

The demographics of women screened into the OPD pathway, and their access and engagement with the service: A service evaluation

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## Executive summary

### INTRODUCTION

Two in every three women who are in contact with the criminal justice system are struggling with a mental health difficulty, with nearly 50% likely to have a personality disorder (NICE, 2014). The need for a gendered response to forensic mental health has been spotlighted, particularly, the recognition that women's distress can be located within social inequalities and the social construction of their difficulties. It is now widely accepted that gender differences exist in the experience and manifestation of mental illness, as well as pathways into treatment, care needs, support preferences, and treatment responses. However, although the need for gender-sensitive forensic mental health provision is visible, challenges still exist in terms of how to deliver a gendered service. Individuals from a Black, Asian and Minority Ethnic (BAME) background in particular are overrepresented within criminal justice environments. The 2019 Annual Population Survey deduced that around 16% of the population of England and Wales were from a BAME background; however, these individuals made up 23% of people arrested and 27% of people in prison (Sturge & Yasin, 2020). However, despite BAME individuals being over-represented within the criminal justice system, research has shown that they are largely under-represented in personality disorder services (NOMS, 2015).

### PURPOSE

This service evaluation took place in the Offender Personality Disorder (OPD) Pathway in London. It aimed to understand the demographics of women accessing and engaging with the Integrated Community Pathways Service (ICPS) in London. The project aimed to review current practice and highlight any gender and racial differences in relation to access and engagement to recognise the service's strengths, whilst also highlighting areas that require improvement.

### METHOD

Data was requested and obtained from the business and performance team and a meeting was held to support in the assimilation and synthesising of the information. To collect further information for the women who engaged directly with the service, ndelius case records were reviewed to help address reasons for disengagement. This was not identified for all of the women; however, where an explanation was given, this was noted, and collated into themes.

### KEY FINDINGS

- In 2021, women were slightly less likely to receive a case consultation compared to men, with 30% of women being discussed at consultation in comparison to 38% of men.
- 56% of women had a formulation in comparison to 19% of men indicating that formulations are being completed at a high rate for women.
- For women, all ethnic and age groups were adequately represented at case consultation and there did not appear to be a disproportionate number of women from any ethnic background being discussed at the Clinical Prioritisation Meeting (CPM). However, young women, particularly those in the 18-24 years old category were significantly underrepresented at CPM.
- In terms of CPM outcomes, women were more frequently referred to all interventions (Bluebird, Women in Prison (WIP), Housing and Support Services (HASS), assessment/formulation), with the exception of joint case work.

- 59% of the women who disengaged from the direct service were from a black or mixed black and white ethnic background. This indicates that women from a black or mixed black and white ethnic background are overrepresented in terms of disengagement from direct services compared to their white counterparts.
- In relation to direct work, of the women who attended three or fewer sessions, disengagement themes included life stressors, recall, difficulties engaging in a formalised, structured intervention and believing that the work will not meet their needs.

## RECOMENDATIONS

- It may be useful to consider joint case work prior to commencing psychological assessment to assess and build motivation and explore needs and hopes from the service.
- Crisis plans should not be left until the end of assessment but be completed with the women as early as possible, as a way to improving the woman's and professionals' awareness of warning signs, triggers and coping strategies. This could support the implementation of timely intervention which may reduce the likelihood of drop out or recall.
- It is recommended that these findings are fed back at the Community Diversity Meeting and a member of the Women's Pathway regularly attends the meeting to ensure that the needs of women from a BAME background are being taken into account in initiatives aimed at improving outcomes for people from a BAME background.
- It is recommended that a working group is set up to review the direct services provision. To assess how culturally sensitive the service is and how responsive it is to the needs of people from ethnic minorities. It is recommended that the review includes representation from the women's pathway.
- It is also recommended that the LPP Women's Lead disseminates the findings of the service evaluation to the LPP Workforce Lead to consider what support can be offered to staff working on the OPD pathway to increase culturally responsive practice, for instance training.
- Service user involvement work to be a priority in the women's pathway to better understand the experience and needs of women, to identify possible gaps in service provision and to consider service adaptations to improve the gender and culturally responsiveness of service.
- To develop a system to increase the number of women accessing the service, with a focus on the in-direct service which will in turn hopefully increase the number of women accessing the direct service. This will be audited in one year's time.

## INTRODUCTION

Two in every three women who are in contact with the criminal justice system are struggling with a mental health difficulty, with nearly 50% likely to have a personality disorder (NICE, 2014). Female prisoners also have poorer mental health than both women in the general population and male prisoners in relation to self-harm, suicide attempts, psychosis, anxiety and depression (Light, Grant & Hopkins, 2013). Improving the psychological health of this population is paramount in increasing their integration into society and quality of life, as well as developing their prosocial identity to increase desistance (Meek & Lewis, 2014; Public Health England, 2018).

