

Mental Health and Probation: A European Survey – Summary of Responses

Question	Slovakia	Northern Ireland	Netherlands	Denmark	Lithuania	Austria	Jersey	Romania
Respondent details	Katarina Lenhartová Chief state counsellor, Department of pardons, crime prevention, mediation and probation	Forensic Psychologist	Jaap A. van Vilet Policy adviser and senior researcher	Susanne Norman Andersen Head of section	Zivile Mijulskiene Senior inspector	Klaus Priechenfried Manager of NEUSTART office in Vienna	Brian Heath Chief Probation Officer	Valentia Afanasov (Balan) Probation inspector
Recent national policies/ procedures/ guidance/reports relating to the mental health of people on probation	Gruntvig partnership – knowledge sharing across several countries Compass for a new life – tutoring in prison – positive motivation, preparation for finding a job etc; social and psychological training – stress management, conflict resolution etc; and advice centre for people on probation and	Bamford Review Bradley Report	Book – Verbinden in de keten (Links in the chain) Also sent a chapter from another book about Forensic Psychiatry and its boundaries	None	None	No specific policies, but describes probation as taking a case management approach	Review of mental health services to the CJS begins 1/9/12 reporting by Feb 2013	A national strategy for child and juvenile mental health 2013-2018 initiated by the Roumanian Government with the Ministries of Health, Education and Labour

	former prisoners							
Question	Slovakia	Northern Ireland	Netherlands	Denmark	Lithuania	Austria	Jersey	Romania
Description of the main aims of probation	Probation and mediation officers are employees of the Court. Probation is managed by the Ministry of Justice. Focused on last principle of 'RNR model' – responsivity - as to achieve rehabilitation of offenders in terms of their motivation, learning style, and how to reduce re-offending.	To reduce reoffending and the harm caused to the public	Prevent and reduce recidivism, public safety, guide probation clients to treatment/ mental health institutions. Give prospect of a better life.	Support the person who is released on parole to prevent reoffending	Ensure enforcement of court imposed sentences alternative to imprisonment, reduce reoffending, implement correctional programmes	To motivate and support clients in finding a lifestyle which does not include offending – ensuring clients' means of subsistence, providing support and positive development, helping clients to come to terms with past offending behaviour	To provide an effective and efficient social work service to the criminal justice system and the family division of the Jersey Royal Court	Legal and social rehabilitation of offenders. Reducing risk of reoffending. Public and victim protection. Increase of social security. Repair of harm to community
Number of people supervised by probation across the country	72	>4000	Blank	7800 under the Danish Prison and Probation Service + 1650 under supervision after parole	9000	10,500	450-500	14,889

Question	Slovakia	Northern Ireland	Netherlands	Denmark	Lithuania	Austria	Jersey	Romania
Do probation staff routinely receive mental health awareness training?	Yes	Yes	Yes	No	Yes	No	Yes	Yes
Description of mental health awareness training	Training provided annually from the Academy of Justice (part of Slovak Ministry of Justice) – 2 day programme	Primarily through the Probation Board for Northern Ireland's Psychology Department. Some training also available in conjunction with the local health and social care trusts	In service training with experts from other organisations	N/A	Introductory training for new staff and qualification upgrading training on drugs and substance abuse. Lectures are delivered by mental health experts	N/A	Informally through Community Mental Health Nurse who works with the Service one day a week. Occasional practice meetings on specific subjects	Probation department delivers a short introduction course for new staff
How mental health care for people on probation is financed	Financed by the Ministry of Justice and EU funds	Small projects funded by PBNI community development grants, otherwise offenders access mainstream health care	Ministry of Security and Justice, department of Forensic Care buys mental health treatment institutions	Mental health care is financed by Government funds	Probation services have no funds for mental health care, financing is allocated the same as for the general population	Partially funded by the justice system if ordered by the justice system. If not ordered by justice then funded by the public health care	No dedicated funding. Health and Social Services do provide a community mental health nurse who has the probation service caseload as part of her	Public or private health insurance. NGOs/ Associations/ Foundations

