



# **MENTAL HEALTH AND PROBATION (MALTA)**

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# 1. GENERAL INFORMATION

- a. Can you give a short history/overview of the probation system in your jurisdiction/country?
- b. What is the role of the Probation Service during the phases of criminal proceedings?
- c. What are the main competencies of the probation?
- d. What is the number (or percentage) of people supervised by probation across the country?

# A SHORT HISTORY/OVERVIEW OF THE PROBATION SYSTEM IN MALTA

- 1950s: The village parish priests were the first voluntary Maltese probation officers
- 1957: Hon. Dr Guze Cassar, the then Minister of Justice, presented a bill in Parliament
  - He emphasised the need to strike a balance between the needs of society and the offender. He maintained that it would be in the interest of society to rehabilitate offenders so that they could become law-abiding citizens
- The Maltese Parliament viewed this law positively and the Probation of Offenders Act was subsequently enacted that year
- October 1957: applications were invited for Family Welfare Officers whose duties included Social Work, Probation and Child Care. 5 persons were sent for a 6-month residential training course at the University of Birmingham (UK)

- 1961: First probation officer
- After 1961, probation officers were based at the Dept of Social Welfare
- 1994: The Institute of Forensic Studies, UoM was established
- Sept 1994: 4 students of the probation course, together with a lecturer, formed a non-governmental organization; the Probation Service Action Team (PSAT) to provide probation service for courts
- 1996: Probation Officers were officially employed as Social Workers within the Department of Correctional Services
- 1998: First call for applications for Probation Officers was issued by the public service. For the next 13 years, Probation Officers were employed by the Department of Correctional Services

## **CURRENT DAY: DEPARTMENT OF PROBATION AND PAROLE**

- 2012: Probation in Malta became an independent and autonomous body within the Public Service, heralding the birth of a new Directorate, the Department of Probation and Parole....
- Probation Act (Cap. 446)
- Restorative Justice Act (Cap. 516) came into force in December 2011

# IMPACT OF THE NEW LEGISLATION ON DPP

*Two fold:*

## *1. Administratively*

- Probation Services became separate and distinct from Corradino Correctional Facility
- Newly established Department of Probation & Parole

## *2. Legislatively*

- The department is to assume the responsibilities of the Parole and Victim Support

# PROBATION ACT (CAP. 446, ART. 8 (1))

## **Duties of probation officers:**

Subject to the directions of the court by which a probation order is made, it shall be the duty of a probation officer –

- (a) to advise and assist the probationer;
- (b) to visit and receive reports from the probationer and other professionals involved in the case, at such reasonable intervals as may be specified in the probation order, or, subject thereto, as the Director may think fit;
- (c) to plan, monitor, and assist the probationer in fulfilling the conditions of the probation order;
- (d) to secure the compliance of the offender to any community sanction;
- (e) to arouse consciousness of the probationer to the harm caused to the victim of crime and society;
- (f) to report to the court verbally or in writing, at least once every six months, as to the progress of the probation;
- (g) where necessary, to assist the probationer in furthering appropriate social and educational endeavours;
- (h) where necessary, to assist the offender in finding suitable employment;
- (i) to keep detailed records on each person under his care who has been sentenced to a community sanction;
- (j) to provide verbal or written reports on the progress made by the probationers to the Director; and
- (k) to act in accordance with the instructions of the Director when a probationer is to be arraigned in court after a breach of the conditions of a community sanction.

# RESTORATIVE JUSTICE ACT (CAP. 516; ART. 9)

## **Duties of parole officers:**

Subject to the conditions stipulated in the parole licence, it shall be the duty of the parole officer –