Historically, discussions about mental health, alongside service design and delivery, frequently failed to take gender into account, (The Women's Mental Health Taskforce, December 2019), especially within forensic mental health services and the prison system in which women are the minority (De Vogel & Nicholls, 2016). The Corston Report (2007) highlighted that "women have been marginalised within a system largely designed by men for men." In 2002 and 2003, a number of breakthrough policies were published, highlighting the need for gendered responses to mental health, and recognising that women's distress can be located within social inequalities and the social construction of their difficulties (Department of Health, 2002; Bartlett, 2003). These documents also invited forensic mental health services to centre their work around women's experience of trauma and on relational security (Bartlett & Somers, 2017). It is now widely accepted that gender differences exist in the experience and manifestation of mental illness, as well as pathways into treatment, care needs support preferences, and treatment responses (Abel & Newbigging, 2018; Archer et al., 2016; Bartlett, 2003). However, although the need for gender-sensitive forensic mental health provision is visible, challenges still exist in terms of how to deliver a gendered service. This can lead to situations where services can be inadvertently discriminatory towards women because they have, often unconsciously been designed around the needs of men.

Both gender and ethnicity have an impact on an individual's trajectory through the Criminal Justice System (CJS). It is widely recognised that individuals from a Black, Asian and Minority Ethnic (BAME) background are overrepresented within criminal justice environments. The 2019 Annual Population Survey deduced that around 16% of the population of England and Wales were from a BAME background; however, these individuals made up 23% of people arrested and 27% of people in prison (Sturge & Yasin, 2020). However, despite BAME individuals being over-represented within the CJS, research has shown that they are largely under-represented in personality disorder services (NOMS, 2015). Furthermore, women from a BAME background are at a 'double disadvantage' (Corston Report, 2007) experiencing disadvantage due to their race and gender. Given the barriers to engagement that BAME individuals face within psychological services, it is essential that services are consistently evaluating their cultural responsiveness and the mechanisms in place to limit barriers (Player, 2017). Most notably, evidence of how risk, race and gender are interrelated in correctional risk and therapeutic discourses, and issues arising from these

intersectional dynamics should be at the forefront of OPD Pathway development and evaluation (Bernard, 2013; Goddard and Myers, 2016; Joseph, 2014; Russell and Carlton, 2013).

Both HMPPS staff and mental health professionals are likely to work with individuals of a different ethnicity or cultural background to their own. Cultural diversity in both practitioners and clients has been shown to have an impact on several mental health related factors, including presentation, treatment-seeking patterns, the nature of the therapeutic relationships, as well as attitudes of professionals and the system (Alegria et al., 2020). Individuals from an ethnic minority background are a population vulnerable to mental health inequalities and often face unique challenges pertaining to their mental health care (Alegria et al., 2020; Cabral & Smith, 2011). It is widely evidenced that BAME individuals are significantly less likely to access mental health treatment or engage in an intervention through to completion (Derr, 2016). One proposed explanation for this disparity theorises that clinicians may not feel adequately equipped or confident to explore how a client's culture shapes their worldview, which limits the construction of a shared understanding of the client's difficulties, and the subsequent delivery of a bespoke, culturally sensitive intervention.

## BACKGROUND

The OPD pathway is jointly commissioned by the NHS and National Offender Management Service (NOMS) and aims to deliver a psychologically informed wrap-around service for individuals who present with complex needs and behaviours. Individuals who screen in to the OPD pathway are likely to have a 'severe personality disorder', pose a high risk of harm to others, or are considered high risk of reoffending (HMPPS & NHSE, 2020). Furthermore, there will be a clinically justifiable link between the individual's personality difficulties and their risk. They are likely to have previously struggled to access or engage with mainstream services; therefore, requiring a bespoke management plan.

The Integrated Community Pathways Service (ICPS) delivers the OPD pathway objectives in London. The ICPS offers psychological interventions through a two-pronged approach, involving indirect work and direct work. The indirect elements involve developing problem-specific formulations and individualised pathway plans, as well as offering consultation to probation practitioners, to increase confidence and competence in working effectively with people who present with complex personality difficulties. Given the complexity of working with individuals with personality difficulties and the need for practitioners to feel supported and then in turn be able to provide effective support and monitoring, the indirect part of the service is considered a significant part of the individual's intervention despite the fact that they have not taken an active role in the work. Within the ICPS, individuals can transition to the direct part of the service via the Case Prioritisation Panel (CPP), where they can engage in psychological assessment and therapies that address their personality and mental health difficulties and associated risk. The women's pathway aims to deliver a gender-responsive service model, through the delivery of a diverse range of psychosocial interventions at varying levels of intensity. Anecdotal evidence suggests that only a small number of

women are being referred for interventions through the direct working pathway, which suggests that there may be a sticking point in women's trajectory through the pathway.

