



## NAVIGATION SERVICES, MENTAL HEALTH AND CRIMINAL JUSTICE: A REVIEW OF THE EVIDENCE

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### Introduction

The concept of 'navigation' is not a new one, in the criminal justice system or the health system. Originally envisaged over thirty years ago in Harlem, New York, Dr Freeman sought to support patients with breast cancer and remove systemic barriers to care (Mullen et., 2023). This relatively straightforward concept has developed across a range of fields but is based on the notion that modern services (regardless of commissioning and design intention) are difficult to access, especially when multiple services may be required at once (Fulfilling Lives LSL, 2022). This can be exacerbated by a patchwork of services, delivered by a range of providers (Winstone, 2019). Supporting the individual to access and engage with the help they require, therefore becomes an important process in and of itself.

My interest in this discussion stems from previous employment. Being involved in leadership at a Liaison and Diversion service in the North West of England, I saw the benefits of a Navigation role in supporting those who had recently encounter the criminal justice system. A subsequent leadership role in a Health and Social Care organisation reinforced this perspective with care navigators employed by a local NHS Trust providing a vital role in connecting patients to local statutory services and other supportive agencies.

This article therefore seeks to examine the current position of 'Navigation' services for those justice involved individuals who may also require support with their mental health. In doing so, a brief literature review was conducted using Google Scholar, using relevant terms, including 'criminal justice', 'mental health', 'liaison and diversion' and 'navigat\*'. Boolean terms were also used to narrow this search. 119 results were returned, with 18 articles eventually included for discussion. In addition to this a snowball approach was taken where appropriate. This article will therefore examine the rationale for the role, try to identify common strengths and weaknesses and look to the future.

### Definitional terms

Before embarking, I am aware that terminology here is important. Liaison and diversion services often use the term 'support worker' in relation to workers whose role may be to help people navigate services (NHS England, 2019). Indeed, the Liaison and Diversion service specification suggests that services should seek to improve connectivity in the form of agreed care pathways and support individuals to first appointments and beyond if necessary (NHS England, 2019). Likewise, it can also be argued that peer mentors within both the justice and health systems, a role strongly supported by government (Crisp et al., 2020) can also provide this function. My focus on the concept of navigation, therefore, is acknowledged as being narrow, but is important as the primary rationale of the role is to connect people to other relevant services. I acknowledge that in all the roles described above (and there are numerous others) the demands of the role will be broad, and the excellent work undertaken by individual practitioners will cover a wide range of responsibilities.

### Requirement for the navigator role

There are a few different definitions of the navigator role. Crisp et al. (2020:11) provide an overarching view:

A person-centred approach... [Navigators] support beneficiaries to access the help they need from services and agencies that sometimes lack the understanding, experience or capacity to work with individuals.

Binswanger et al. (2015:34) describe the role as follows:

...navigators are trained, culturally competent health care workers who assist patients with navigating care systems and accessing quality care. (p. 34)

Finally, Mullen et al. (2023:35) describe the role in these terms:

Patient navigators were introduced to help diminish or circumvent the emotional, financial and systemic barriers that prevent individuals from appropriate access to screening, diagnosis and treatment of their illness. (p. 35)

Welford, Milner and Moreton (2021) discussed a service in Stoke, which provided an illuminating example for an individual that is not uncommon and perhaps outlines the rationale behind the navigator role. On the day of release from prison, a person had six appointments to attend at two different locations, two of which happened to be at the same time. The authors described the need for not only practical support in accomplishing this, but the necessity to provide 'emotional support and encouragement' (Welford et al., 2021:5) which is otherwise lacking. Interestingly as well, they define the role of the navigator as 'service neutral' – though it can also be viewed that as employees of any organisation, these people in role will be imbued in the culture and organisational practices of their employers' organisation.

Despite this, there was a sense from the literature that the role of the navigator was to be on the individual's side, often requiring challenge or negotiation with agencies to whom the person required access. Wong and Horan (2020:27) give a quote from a service user:

It's helped me with going to the doctor's and asking for medication that I need. And mental health services...messing me about...she's helped me out with that.

As such, concepts of brokerage were combined with that of advocacy (Guirey and Earle, 2017, McCarthy et al., 2020).

The support for people to attend appointments covered a range of factors. Plenty of authors referred to the need to provide practical support, in the form of organisation of appointments (Welford et al., 2020, Wong and Horan, 2021). In addition to this, however, there was a highlighted need for emotional support, both in the form of helping with motivation to attend and with attendance at appointments (McCarthy et al., 2020, Binswanger et al., 2025). Mooney et al. (2019) describe this concept as a 'warm handover' which has the potential to aid engagement.

