Probation and Mental Health:

Do we really need 'Equivalent' care?

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Analysis of previous Martin Tansley lectures and mental health

Year	Lecturer and title of paper	Nº of mentions of mental health	Type of mention
2008	**Sean Aylward** 'Diversity of the CJ system	0	
2009	**Fergus McNeil** 'Probation rehabilitation and reparation'	1	Engagement in mental health care leads to reduction in offending behaviour
2010	**Professor Hexler** 'Therapeutic jurisprudence: an international perspective	14	1. Reference to ACJRD mental health working group 2. TJ grew from MH law 3. TJ requires involvement of MH professionals

Year	Lecturer and title of paper	Nº of mentions of mental health	Type of mention
2011	**Shane Kilcommins** 'Future of the CJ system'	0	
2012	**Mary Rogan** 'Prison policy in Ireland'	1	A reference to prevalence of MH disorders in prison
2013	**Justice Charleton** 'Throw away the key….'	0	
2014	**Paul Senior** 'Integrated Offender Management'	2	MH status influences reduction in offending
2015	**Moirin O'Sullivan** Challenges for An Garda Siochana'	0	
2016	**Ann-Marie McAlinden** 're-integration of sexual offenders'	0	

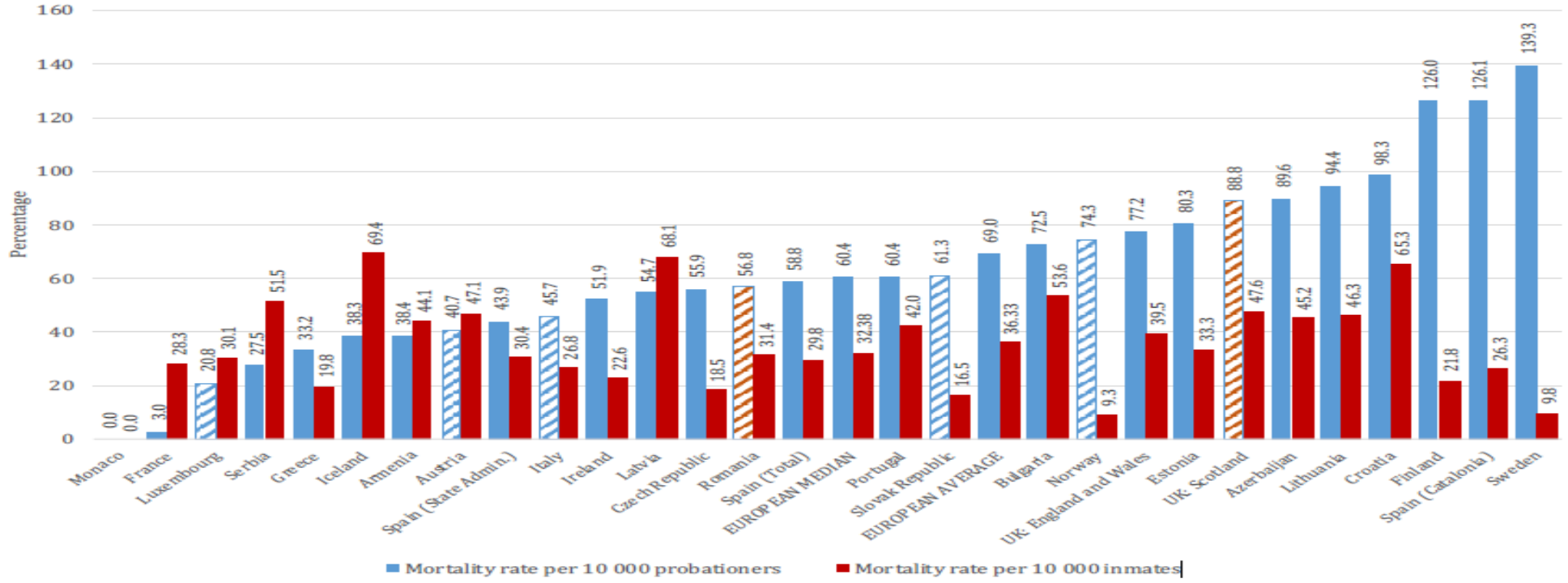
Year	Lecturer and title of paper	Nº of mentions of mental health	Type of mention
2017	**Shadd Maruna** 'Desistance as a social movement'	3	Exhorting desistance to become a social movement like recovery in MH
2018	**Tim Chapman** 'Restorative justice'	0	
2019	**Claire Hamilton** 'CJ Culture'	0	
2020	**IM O'Donnell** 'Reducing Re-offending'	1	In the context of solitary confinement in prison
Total		**22**	**Nothing on mental health and probation and very little on mental health in any other part of the CJ system**