## PURPOSE

The purpose of the service evaluation was to build an understanding of the demographics of the women screened onto, and accessing services on the OPD pathway, to explore stages in which women may be being missed or disengaging, as well as reasons for disengagement. The evaluation also aimed to highlight any differences in age, gender and ethnicity in relation to service accessibility and engagement. It is hoped that this will shed light on the strengths of the service, whilst also identifying areas that require improvements.

## OBJECTIVES

- To find out how many women are accessing the ICPS direct and indirect service.
- To check for equality of access for women in comparison to men to OPD services.
- To identify what support women are accessing through the OPD pathway.
- To find out whether disparities exist regarding the age and ethnicity of women accessing the service.
- To find out the percentage of women referred to the direct service that engage.
- To identify the reasons for disengagement from direct services.

## METHODS

The OPD pathway routinely collects data for the service users screened onto the pathway. This includes referrals, demographic information, offence history, CPM outcomes, direct and indirect contacts. Indirect contacts include activities such as, individual and group consultation, formulation, pathway planning and joint case work. For the purpose of this report direct contacts includes individual sessions with the ICPS psychologist or clinical practitioner.

Data was requested and obtained from the business and performance manager and a meeting was held to support in the assimilation and synthesising of the information. The time period for the data collected and analysed was January 2021 to December 2021.

To collect further information for the women who disengaged from the direct service, ndelius records were reviewed to look at entries that may relate to their disengagement. This was not identified for all of the women; however, where an explanation was given, this was noted, and collated into themes. Caveat: Not all OPD partnership services record their notes on ndelius therefore, true engagement and reasons for disengagement may not be fully captured.

## RESULTS

The data will be analysed in two parts. OPD indirect contacts and referrals to CPM will be

presented, and then dichotomised to examine differences between age and ethnicity groups. This will be completed for both the male and female data so that comparisons can be made. Outcomes of the CPM will also be analysed. This process will be replicated for direct contacts.

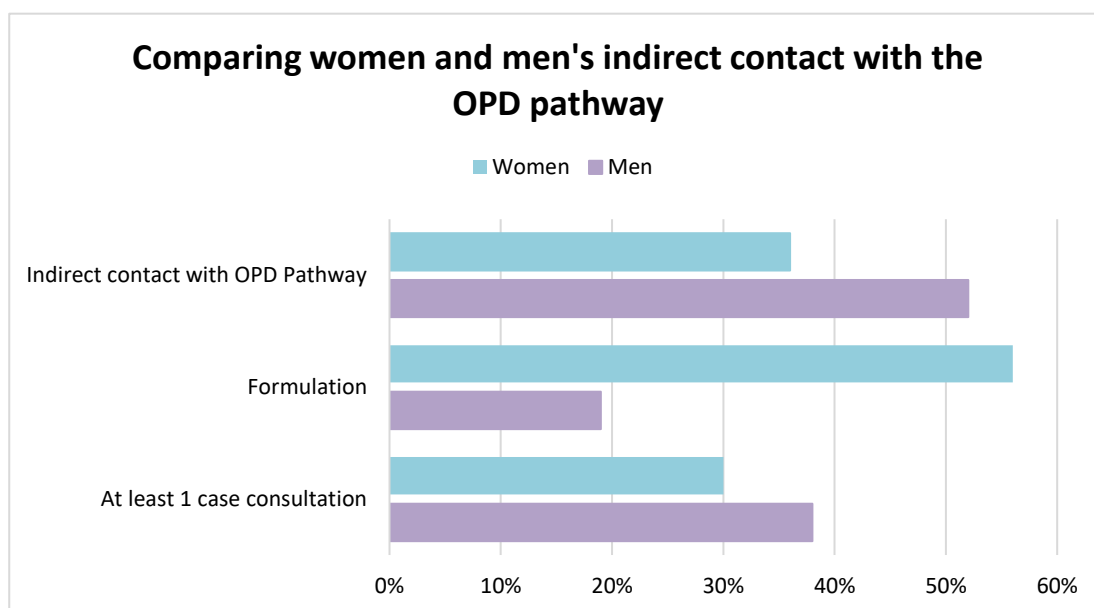
## INDIRECT CONTACTS

### 2021

By the end of 2021, there were 259 women screened onto the pathway. 94 women (36%) were listed as having an indirect contact under the OPD pathway in 2021, with 79 (30%) of those women receiving a case consultation. 146 of the 259 (56%) had a formulation. There was a total of 291 documented indirect contacts for 94 women. A total of 117 case consultations delivered.