						budget.	remit	
Question	Slovakia	Northern Ireland	Netherlands	Denmark	Lithuania	Austria	Jersey	Romania
Percentage of people on probation estimated to have a current mental illness and evidence for this	Unknown	60% Based on recent PBNi Psychology Department referral survey	50% Depends on the definition used – 50% includes addiction being considered a mental illness	Unknown	2% Based on court imposed treatment for drug and alcohol abuse	Depends on the definition – cannot answer	Has made a request to Health and Social services about this	Unknown
Is information on the prevalence of mental illness amongst offenders on probation routinely collected? Details of this where possible	No	Yes PBNi collects and makes available to the Department of Justice	No Did send an article relevant to this in Dutch though	No	Yes Information is available when treatment is imposed by court	No	Yes The information on our database but not routinely published though freely available	No
Organisations with responsibility for providing mental health care for people on probation	Ministry of Justice/ Criminal Justice organisations Ministry of Health/Healthcare services	Ministry of Health/ Healthcare Services Voluntary Sector Providers	Ministry of Justice/ Criminal Justice organisations Ministry of Health/ Healthcare Services Voluntary sector providers	Ministry of Justice/ Criminal Justice organisations	Ministry of Justice/ Criminal Justice organisations	Ministry of Justice/ Criminal Justice organisations Ministry of Health/ Healthcare Services Voluntary sector providers	Ministry of Justice/ Criminal Justice organisations Voluntary sector providers Some clients may have private healthcare	Ministry of Justice/ Criminal Justice organisations Voluntary sector providers Ministry of Labour departments

Question	Slovakia	Northern Ireland	Netherlands	Denmark	Lithuania	Austria	Jersey	Romania
Stage(s) of the criminal justice system in which people are screened for mental illness	Court	Arrest (Police)	Court	Arrest (Police)	Arrest (Police)	Cannot tick all that apply – would choose whole list if possible	Cannot tick all that apply – chose probation - no routine screening at arrest or court though MH support is available. All SER clients are asked about their medical history including MH. The nurse will see anyone we have concerns about.	Arrest (Police)
Screening tools or questions used to identify mental illness amongst people on probation	Blank	Ace tool (validated assessment and case management system) which includes questions about mental health, referral for psychological assessment as necessary	Netherlands Institute of Forensic Psychiatry (NIFP) and Psychology – part of Ministry of Justice and centre of expertise in forensic psychiatry and psychology provides diagnosis	Ordinary diagnostic systems	Probation services are not authorised to detect mental illness except when a person informs them about his/her illness	No standard tools – medical personnel use their own tools	Just has the response above	No specific tools are used in probation but probation staff do evaluate offenders' mental state at supervision and will ask for any documents

								which can certify MI
Question	Slovakia	Northern Ireland	Netherlands	Denmark	Lithuania	Austria	Jersey	Romania
Professionals selected as involved in screening for mental illness amongst people on probation	Psychiatrist Psychologist Social Worker	Psychiatrist Psychologist Social Worker Criminal Justice Staff GP	Psychiatrist Psychologist Social Worker	Psychiatrist	Criminal justice staff Psychologist	Criminal justice staff Psychiatrist Psychologist Social Worker	Criminal justice staff Nurse GP Psychiatrist Psychologist	Psychiatrist Psychologist
Professionals based in probation premises	Criminal justice staff Social Worker	Criminal justice staff Psychologist	GP Social Worker	Criminal justice staff	Criminal justice staff Psychologist	Social Worker	Criminal justice staff Nurse Substance misuse specialist who is also a mental health nurse – does mindfulness and DBT work for example	Criminal justice staff Psychologist Social worker Sociologist, educator
Route(s) by which people on probation usually gain access to mental health care if needed	If probation identify mental illness they contact the offender's judge and refer them to psychological or psychiatric services	GP and primary services, psychology assessments facilitated by PBNI Psych Dept who are able to refer clients for psychiatric	Assessment is by a range of organisations including the NIFP	Via GP/ psychiatrist	Assisted by probation officers to consult mental health doctors	Case management – help the person to find a service, counsel them to stay or change there, observe if the	Either the same process as for the general population or through the dedicated nurse or by the request of a psychological or psychiatric	Hospitals, healthcare services, social services