Comparison of Physical and Mental Component Summary scores (SF-36) for probation sample and general population social class V

	Nottinghamshire Mean (SD)	Derbyshire Mean (SD)	Total Offender Sample Mean (SD) (95% CI)	General Population Social Class 'Manual' Mean (SD)
Physical Component Summary	47.34 (13.17)	46.52 (12.74)	46.95* (12.94) (45.04 - 48.88)	48.93 (10.74)
Mental Component Summary	46.60 (12.36)	46.93 (12.71)	46.75* (12.49) (44.91 - 48.60)	49.93 (10.38)

Death Rates: a European-wide comparison of prisons and probation

Figure 9. Deaths of inmates per 10,000 inmates and deaths of probationers per 10,000 probationers during 2017 (N = 27)



Stage 1: Aims of Lincolnshire Prevalence Study

The first stage employs a number of structured clinical interview tools to:

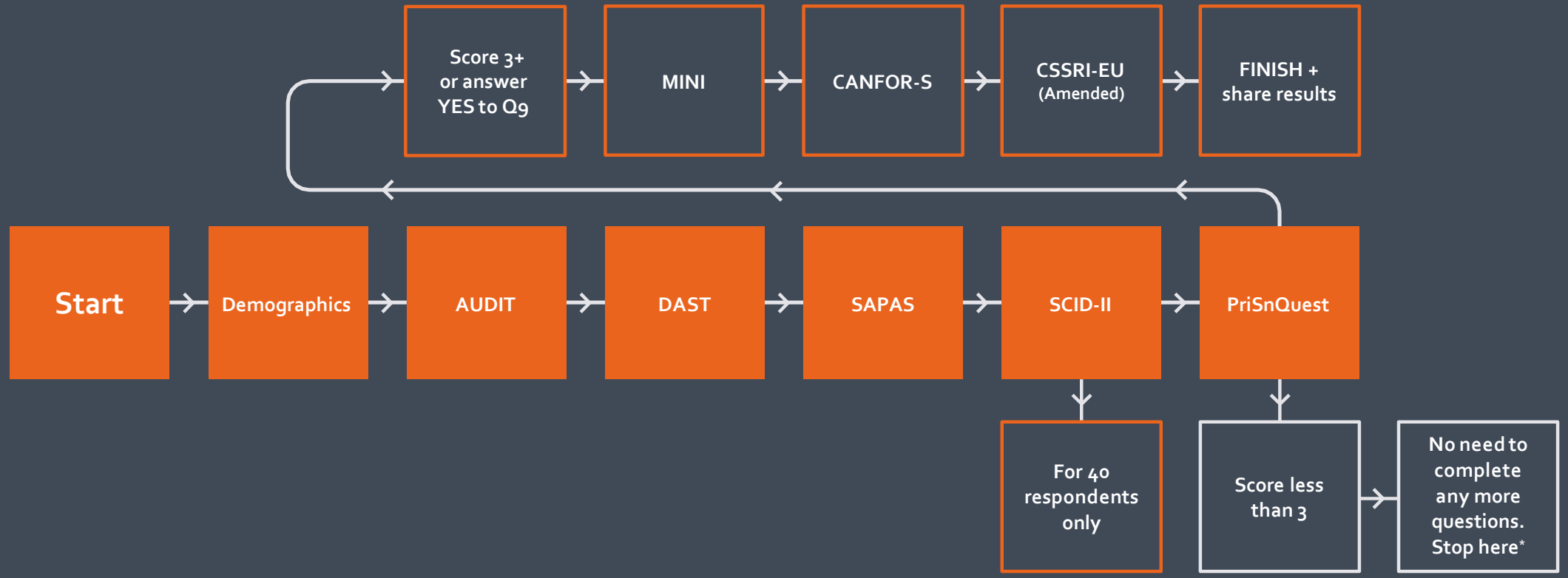
- Pilot a methodology to establish the prevalence of mental health disorder – including personality disorders and substance misuse – amongst a random sample of offender under probation supervision in Lincolnshire;
- and establish the self-reported health needs of these offenders and the extent to which offenders feel that their needs are being met by existing service provision.

