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# Mental Health Disorders and Probation

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# Background

- Whilst a substantial amount of research has investigated the prevalence of mental illness amongst prisoners, very little research has investigated this amongst offenders on probation
- Much of the research which does exist is small-scale, based on unrepresentative samples, and uses proxy measures (rather than standardised assessment tools) to investigate prevalence
- Policy documents/reports repeatedly point to silo working and the need to improve partnership working between criminal justice and health services

# Lincolnshire Study

- **Stage One:** Study of the prevalence of mental health disorder (including PD and suicidality) and substance misuse
- **Stage Two:** Comparison of findings from stage one with information in probation case files
- **Stage Three:** Investigation into facilitators and barriers to health service access for offenders, and where improvements could be made

# Stage One

- **Study design:**
  - Face-to-face interviews with a stratified random sample of 173 offenders on probation in Lincolnshire. Stratified by probation office and tier of risk
  - Used the following established screening tools: AUDIT (alcohol), DAST (drugs), SAPAS (likely PD), SCID-II (PD), PriSnQuest (likely MHD), MINI (MH screen), CANFOR-S (needs) and CSSRI-EU (service use)

# Stage One Findings: Mental Illness

- 38.7% of participants had a current mental illness
- 48.6% of participants had a past/lifetime disorder
- Figures for individual categories were as follows:
  - 17.9% current mood disorder
  - 27.2% current anxiety disorder
  - 11% current psychotic disorder
  - 5.2% current eating disorder
  - 43.9% past/lifetime mood disorder
  - 18.5% past/lifetime psychotic disorder
- 47.4% were 'likely cases' of personality disorder

# Mental Illness and Tier of Risk

Association between Current and Past/Lifetime Mental Illness and Probation Tier of Risk\*

Disorder	Low Risk (n=35)			High Risk (n=53)			Test Statistic
	N	%	CI (95%) (%)	N	%	CI (95%) (%)	
Any current mental illness	19	54.3	37.78-70.79	28	52.8	39.39-66.27	$\chi^2 (1) = 0.18;$ $p=0.893$
Any past/lifetime mental illness	27	77.1	63.23-91.05	42	79.2	68.33-90.16	$\chi^2 (1) = 0.55;$ $p=0.815$

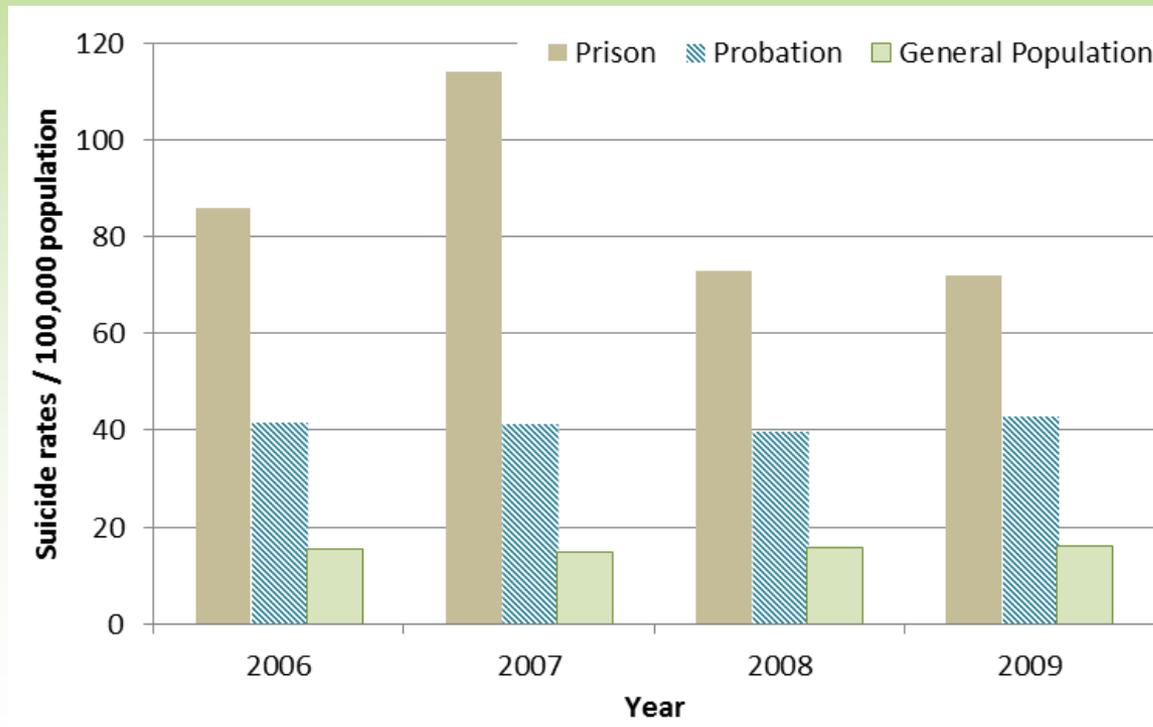
Based on PriSnQuest positive cases only (Sirdifield, 2013, Unpublished PhD)