A number of articles focussed on the role from the point of view of 'multiple disadvantage' or 'multiple complex needs'. Specifically commissioned programmes were designed under the Fulfilling Lives programme by Big Lottery funding ([tnlcommunityfund.org.uk](http://tnlcommunityfund.org.uk)) and ran across the United Kingdom. The Bradley Report (2009:11) recognised the view that mental health problems were 'one element in a complex mix of needs'. As such, although this blurs the boundaries of the roles slightly, I included evidence from this particular work as relevant, due to the nature of mental health and justice involvement for number of the individuals involved in these services, alongside substance misuse and homelessness.

In their review of Liaison and Diversion services, Disley et al. (2021) noted the effectiveness of these services to increase the short-term referral and engagement rate to both mental health and substance misuse services. Despite this positive finding, a number of articles reported difficulties in the ability to refer to other services. The reasons for this are multiple with some authors pointing to the patchwork nature of service design and commissioning (Kane et al., 2018, Turner, 2024). This complex nature is then exacerbated by difficulty in accessing services specifically. Fulfilling Lives LSL (2022) highlight that services may not have sufficient profiles for people to be able to know of their existence. Upon finding services, there may then be difficulties in accessing, including complex referrals processes, long waiting times and digital platforms which may not be

accessible to some (Turner, 2024, McCarthy et al., 2020). Once engaged with services, Holly (2017) points out that missed phone calls or appointments can result in further delays or even discharge from the service.

McCarthy et al. (2022) outline a survey in which over half of participants with an intellectual disability felt that they had been either treated unfairly or discriminated against. This perception will play an important role in the willingness of those individuals to access services afresh. Another study focussed on by Chaplin et al. (2023) found that for those diagnosed with a neurodevelopmental disorder, a community group was established to provide support, as it was felt that no other appropriate support services existed.

McCarthy et al. (2020) described occasions where engagement with one service can lead to other services 'abdicating' responsibility for an individual, on the grounds that their needs are being met elsewhere. This highlights another element whereby there is a lack of co-ordination between services, even where individuals are motivated and committed. Turner (2024) also makes the point that organisational competitiveness in a world of tendered contracts and commissioned services can increase this sense of fragmentation and siloed working. This process was accelerated by the effects of the austerity agenda (Maguire, 2020).

### **Strengths of the role**

Throughout the literature, there were several promising reported outcomes of the navigator role, though there was very little in the way of quantitative evidence for the role specifically. Mullen et al. (2023) show a reduction in barriers to treatment, combined with a reduction in hospital attendances. However, the ability to effectively distinguish the effects of a navigator role as opposed to the effects of a broader liaison and diversion service (as outlined in Disley et al., 2021) is limited by a lack of available research evidence. This is especially true in the UK context. In a study from the North-East of England related to financial support, local authority navigators demonstrated financial gains for beneficiaries (who were described as having complex health needs) as well as a statistically significant increase in measures of confidence (van der Graaf, 2024).

As Disley et al. (2021) state, Liaison and Diversion services have shown, broadly, that they increase referrals to both mental health and substance misuse services, as well as a short-term increase in attendance to these agencies. A recommendation that they have for liaison and diversion services is interesting in this sphere, where they acknowledge the need to provide greater support to those individuals with a range of vulnerabilities who do not necessarily meet the threshold for statutory services. They also acknowledge the capacity of other partnership agencies to take on said referrals, though this appears to vary geographically. They note from an interviewee (employee), that the support and motivation provided increases the likelihood that people will engage with a range of services.

Crisp et al. (2020) argued that the navigator role became more valuable during a period of austerity and wider service cuts. Wong and Horan (2020:40) likewise highlighted that navigators were seen as valuable due to their ability to, 'forge relationships with other agencies'. This points to a clear strength of the role; the ability to understand the network of agencies that exist in a local area and be able to play a role in linking people to these services. This is especially important in the case of reducing statutory services, whilst linking with a network of third sector agencies who may often provide critical support on a range of needs, but which may not be well known to other professionals.

A number of authors discussed the effectiveness of the relationship between the navigator and the person (Horan and Wong, 2020, Welford et al., 2021, Crisp et al., 2020). Most depictions of the navigator role in literature do not require specific professional qualifications or backgrounds but do note that training is generally provided. However, descriptions of a 'warmth' of relationship, characterised by empathy is interesting to note. Skills described such as listening, being person-centred and the provision of emotional support, show a facet of the role that may be inherent to it. As described above, the idea of being 'service neutral' (regardless of the limitations of such an expression), combined with innate skills of care and empathy may provide a real strength for people in times of transition and crisis.