Stage 1: Aims

Stage one investigated:

- The prevalence of mental health disorder and substance misuse in a probation population
- Offenders' self-reported needs
- The extent to which offenders felt that their needs were being met by existing service provision

Interview Structure



*NB One in five 'negative' cases complete the full interview as a PriSnQuest false-negative check

Selection of tools

Tools were selected based on the following criteria:

- Previous use in criminal justice settings
- Quick to use
- Suitable for use by 'lay' persons
- Good rates of sensitivity and specificity

Overall caseload v sample characteristics

Variable		Overall N	Caseload %	Study N	Sample %
Gender	Male	2876	87.3	150	86.7
	Female	420	12.7	23	13.3
Ethnicity	Asian	16	0.5	1	0.6
	Black	34	1.0	2	1.2
	Mixed	21	0.6	0	0
	White	3206	97.3	170	98.3
	Other	5	0.2	0	0
	Not stated	14	0.4	0	0

Overall caseload v sample characteristics

Variable		Overall N	Caseload %	Study N	Sample %
Tier of Risk	One	607	18.4	16	9.3
	Two	1126	34.2	62	35.8
	Three	1383	42.0	87	50.3
	Four	170	5.2	8	4.6
	Unknown	10	0.3	0	0

Stage 1: Findings: Prevalence

Disorder	Weighted Estimate (%)
Current mood disorder	17.9
Current anxiety disorder	27.2
Current psychotic disorder	11.0
Current eating disorder	5.2
Any current disorder	**38.7**
Past/lifetime mood disorder	43.9
Past/lifetime psychotic disorder	18.5
Any past/lifetime disorder	**48.6**
'Likely' case of PD	N/A

Substance Misuse

55.5%

scored 8+ on AUDIT – strong likelihood of hazardous/harmful alcohol consumption

40%

of the above participants reported accessing a substance misuse service

12.1%

scored 11+ on DAST – substantial/ severe levels of drug use

88%

of the above participants reported accessing a substance misuse service

Comorbidity

72.3% of those with a current mental illness also had a substance misuse problem

89.4% of those with a current mental illness also had a personality disorder

Prevalence of current major disorders and likely personality disorder

Disorder	Likely Personality Disorder (SAPAS Score of 3+)	%	CI (95%) (%)
Any current mood disorder (n=26)	23	88.5	76.2 – 100.00
Any current anxiety disorder (n=37)	34	91.9	83.1 – 100.0
Any current psychotic (n=14)	11	78.6	57.1 – 100.0
Any current eating disorder	4	100.0	100.0 – 100.0
Any current mental illness (n=47)	42	89.4	80.6 – 98.2
No current mental illness (n=41)	15	36.6	21.8 – 51.3

Needs

- Those with a current mental illness had a higher mean level of need than those without (mean CANFOR-S scores of 10.53 vs 4.59)
- There was a statistically significant difference between these two groups in terms of their 'met' and 'unmet' needs scores at the p=<0.05 level

Types of Unmet Needs

- Safety to self
- Physical health (four times more likely to die from violent deaths and twice as likely to die natural causes)
- Daytime activities
- Company
- Money
- Alcohol and drugs
- Agreement with prescribed treatment

Access to Services

Overall low levels of service access were reported.