# Stage One Findings: Substance Misuse, Comorbidity, Dual Diagnosis

- 55% scored 8+ on AUDIT – indicating a strong likelihood of hazardous/harmful alcohol consumption
- 12.1% scored 11+ on DAST – indicating 'substantial' or 'severe' levels of drug use
- 72.3% of PriSnQuest positive participants had both a substance misuse problem and a mental illness
- 89.4% of participants with a current mental illness also screened positive as a 'likely case' of PD

# Stage One Findings: Suicidality

A comparison of suicide rates in prison, probation and the general population in England and Wales (2006-9)



# Stage One Findings: Needs

Differences in CANFOR-S Scores comparing those with and without a current mental illness (PriSnQuest positive cases)

Disorder	Type of Need	Mean CANFOR Score	Standard Deviation	Inter-Quartile Range	Mann-Whitney U Test*
Any current disorder	Met need	2.83	2.37	1.13-3.88	z= -2.161 p=0.031
	Unmet need	7.70	6.13	2.45-11.70	z= -4.155 p=<0.001
	Total need	10.53	6.31	5.50-15.10	z= -4.517 p=<0.001
No current mental illness	Met need	1.83	1.83	0.50-2.74	N/A
	Unmet need	2.68	3.42	0.39-4.78	N/A
	Total need	4.59	3.72	1.50-7.38	N/A

# Unmet Needs

- Assessment of needs was undertaken with participants who screened positive on the PriSnQuest
- The most commonly reported unmet needs were:
  - Psychological distress (30.7%)
  - Company (21.6%)
  - Intimate relationships and treatment (both 17.0%)
  - Money (15.9%)

# Stage Two

- **Study design:**
  - A researcher examined the case files for participants screening positive for both a current and past mental health disorder in stage one. The entire paper file was examined together with the summary sheet for the drugs, alcohol and emotional wellbeing (section 13) sections of OASys

# Stage Two Findings\*

- Proportion of cases identified in stage one interviews that were also recorded in probation files:
  - **Current mood disorder: 73%**
  - **Current anxiety disorder: 47%**
  - **Psychotic disorder: 33%**
  - **Eating disorder: 0%**
  - **Likely personality disorder: 21%**
  - **11+ on DAST: 83%**
  - **8+ on AUDIT: 79%**

\* Results for 'complete' files only

# US Model for Specialist Mental Health Practitioners in Probation

- Mental health probation (MHP) existed for 20 years
- MHP have only MH clients; reduced caseloads; intensive MH training; integrated MH and community resources (case management)
- New Jersey Programme has 30 MHP workers supervising 500 probationers with SMI
- Significant reduction in 'jail days' (53.2 to 25.3) and significant improvement in MH

# The Importance of Focusing on Mental Health in Probation

- **Relationship with offending:** the relationship between mental health and offending is complex. However, research from the USA shows that re-offending rates at two years halve when specialist mental health practitioners are employed
- **Fairness and equality:** services should be doing their utmost to ensure equivalence of access to mainstream services for offenders
- **Preventative care:** early access to services may reduce costs further down the line by reducing the number of emergency/crisis appointments
- **Continuity of care:** a focus on mental health is important to ensure continuity of care for offenders released from custody
- **Suicide and self harm:** Increasing mental health awareness may help to reduce suicides in probation which are verging on rates for prisons (a national health target)

# Moving Forward

- Recommendations
  - Improving level of mental health awareness training for probation staff
  - CCGs (Primary Care Commissioning Groups) should commission health needs assessments in probation services
  - Need for National Healthcare Strategy in Probation (given NHS and Probation Reforms)

# Key Messages

- In short, this research suggests that:
  - There is a high prevalence of mental illness and co-morbidity amongst offenders on probation
  - Recording of mental illness in probation files is poor for some types of mental illness
  - There is a need to improve referral pathways for offenders on probation and to increase mental health awareness training for probation staff
  - National plan for healthcare in probation needed
  - The US model should be explored