

Absolute Grounds for possession proposal: This does not specify the "certain tests" that need to be met for this action. However, the points made above apply equally here.

OUR COMMENTS ON POTENTIAL ACTION TO REDUCE OR ELIMINATE ANY ADVERSE IMPACTS:

If a person with a mental illness, substance misuse or learning disability is the perpetrator of the ASB, they should be treated fairly. It is important that there is early and effective multi-agency planning between the Housing Agencies, carers/families, as well as Mental Health and Learning Disability Services and primary care. The ASB may be a reflection of the person becoming unwell or under major stress and appropriate input may mitigate this at an early stage.

More granular information is required both for those who are victims of ASB and those who are perpetrators, especially as regards interventions and outcomes. The data at present is significantly lacking and what is reported is potentially stigmatising unless put into a better and more detailed context.

The interpretation of the legislation needs to be carefully reviewed with clear definitions as highlighted in section 4.0.

There needs to be good multi-agency work including Housing Organisations/primary care and health service teams for Mental Health, Learning Disability and Addiction. They need to develop local policies and responses to concerns. There also needs to be adequate training in mental illness for professionals working with people who have a mental illness, substance misuse or learning disability.

The report highlights that there can be biased views of who is most likely involved in ASB. For example, that it mostly occurs in younger people. We also believe that stigma around mental illness and addiction issues creates a similar misconception at times and there are dangers of being labelled as antisocial - this then having an impact on the viability of their tenancy.

We very much agree with the Quote on Page 49 of the Report which states:

"...many of the people seen as perpetrating ASB are also very vulnerable. Viewing them with compassion and empathy, rather than attributing stigma, is likely to help people receive support and reduce re-offending."

It is essential for those with drug and alcohol addiction, as well as mental illness and learning disabilities, that there is a multiagency approach to managing their ongoing accommodation - as such individuals may struggle to self-advocate and inadequate housing will only contribute to less favourable outcomes in terms of health and social factors.

Dated: 3 February 2025

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