No mental health service access was reported by:

60%

of current mood disorder cases

59%

of current anxiety disorder cases

50%

of current psychotic disorder cases

75%

of current eating disorder cases

55%

of 'likely' cases of PD

Stage 2: Aim

Compare findings from stage one interviews to information in probation case files to determine:

- the extent to which probation staff were aware of and recording offenders' mental health and substance misuse problems
- What is recorded about offenders' access to health services in probation files

Stage 2: Method

- Files for all PriSnQuest positive cases with a current mental health disorder were examined
- Quantitative data were collected from every file and analysed in SPSS
- Qualitative data were collected from every fifth file and manually coded into themes using the constant comparative method

Stage 2: Findings: Recording of Disorders/Substance Misuse

Findings for 'complete' files suggest that the following proportions of cases identified in stage 1 interviews were also recorded in probation files:

73%
any current mood disorder

47%
any current anxiety disorder

33%
any current psychotic disorder

0%
any current eating disorder

21%
any likely PD
(may have improved with the new pathway – discussed later)

83%
11+ on DAST

79%
8+ on AUDIT

Access to Services

In a third of cases participants told a researcher that they were accessing a mental health service but this was not recorded in their file.

Qualitative data highlighted the following barriers to service access:

Motivation

Dual diagnosis

Services' referral criteria

Stage 3: Aims

To investigate:

- What works well in linking offenders with mental health and substance misuse services
- What acts as a barrier to access, and
- Where improvements could be made

Stage 3: Method

To investigate:

- 20 semi-structured interviews with a purposive sample of probation staff (n=11) and offenders on probation (n=9)
- Interviews were conducted by research staff and service user representatives
- Transcribed verbatim and analysed in NVivo using the constant comparative method

Stage 3: Findings

Enablers:

- Joint meetings with probation, offender and health service staff
- Services guaranteeing confidentiality
- Co-location of services
- Clear communication within and between agencies
- A good relationship between an offender and probation staff
- Probation and mental health staff knowing each other
- Probation staff having sufficient mental health awareness training

Stage 3: Findings

Barriers:

- No referral pathways
- Probation staff's lack of knowledge about mental health in general and suicide especially
- Poor/one-way communication between services
- Silo working
- Stigma
- Travel distances
- A lack of resources for the treatment of some problems
- Reluctance to treat complex cases or accept mental health treatment requirements
- Offenders' inability to engage with mental health services
- Poor relationship between offenders and probation staff

Stage 3: Findings

Positive Experiences:

- Services with straightforward referral procedures
- Services which are able to work flexibly
- Services which are quick and easy to access
- Services with the time to listen to complex needs
- Services which explain health problems rather than simply giving a diagnosis

Stage 3: Findings

Negative Experiences

- Inadequate provision of alcohol services
- Frequency of appointments/continuity of care
- 'Fobbing off' with medication
- Services being unwilling to accept people with chaotic lifestyles

Stage 3: Findings

Improvements:

- Co-working cases to improve communication between agencies
- Providing specialist workers with mental health expertise to probation
- Expanding provision in some areas – e.g. alcohol
- Reducing waiting lists
- Increasing flexibility in provision

Additional Papers (2,3)

- A paper showing that SAPAS the brief measure of personality disorder (just 8 items) we used in our study was as valid in detecting cases as SCID-II from DSM IV (2014)
- Paper on suicide/self harm showing that 25 – 40% of probationers have a life-time history of self harm and are at high risk of suicide (2014)

Study of mental health need in the Irish Probation Service

Undertaken by Christina Power and reported in the Irish Journal of Probation

(Irish Probation Journal 2020 Volume 17 - The Probation Service):

40% on a Probation Supervision Order, compared to 18.5% of the general population, present with symptoms indicative of at least one mental health problem. Women present with higher rates of active symptoms and higher rates of contact with services currently and in the past for mental health problems.

50% supervised by the Probation Service in the community that present with mental health problems also present with one or more of the following issues as well: alcohol and drug misuse, difficult family relationships, and accommodation instability.