Another strength of the role appears to be a willingness to look holistically at a person's immediate needs, including those that can be characterised as 'basic'. Welford et al. (2021) state that often it is the provision of essential supplies and practical support that are the foundation for deeper recovery efforts for the individual. Likewise, Mooney et al (2019) argue that the provision of social care, financial and accommodation support are

vital in successful diversion. A key quote cited in Molyneaux et al. (2021:1054) from a member of the judiciary encapsulates this broader support neatly:

...the additional help and support, which isn't really probation, isn't really health, isn't really to do with offending. It's more about providing practical assistance for that individual to let them engage'

Several articles focussed on the experience of women. Holly (2017) acknowledges the wide range of services that women are required to access and the value that is perceived in having someone to advocate with these services, especially child protection and housing. Guirey and Earle also noted the potential for the support worker role in relation to women. Sheeran (2022) describe the particular issue that longer waits for psychological services can have. They point to a number of potentially positive approaches across England and Wales but also acknowledge the necessity for any support to involve deep local knowledge of services and activities that promote well-being.

The role of 'lived experience' in the work of a navigator was also addressed. Crisp et al. (2020:13) suggest that lived experience can be 'useful in terms of brokering relationships but is not a vital prerequisite'. Wong and Horan (2021), when discussing the concept of peer mentoring, suggest that lived experience can provide positive inputs such as caring, listening, realism and responsivity. Likewise, Welford et al. (2021) see lived experience in the navigation staff force as a factor that should be positively harnessed. As an aside, my own experience in this area is that people with lived experience do contribute positively, both to the work of an organisation, but to the culture of the teams in which they are a part of. However, the need to support individuals fully is absolutely vital.

When discussing the potential strengths of the navigation role, it is important to note the limitations of the evidence base so far. Mullen et al. (2023) outline some key issues, such as the limited number of studies, that many interventions are brief in nature and there is little by the way in long-term follow up of the participants. It is also worth noting that the studies that exist do not isolate the navigation role from the service within which they are embedded, leaving the question as to which element has more impact. Equally, it is difficult to separate the effectiveness of the navigator role from the quality and efficacy of services that they are referring to.

### **Weaknesses of the role**

As discussed above, one potential weakness of any navigation role is the potential 'lack' of available appropriate services for them to support individuals to access. Disley et al. (2021) note specifically that the capacity of partnership agencies to take on additional referrals varies across geographies. This can be true both where services do exist but are at capacity and where specifically tailored services do not exist. In such circumstances, the navigator role has the potential to become a form of support that it is not designed to undertake – such as taking on a case-holding function. Whether this can be offset by local knowledge of a wider range of services (potentially from the third sector) is difficult to gauge.

Horan and Wong (2020) highlight several practical barriers from their study. These include a high demand for home visits (that could not be met), issues with transporting service users in cars, being a '9-5' service, not having the opportunity to meet beneficiaries early enough in their journeys and a feeling that the role itself can be isolating. These practical considerations highlight the challenges of any role such as this – the necessity to work in the community and away from an office base, often on a one-to-one basis – and the relevant managerial and health and safety considerations that need to be undertaken.

Another aspect that was consistently referred to is the length of time required in the navigator-beneficiary relationship. Crisp et al. (2020) and Welford et al. (2021) both note the long-term nature of such a relationship, as well as highlighting the flexibility that is also required. In addition, Welford (2021) suggested that small caseloads were also needed. The challenge here, therefore, is to justify the potential financial cost of these roles. This challenge is exacerbated by the lack of clear evidence for a reduction in cost elsewhere in the health or justice systems (Kane et al., 2018). Disley et al. (2021) describe outcomes of reducing financial costs in the criminal justice system being offset by increases in health costs.

The final concern in relation to the role is a philosophical one. As highlighted above, the navigation role provides links to and between service. van der Graaf et al. (2024:21) describe navigators as being, 'human intermediaries

and advocates for service users and navigating the frustrating complexities of the support systems across the borough’.

Fulfilling Lives LSL (2022:19) provides the statement bluntly, ‘The system should not have to rely on individual practitioners such as link workers to make collaboration work’. Service commissioners do not seek to design deliberately confusing and difficult to access service networks – despite the evidence highlighted above that this is the experience for many people trying to access them. If services could be designed in such a way as to make them accessible, sequenced and timely, then clearly the navigation role would be of more limited benefit.

### **Future direction and concluding thoughts**

My intention in this article was to highlight the need for the navigation role, especially in working with those justice involved individuals who may also have mental health needs. In outlining the necessity of the role, as well as some of the strengths and weaknesses, I hope I have given the impression of a role that can play a vital part in supporting people at points of crisis and transition within their lives. That practical, holistic and person-centred support of this type can be effective. And that this is especially the case when service complexity, siloing and fragmentation remains an ongoing feature of the health and justice landscape. Further research is, however, required to unpick the specific value of these roles and the potential net contribution that they can make.

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