In 2021, there were 4343 men screened onto the pathway. 2258 men (52%) had an indirect contact recorded under the OPD pathway, and 1665 men (38%) of these men received a case consultation. Of the 2258, 417 (19%) of those men had a formulation. A total of 2534 case consultations were delivered. (See Figure 1 for direct comparison of male and female data).

Figure 1: Diagram comparing women and men's direct contact with the OPD pathway



### Case consultations

Frequency of case consultations delivered for each woman was examined in more detail. The graph presents the raw data for the number of case consultations for each woman. The majority of women (55 women, 70%) are only being brought to case consultation once. A significant decrease can be observed in the number of women being brought on a regular basis to consultation, with 14 women (18%) discussed twice, 7 women (9%) discussed three times, (2 women) 3% receiving 4 consultations and (1 woman) 1% receiving 5 consultations.

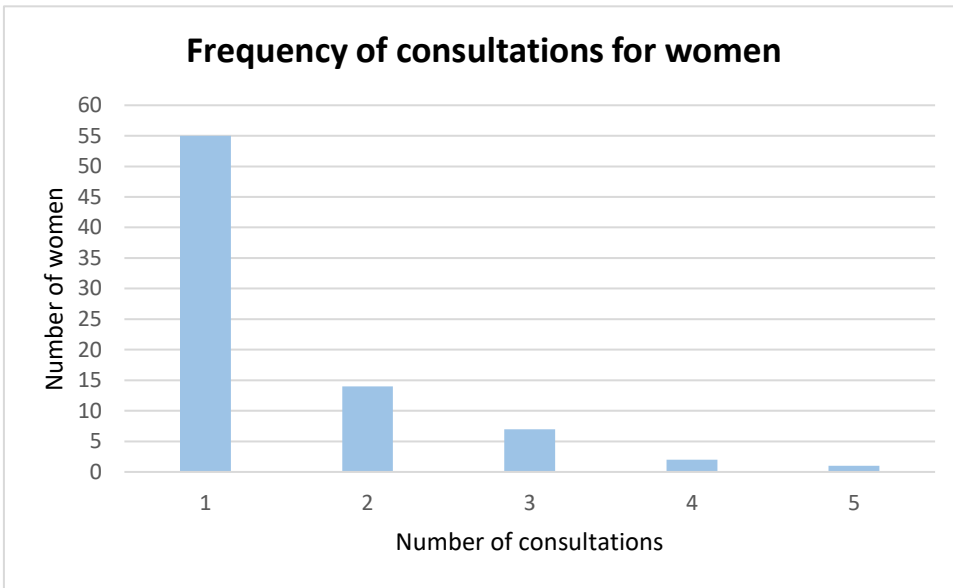


Figure 2: Raw data for the number of case consultations for each woman in 2021

**Ethnicity**

The data was then filtered to separate women into different ethnic groups to assess whether there were any differences. Due to the small number of women in the service, as well as a limited number of women representing some ethnicities (eg. Black British African), aggregated ethnic groups are presented to aid understanding of the data.

Figure 3: Pie chart displaying the ethnicity of the women screened onto the OPD pathway