There are significant and unmet psychological and psychiatric needs among persons subject to Probation Supervision. These findings show that we need improved access and engagement routes to mental health services.

Outcome of Launch Day: Irish Study

- A launch day for the Irish probation service's mental health report was held on March 4th, 2021
- The event was attended by the Irish Minister for Health, Helen Mcentee, T.D
- A task-force is to be assembled to address the report's recommendations
- Full commitment to engagement was expressed by Jim Ryan, HSE

Recent Studies on Suicide (4,5)

- Important paper by Philips et al (2018) and I will present data from this study next. Data is descriptive but most useful. NB All probation suicides in England and Wales are detailed in monthly reports to the MofJ
- Systematic review of suicide in probation(Sirdifield et al, 2021) published in the Journal of Mind and Law which concludes that new models of mental health care were required in probation including a need to examine the value of 'specialty caseloads and staff'
- There are no reported studies world-wide on interventions to reduce suicide rates in probation services

Suicide rates comparing probationers and the general population

Total number of suicides of offenders under supervision (2010/11 – 2015/16)	Annual offenders in community suicide rate/100,000		Annual prisoner suicide rate/100,000 (Fazel et al 2017)		Annual suicide rate (general population)/ 100,000 aged 30-49 (ONS)
	Rate	95% CI	Rate	95% CI	
1,619	118	99-137	83	66-100	13.6

Suicide rates comparing probationers and the general population by Ratios

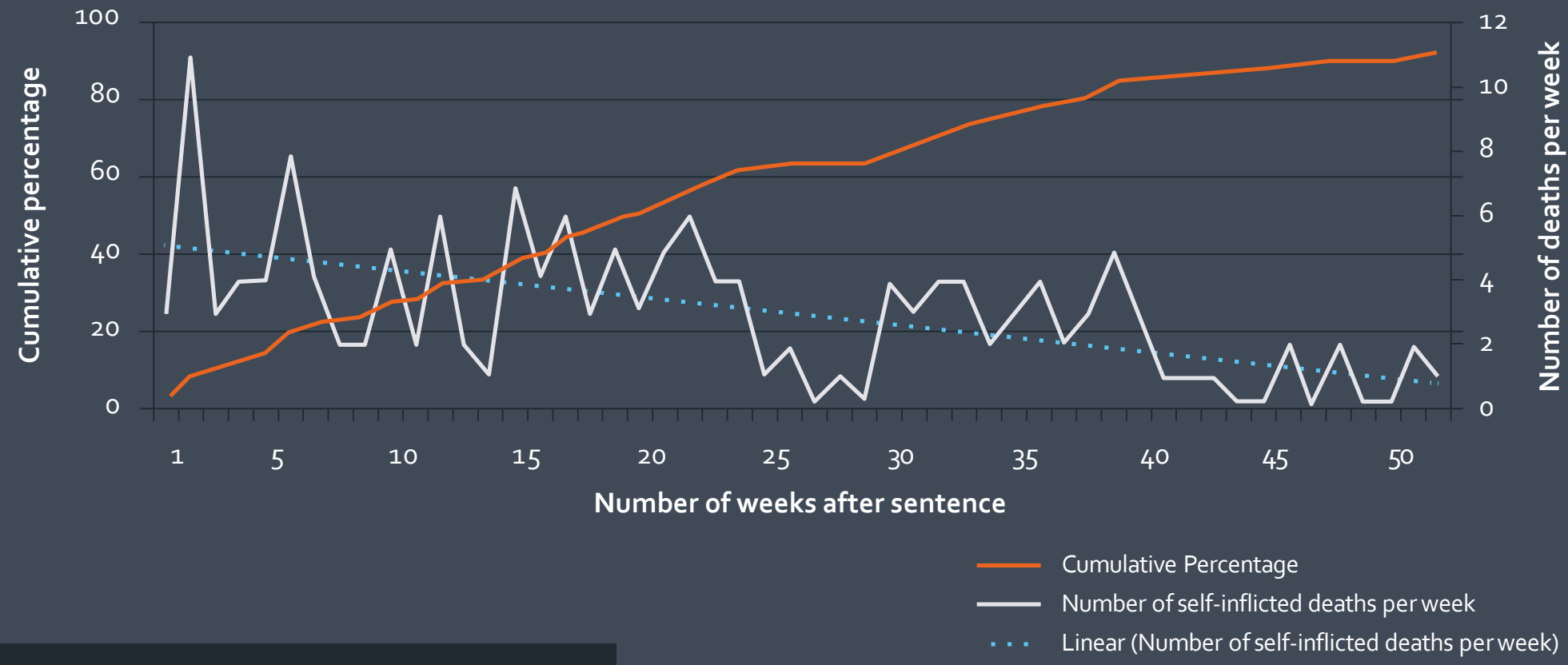
Rate Ratios		
Supervision/prison suicide rate ratio	Supervision/general population rate ratio	Prison/general population rate ratio (Fazel et al 2017)
1.42	8.67	6.1