		assessment as necessary				person still uses the service	assessment	
Question	Slovakia	Northern Ireland	Netherlands	Denmark	Lithuania	Austria	Jersey	Romania
Role of probation in the provision of mental health care to offenders	Mixture of the above	Mixture of the above	Mixture of the above	Referring people to external services working elsewhere	Referring people to external services working elsewhere	Referring people to external services working elsewhere	Mixture of the above	Referring people to external services working elsewhere
Order requirements/ programmes specifically for offenders with mental illness. Details of these if possible	No	Yes Where there is a diagnosis of a major mental illness the client will usually have a requirement to engage with psychiatric services as part of his/her order	No	No	Yes Correctional behavioristic programme One-to-One	No	Yes We offer DBT in house as an 'opt in' programme	No

Summary of Responses

In August 2012 a brief electronic survey was sent out to CEP members on behalf of Professor Charlie Brooker. This deliberately brief and broad survey aimed to give some insight into the extent to which mental health in probation is acknowledged in both policy and practical terms across different European countries. More specifically, representatives from each country were asked to provide information on:

- the policy background for mental illness and probation
- what is known about the prevalence of current mental illness amongst offenders on probation
- the extent and nature of mental health awareness training
- processes for identifying mental illness amongst offenders on probation and referring them into appropriate services (including how mental health service provision for offenders is financed)
- the role of probation in the provision of mental health care to offenders

The findings of this survey are summarised below, and may ultimately be used to inform a bid for research funding on this topic. If you have an interest in this topic Professor Brooker can be contacted on cbrooker@lincoln.ac.uk

Overview of responses: Representatives from a total of eight countries (Slovakia, Northern Ireland, the Netherlands, Denmark, Lithuania, Austria, Jersey and Romania) responded to the survey. The overall response rate was low at 22% (8/36). Responses showed that the total number of people being supervised by the probation services in these countries at any one time ranged from 72 in Slovakia to 14,889 in Romania. When asked to describe the main aims of the probation service in their country, seven of the eight respondents mentioned reducing re-offending and six mentioned the rehabilitation of offenders.

Policy background: Respondents were asked to list any recent national policies, procedures, guidance or reports relating to the mental health of people on probation. Here, two countries were unable to provide an example of this, and one country (Austria) was unable to give a specific example, but described the service as taking a 'case management' approach. Northern Ireland and Romania were able to name specific policies, whilst Slovakia gave examples of relevant projects, the Netherlands gave references to relevant books and papers on mental health in probation, and

Jersey pointed to a review of mental health services in the criminal justice system beginning this year.

The prevalence of current mental illness: Respondents were asked to estimate the percentage of people on probation with a current mental illness in their country, and to detail what they had based this estimate on. This question was deliberately broad to allow for variation in the way in which 'mental illness' is defined and measured – allowing countries to present whatever evidence/research they might have possessed on this topic. Thus when answering this question, some respondents correctly pointed out that the answer depends on the definition used. Five of the eight respondents were unable to give an estimate in response to this question, stating that information on the prevalence of mental illness amongst offenders on probation is not routinely collected in their country. However, one of these (Jersey) has put in a request for this information.

In Northern Ireland, 60% of the caseload were estimated to have a current mental illness, based on a Probation Board for Northern Ireland (PBNI) psychology department referral survey. In the Netherlands the proportion was estimated at 50%, including addiction as a mental illness, although the prevalence of mental illness amongst offenders on probation is not routinely measured in this country. In Lithuania the estimate was 2% based on court imposed treatment for drug and alcohol abuse.

The extent and nature of mental health awareness training: probation staff in six of the eight countries routinely receive mental health awareness training. The way in which this is provided varies across countries. In Slovakia, a two-day training course is provided annually by the Academy of Justice. In Northern Ireland, provision is primarily through the PBNI's Psychology Department, but training is also available in conjunction with local health and social care trusts. In the Netherlands criminal justice staff receive training from experts from other organisations. In Lithuania all new staff receive introductory training from mental health experts. In Jersey training is provided informally through a community mental health nurse and occasional practice meetings on specific subjects. Finally in Romania the probation department delivers a short introductory course to all new probation staff.