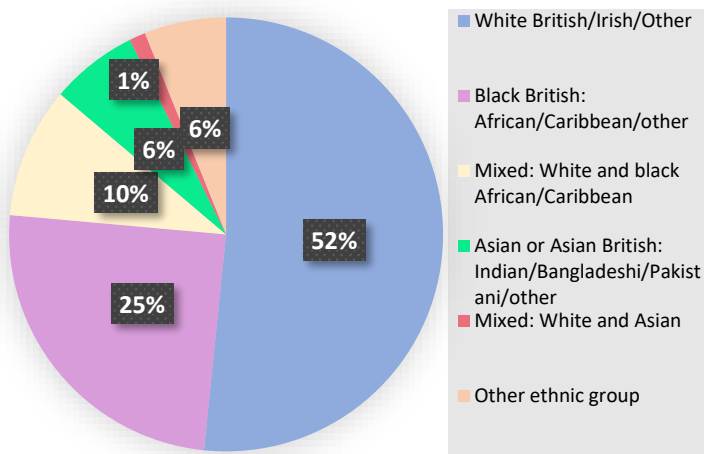
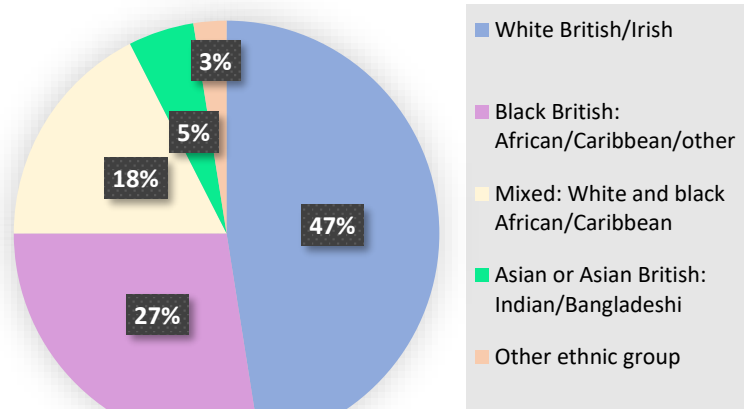
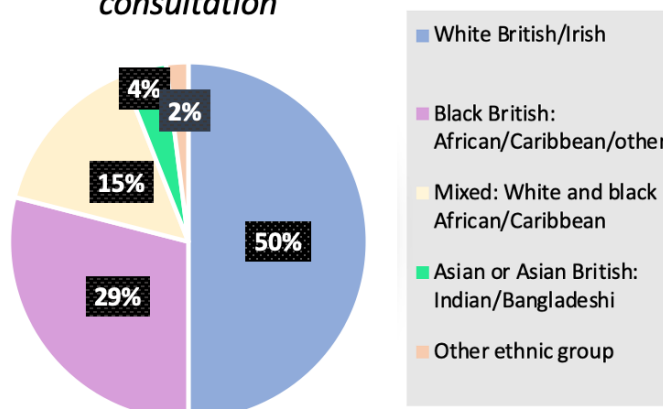


Figure 4: Pie chart displaying the ethnicity of the women who had indirect contact with the service in 2021





**Figure 5: Ethnicity of women brought to consultation**



The pie charts show the percentage of women who represent each ethnic group and who screen onto the pathway, and the percentage of women who represent each ethnic and aggregated ethnic group who had indirect contact with the service. **Visually, it would appear that all ethnic groups are being adequately represented at case consultation.** The exception being for the mixed white and Asian ethnic group, in which no women of this ethnic group had indirect contact under the OPD pathway. However, given there is only a very small number of women screened in of this ethnicity, this is not unexpected. The biggest discrepancy can be observed when examining the data for mixed white and black African/Caribbean women, who appear to be slightly overrepresented in indirect contacts.

### Age

The women screened onto the pathway are between the ages of 18 and 68. The average age of women to be screened onto the OPD pathway is 38 (M = 38.42, SD = 11.29). The table presents the data for the age categories of the women screened onto the pathway, as well as those who were brought to case consultation in 2021. Over half of the women (55%) are between 31 and 50 years old, with the largest frequency of women falling into the 31-40 age bracket. **Visually, it would appear that all age groups are being adequately represented within case consultations.**

*Table 1: Percentage of women screened onto the pathway, brought to consultation and discussed at CPM by age*

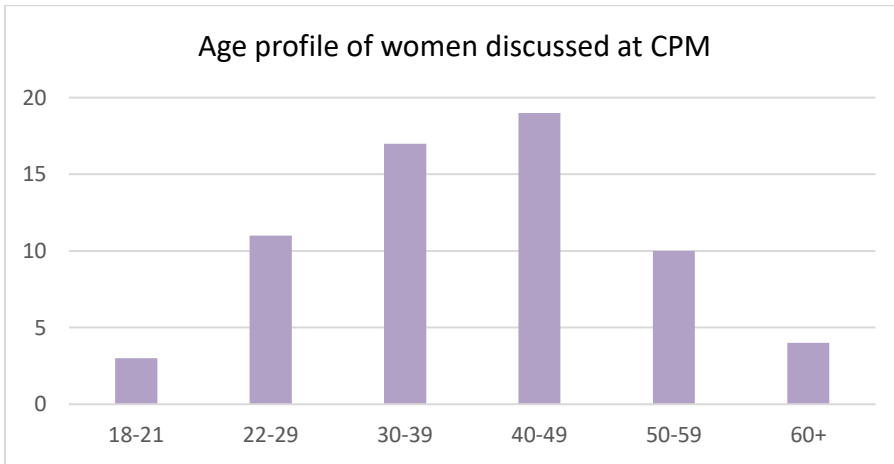
Demographic Category		Screened onto the OPD pathway	Case consultation	Discussed at CPM
<u>Age</u>	18-24	12%	13%	5%
	25-30	16%	14%	17%
	31-40	32%	33%	27%
	41-50	23%	22%	30%
	51-60	14%	15%	16%
	60+	3%	3%	5%

## CPM

The data examining number of CPM discussions and outcomes are from a different time period. As such, it is not possible to make direct comparisons with indirect and direct contact data sets.