Suicide rates comparing probationers and the general population by gender

Gender	Suicide rate per 100,000 offenders under supervision (2015/16)		Annual suicide rate Gen pop suicide rate/100,000 aged 30-49
	Rate	95% CI	
Men	105	95.2 - 115	18.8
Women	146	115 - 175	5

Suicide in Probation through time

Fig.1 Number of deaths per week after sentence and cumulative percentage of self-inflicted deaths (2015/16)



Suicide in the London Probation Service

- We examined a sample of 274 probation clients who screened positive for mental health problem using the K6
- This was a group that was offered a psychological therapy by St Andrews Healthcare
- We divided the 274 clients into three groups: those with suicidal ideation; those who had attempted suicide and those with neither ideation or acts.
- There were significant differences between the controls and those who attempted suicide or had suicidal thoughts: depression, anxiety, use of services
- However, no differences between those that had suicidal ideas or who had attempted suicide.
- Discussed findings in the context of the ideation-to-action model

Systematic reviews (6,7)

- Mental health (Brooker et al, 2019) only four intervention studies world wide and they were of questionable quality
- Although the Mental Health SR did contain evaluations of the 'specialist' PO role
- Substance Misuse (Sirdifield et al, 2020)

Systematic review: Substance misuse

- Estimates of the prevalence and complexity of substance misuse in probation populations
- Studies of the effectiveness of approaches to treating substance misuse and engaging and retaining probation populations in treatment
- A total of 5125 papers were identified in the initial electronic searches, and after careful double-blind review only 31 papers related to this topic met our criteria.
- In addition, a further 15 background papers were identified which are reported
- We conclude that internationally there is a high prevalence and complexity of substance misuse amongst people on probation
- Despite clear benefits to individuals and the wider society through improved health, and reduced re-offending; it is still difficult to identify the most effective ways of improving health outcomes for this group

Probation and healthcare funding (8,9)

- Two studies in England looking healthcare spend on probation
- Offender health budgets are split in England & Wales (NHS England pays for prison healthcare and Clinical Commissioning Groups pay for probation)
- This leaves obvious difficulties when people are released from prison 'through the gate'
- However CCGS do not fund much healthcare for probation

CCGs and Healthcare Spend

- Despite often having complex health needs, including a higher prevalence of mental health problems, substance misuse problems and physical health problems than the general population, this socially excluded group of people often do not access healthcare until crisis point

- This is partly due to service-level barriers such as a lack of appropriate and accessible healthcare provision

- We conducted a national survey of all Clinical Commissioning Groups (CCGs, n=210) and Mental Health Trusts (MHTs, n=56) in England to systematically map healthcare provision for this group

CCGs and Healthcare Spend

- We compared findings with similar surveys conducted in 2013 and 2014
- We found that just 4.5% (n=7) of CCG responses described commissioning a service specifically for probation service clients, and 7.6% (n=12) described probation-specific elements within their mainstream service provision
- Responses from 19.7% of CCGs providing data (n=31) incorrectly suggested that NHS England are responsible for commissioning healthcare for probation clients rather than CCGs