Processes for identifying mental illness amongst offenders on probation and referring them into appropriate services: Respondents were asked to state at which stage(s) of the criminal justice system people are screened for mental illness in

their country. Respondents were meant to be able to select multiple options from a list in response to this question. However, unfortunately the electronic survey only allowed them to select one option. With this in mind, two countries stated that mental illness would be identified at the court stage, and four stated that it would be identified at arrest. The Austrian respondent stated that if possible, they would select all of the available stages of the criminal justice system. The respondent from Jersey selected 'probation' but also stated that there is no routine screening at arrest or at court but mental health support is available here and all clients are asked about their medical history including mental health. If there are concerns about an individual's mental health they can see a nurse.

Respondents were also asked about the route(s) by which people on probation usually gain access to mental health care if it is required. In Slovakia if probation staff identify someone who has a mental illness they will contact the individual's judge and refer them onto appropriate psychological or psychiatric services. In Northern Ireland, referrals are through General Practitioners (GPs) and primary health care services, and by psychology assessments facilitated by PBN's psychology department who will refer clients for psychiatric assessments as necessary. In the Netherlands a wide range of organisations are involved in referring offenders to appropriate services. In Denmark, referral is via a GP or psychiatrist. In Lithuania, probation staff will directly assist offenders to consult mental health professionals. Likewise in Austria, probation staff will help an offender to find a service, encourage them to stay there and observe whether they continue to engage with the service. In Jersey access is either via the same route as the general population, through a dedicated nurse or via the request of a psychological or psychiatric assessment. Finally, in Romania access is via hospitals, healthcare services or social services.

The role of probation in the provision of mental health care to offenders:

Respondents were asked "if probation is involved in the provision of mental health care to offenders, which of the following best characterise its role?" – providing interventions/treatment itself, inviting external services to work on its premises, referring people to external services working elsewhere, or a mixture of the above. Here Slovakia, Northern Ireland, the Netherlands and Jersey replied 'a mixture of the above', whilst the remaining respondents all replied 'referring people to external services working elsewhere'. Three respondents stated that there were order requirements/programmes specifically for offenders with mental illness in their country. In Northern Ireland where there is a diagnosis of a major mental illness the

client will usually have a requirement to engage with psychiatric services as part of their order. In Lithuania there is a correctional behavioural programme, and in Jersey dialectical behaviour therapy (DBT) is offered as an in house 'opt in' programme.

Conclusion

It is hard to generalise about the care and treatment of people with mental health disorders in probation services across Europe as the response rate to the survey was low. It is interesting that that half the responses that were obtained came from smaller countries such as Jersey and Northern Ireland. The prevalence of mental health disorders in the responding countries varied on how disorders were defined but two of the estimates, 60% (N Ireland) and 50% (Netherlands) corresponded with the small amount of international research on this topic (Lurigio et al, 2003; Brooker et al, 2012). Government policy on the care of mental health disorders in probation services was under-developed and few examples were cited. In all responding countries, mental health awareness training was a feature of probation services, but this rarely lasted more than two days and was 'introductory'. A variety of routes were described whereby a probationer with a mental health disorder might be referred to a mental health specialist. However, it was acknowledged that for a probationer to be referred at all a mental health problem had to be detected in the first place. In three of the eight countries, mental health treatment under a court order, was a condition of probation supervision. Again, the disorder had to be recognised either at arrest or on remand for any such order to be mandated.

There is a high proportion of those suffering mental health disorders in probation services approximately half of all probationers. Many probationers suffer from a mental health problem that is not detected nor treated appropriately. Untreated mental health disorders contribute to re-offending and systems should operate whereby mental health disorders are recognised and then treated effectively. Those that responded to the survey have helpfully illuminated the situation in their respective countries. To obtain a fuller response to a survey of this kind in the future would require face-to-face interviews in order to obtain a fuller picture.