Between Q3 19/20 and Q3 20/21, 64 women were discussed at CPM across the four London quadrants. The graph below displays the number of women who fall into each age category.

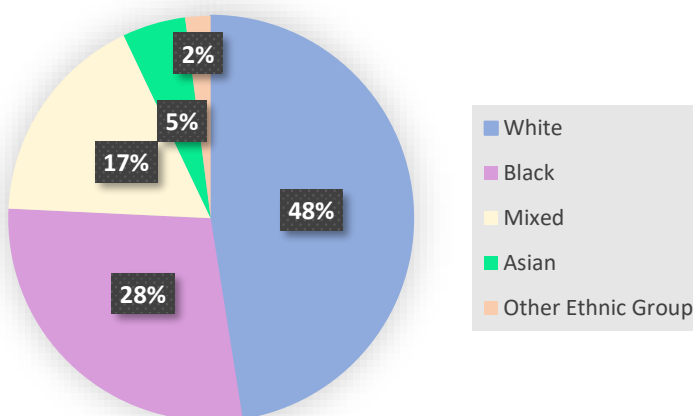
Figure 5: Number of women discussed at CPM by age (see table for percentages)



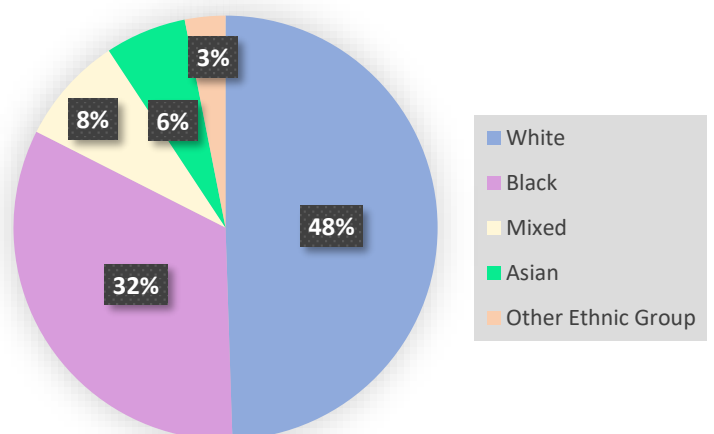
The graph indicates that a large proportion of the women discussed at CPM were between 30 and 50 years old, with the 40 to 49 year olds being over represented. Only a small number of women were in the younger and older age categories.

## Ethnicity

Ethnicity of the women discussed in CPM



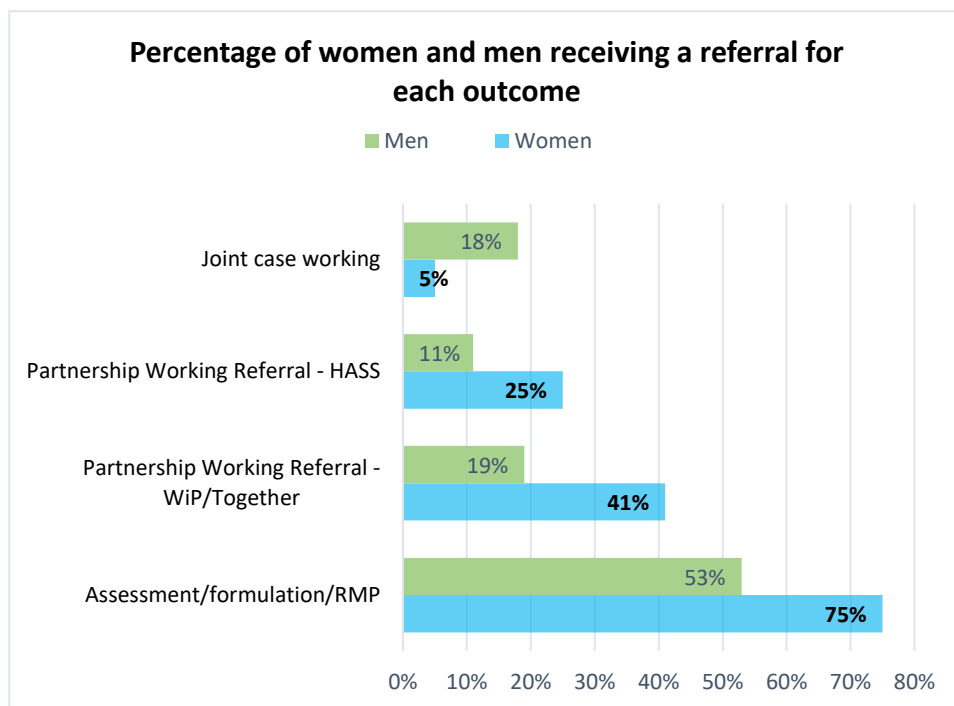
Ethnicity of men discussed at CPM



Even with a discrepancy in the timeframes of the data, there are still similar numbers of women from each ethnic group being brought to CPM compared with the ethnicities of women screened in to the OPD pathway. **That is, there does not appear to be a disproportionate number of women from any ethnic group being brought to CPM.** Additionally, when comparing the ethnicity of

women and men being brought to CPM, there is a similar split observed, with the exception of individuals who are mixed race, with more mixed-race women discussed in CPM compared to the male population.