Toolkit for Commissioning Healthcare for Probationers

- Our last study, funded by the NIHR, undertook the systematic reviews already referenced previously
- We also surveyed Public Health Depts; Mental Health Services; CCGs, Approved Premises and Probation. This established inter alia current healthcare spend
- A commissioning toolkit was also produced in an effort to improve the low level of funding by CCGs see below
- https://probhct.blogs.lincoln.ac.uk/

New Healthcare Strategy for Probation

- During the course of the latest research that we conducted a new National Healthcare Strategy was published for probation in England
- It's written in terms of the following sub-headings: mental health and wellbeing; substance misuse; suicide reduction; social care; physical health; learning disabilities and finally the offender personality disorder pathway
- This includes a section on the Offender Personality Disorder Pathway that has been developed since we conducted our prevalence study, and is summarised in an infographic in our toolkit
- We have collaborated with this group to put in another bid to develop healthcare indicators for probation which has been funded but is on hold due to the Pandemic

Recent Study on CBT for Probationers in London with a mental health problem (10)

- Only published in December 2019 by Fowler, J et al (2019)
- Every person in the London Probation service was screened with Kessler-6 (K-6), six items all scored 1–5, if you scored 13 or over offered intervention. The K-6 is a general measure of mental health status
- The intervention consisted of a 'manualised' CBT-type intervention with aimed for emotional regulation (copy right St Andrews)
- The intervention was not offered as part of a Mental Health Treatment Requirement (MHTR)

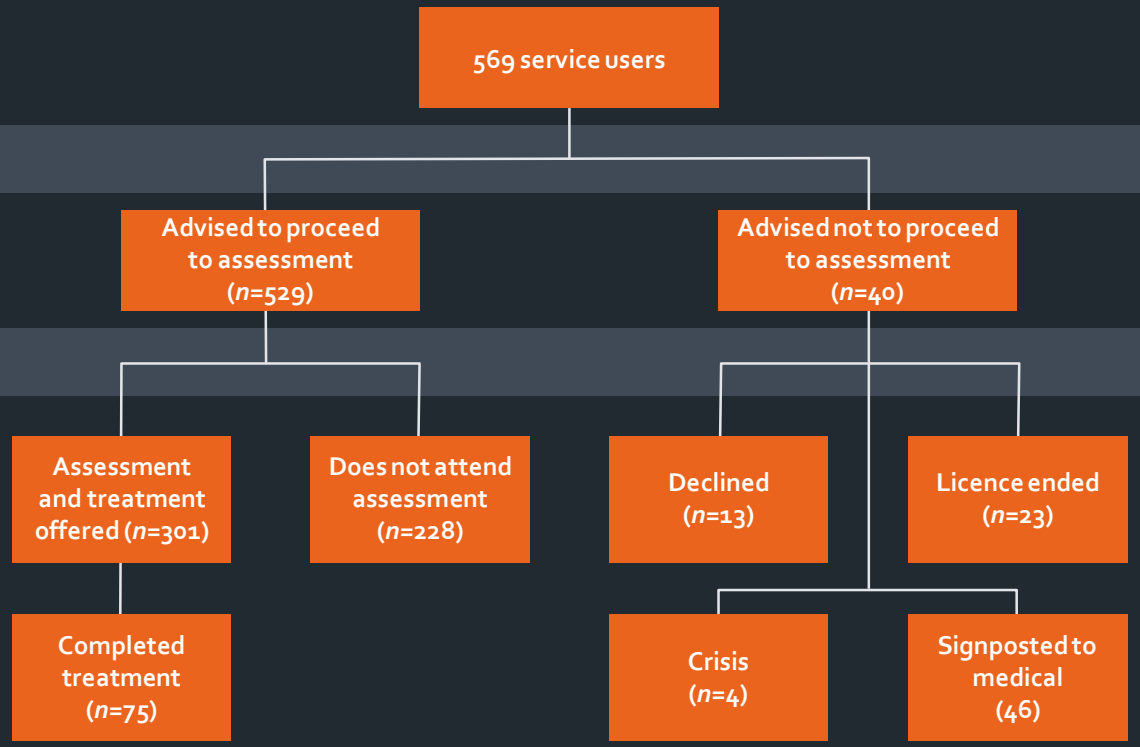
Results from the Fowler Study – sample attrition

Referral throughput numbers

Service users score 13 or higher on K6:Probabtion Officer seeks consultation from our team

Consultation is provided and advice is given as to whether or not assessment should be offered as part of the service evaluated here

These represent the potential outcomes of the consultation process. These outcomes represent the assessment (and treatment) group evaluated here (n=75) and the comparison groups. 97% of those who attended the assessment were offered treatment



Pre- and post-intervention results

Psychometric results

Assessment	Pre-mean (SD)	Post mean (SD)	Statistical value (pre-post comparison)
Kessler Psychological Distress Scale (K6)	22 (3.5) Clinically significant n=75	14.6 (4.9) Clinically significant n=41	t=18.1 (df1) p>0.001 Cohen's d=1.3
Patient Health Questionnaire-9 (PHQ-9)	17 (5.8) Clinically significant n=65	9.2 (6.2) Clinically significant n=29	t=11.8 (df1) p>0.001 Cohen's d=1.1
Generalised Anxiety Disorder 7 (GAD-7)	14.7 (5.2) Clinically significant n=65	8.4 (5.2) Clinically significant n=39	t=10.5 (df1) p>0.001 Cohen's d=1
Work and Social Adjustability Scale (WSAS)	18.2 (10.3) Clinically significant n=61	11.8 (10.1) Clinically significant n=37	t=6.8 (df1) p>0.001 Cohen's d=0.7

Pre- and post-intervention results

Treatment condition offending rates

	12 months pre-treatment mean (SD)	12 months post-treatment mean (SD)	Statistical value (pre-post comparison)	Reliable change index
Treatment condition (n=61)	1.64 (1.13)	0.43 (0.9)	t=9.3 (df1) p<0.001 Cohen's d = 1.02	1.43

2012 EU Survey of Policy for probationers with a mental health problem (11)

- Assisted by CEP Brooker attempted to survey all EU member countries on their policy concerning the mental health of probationers
- There was a poor response with only 8/36 countries replying including: Slovakia, NI, Ireland, Denmark, the Netherlands, Austria, Romania, and Malta
- Questions were asked about: the overall policy framework, training in MH, prevalence on caseloads, processes for identification and onward referral and the role of probation in providing mental healthcare to probationers
- The low response rate was disappointing and led to little formal write up of the findings which must be now out of date. This survey is being undertaken again endorsed by Council of Europe/CEP and has obtained 63% response

The Issues Worth Considering

- Recognition and assessment of mental health problems and suicidality by probation staff
- Healthcare funding for probation where needs are highly complex (dual diagnosis and personality disorder)
- The lack of rigorous research on effective mental health interventions for probationers
- If mental health problems were detectable, but they are complex, how do you develop pathways between probation and mental health services?
- High levels of suicide a significant issue in their own right (interesting studies coming out Belgium by Favril and his colleagues)

Probation Mental health Care and Equivalence

- In the late 1990's policy exhortations in England pointed towards the need for 'equivalent' mental health services
- However, the complexity of need in probation, mental health problems, substance misuse issues and personality disorder leaves open the question 'do equivalent services exist?'
- It might well be that the most effective service for probationers is based on Assertive Outreach

Conclusions

- The evidence base has been systematically reviewed in three main areas: mental health, suicide and substance misuse. We know there is little information, world-wide, on effective mental health/substance misuse interventions
- We have useful descriptive data on the epidemiology of mental health disorders and suicide data from England and Ireland (the prevalence data from Ireland is now published)
- We also know that healthcare/substance misuse services in probation in England are under-funded and indeed, almost unrecognised by CCGs in England as a 'need'
- There has been one recent study of a CBT type intervention in London where of 569 people that met screening criteria only 75 completed treatment.
- Equivalent care may not be a useful concept to pursue