### CPM Outcomes



Of the 64 women who were discussed at CPM, 5% (n = 5) were deemed

not ready for direct work. Of the 59 other women who were considered ready, 86 referrals were made to direct working (some women had multiple referrals to various direct working pathways). 75% of women (n = 44) were referred for a psychological assessment, formulation and risk management plan (RMP), 41% (n = 24) of women were referred to Bluebird, WiP, 25% (n = 15) of the women were referred to HASS, and 5% (n = 3) received a referral for joint case working.

Comparatively, between Q3 19/20 and Q3 20/21, 490 men were discussed at CPM across the four London quadrants. Of these 490 men, 38 men were not recommended for direct work, leaving 452 men receiving at least one recommendation for a direct intervention. The bar chart shows that women are referred more frequently for assessment/formulation/RMP, WiP, and HASS compared to men’s referrals for assessment/formulation/RMP and partner agencies (Together/HASS). Interestingly, overall, in comparison to men women were referred more to all interventions except joint case work.

### Direct Working

Within a 1-year period from September 2020 – September 2021, 59 women were recommended for direct working. The timeframe provided for CPM outcomes differ slightly to the direct contacts data set, which examines contacts between January 2021 and December 2021. However, given there is only 3-months that are not accounted for in the direct contacts data, examining engagement during this period may still provide valuable insights.

46 women had direct input from the ICPS in 2021; therefore, 13 women (22%) referred for direct work did not engage from the start. Reasons for this could not be obtained. The number of contacts per woman ranged from 1-58 during the 12-month period, and included assessment and psychological therapies, structured/informal prosocial activities, case management and psychoeducational interventions.

Of the 46 women who attended appointments, 17 women (37%) attended 3 sessions or less. 59% (10) of these women were from a black or mixed black and white ethnic background. The remaining 41% were from a white ethnic background. **This indicates that women from a black or mixed black and white ethnic background are overrepresented in terms of disengagement from direct services compared to their white counterparts.** Of the women who attended three sessions or less, their records were examined to identify documented reasons for disengagement. Of those that could be obtained, themes for disengagement included: (1) women reporting they were experiencing life stressors, (2) recall to prison, (3) difficulties engaging in a formalised, structured intervention, (4) believing that the work will not meet their needs and (5) instability in mental state.

## Conclusions

It is recommended in the OPD pathway that every screened individual has a case consultation, with each case being reviewed quarterly. The results show that men are being brought to case consultation slightly more frequently in comparison to women, however the percentages are very low for both genders, indicating that a large proportion of men and women screened onto the pathway are not receiving a service. It should be noted that the results may be impacted by inconsistent or inaccurate reporting by professionals, as well as recent staffing issues impacting on the delivery of the service. However, in either case, if 64% of women are falling through the net, or if professionals are not accurately documenting the case consultations delivered, this does not allow a definitive conclusion to be made regarding how effectively we are meeting the needs of women in the service nevertheless, it is highly probable that most women are not receiving a service.

A formulation led approach underpins the OPD pathway therefore, it is positive that the majority of women (59%) have had a formulation written. The purpose of a formulation is to help explain the underlying mechanisms of a presenting problem, to inform thinking around interventions to facilitate change. Women can present with multiple areas of need and working with women can be emotionally challenging for professionals. A formulation can provide understanding and containment to professionals and the woman, so it is encouraging that formulations are being prioritised for women.

With regards to women's engagement with direct work following CPM recommendations, the findings indicate that 59% of women will have three or fewer sessions before disengaging from the service indicating that the service has issues in retention, in addition to access.

Despite research indicating that BAME individuals are largely underrepresented in personality

disorder services (NOMS, 2015), the results of the current evaluation evidence that around one third of women screened in and accessing the indirect service are from a BAME background. Furthermore, across screened in women and women accessing indirect services, the ethnic representation remained stable, with no significant drop off any specific ethnicity. This indicates that the indirect service is meeting the needs of women from a diverse range of ethnic backgrounds.

In terms of the ethnicity of the women accessing and disengaging in the direct service, the results are unfavourable. The results evidence that women from a black or mixed black and white ethnic background are overrepresented in terms of disengagement from direct services compared to their white counterparts, suggesting that ethnicity may be a contributory factor in engagement, and this will also lead to disparity in outcomes. This association is commonly cited in the evidence base exploring the relationship between ethnicity and mental health services. For example, research has shown that individuals from a minority ethnic background are significantly more likely terminate psychological treatment prematurely (Shundi, 2021; Wang, 2007). This suggests the presence of systemic factors that may be impacting on a woman's experiences of psychological interventions within this service. Other research has also provided support for the role of services in creating and perpetuating barriers to engagement, including not meeting the social, cultural and linguistic needs of service users (Memon et al., 2016), as well as the use of models of distress that do not fit with the client's meaning making of their experiences (Suresh & Bhui, 2006). It also alludes to a potential area for exploration and development in terms of the cultural responsiveness of the interventions delivered, and whether they are adequately meeting the needs of BAME women on the pathway. A scope of the OPD pathway literature provides limited reference to how the service is evolving and addressing cultural responsiveness, or the ways in which it is developing the cultural humility of professionals (Cohen et al., 2020). The evaluation provides evidence that there is still work to be done in cultivating cultural responsiveness within the direct working pathway.

In terms of the age demographic, over half of the women screened onto the OPD pathway are between 30 and 50 years old, with the largest frequency of women falling into the 31-40 age bracket. This aligns with statistics presented by the Ministry of Justice (2019), which indicated that the 30-39 age brackets represented the highest frequency of females prosecuted. It is also encouraging to see that the data shows that all age groups are being adequately represented within case consultations. However, the data has identified discrepancies in the number of women referred to CPM by age, with results indicated that the younger age groups (18-24 and 31-40) are less likely to be discussed at CPM. This underrepresentation is particularly salient for women aged 18-24. This finding implies that the women's service is not currently operating from an early intervention standpoint to meet the needs of young women with complex needs and offending behaviours. Although there are only a small number of young women screened onto the pathway, this population should be targeted for intervention in an attempt to intervene earlier to reduce the likelihood of difficulties and risk escalating and becoming more entrenched in later life.

The results for CPM outcomes and subsequent referrals for psychological interventions and partnership agencies is positive when compared to the men's pathway, with the exception being the frequency of referrals for joint case working. The reduced numbers of joint case work might also explain the reason for men having a much higher overall number of indirect contacts listed under the OPD pathway in comparison to women. The OPD strategy highlights that joint case working between health service providers and other key professionals supporting the individual (for example, probation officers, engagement workers), is central to the success of the integrated community case management approach, yet this appears to be an area that has been somewhat neglected for women. One possible explanation for this could be the high level of vulnerability, risk to self and distress that women can present with that creates a high level of concern in professionals, possibly leading to an urgency to provide psychological assessment in the hope of them quickly accessing an intervention.

Finally, a number of themes emerged in relation to disengagement from direct work. This included the woman's difficulties in managing life stressors and subsequently being recalled back to prison, difficulties engaging in a structured intervention, believing that the work will not meet their needs, and an instability in mental state. This supports extensive research supporting the role of psychosocial factors that can prevent client's from engaging consistently with services (National Offender Management Service, 2014; Skett et al., 2017). This suggests the need to carefully consider the sequencing of interventions and the overall therapeutic package for women ensuring that women feel supported with difficulties that are linked to their distress.

## Recommendations

- It may be useful to consider joint case work prior to commencing psychological assessment to assess and build motivation and explore needs and hopes from the service. This may be considered a gentler introduction into the service and psychologically informed ways of working.
- Crisis plans should be completed in a timely manner as early as possible, to improve the woman's and professionals' awareness of warning signs, triggers and coping strategies. This could support the implementation of timely intervention which may reduce the likelihood of drop out or recall.
- It is recommended that these findings are fed back at the Community Diversity Meeting and a member of the Women's Pathway regularly attends the meeting to ensure that the needs of women from a BAME background are being taken into account in initiatives aimed at improving outcomes for people from a BAME background.
- It is also recommended that the LPP Women's Lead disseminates the findings of the service evaluation to the LPP Workforce Lead to consider what support can be offered to staff working on the OPD pathway to support cultural humility and culturally responsive practice, for instance training.
- It is recommended that a working group is set up to review the direct services provision. To assess how culturally sensitive the service is and how responsive it is to the needs of people

from ethnic minorities. It is recommended that the review includes representation from the women's pathway.

- Service user involvement work to be a priority in the women's pathway to better understand the experience and needs of women to identify possible gaps in service provision and to consider service adaptations to improve the gender and culturally responsiveness of service.
- To develop a system to increase the number of women accessing the service, with a focus on the in-direct service which will in turn increase access to other parts of the service, and for this to be audited in one year's time.

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