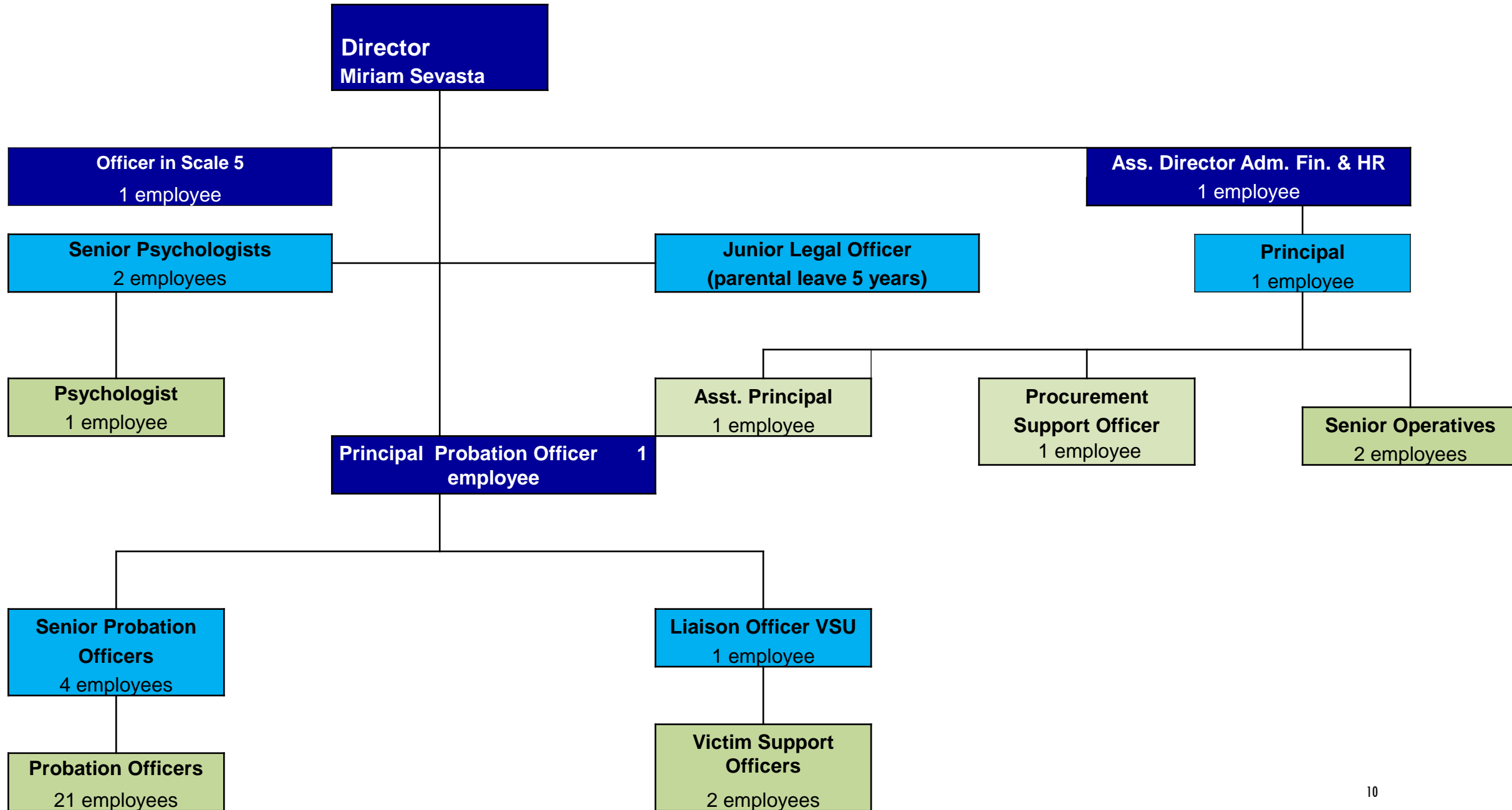
- (a) to supervise, advise and assist the parolee;
- (b) to receive feedback from the parolee and from professionals, as may be deemed necessary;
- (c) to draft a plan, monitor and assist the parolee in fulfilling the conditions of the parole licence;
- (d) to further assist the parolee in understanding the harm the parolee caused to the victim of crime and society;
- (e) to provide the Parole Board with bi-monthly progress reports of the parolee;
- (f) to assist the parolee in furthering appropriate social and educational endeavours;
- (g) where necessary, to assist the parolee in finding suitable employment;
- (h) to report immediately to the Parole Board, after a breach of any of the conditions imposed by the Parole Board, specified in the parole licence; and
- (i) such other duties as the Minister may prescribe by regulations or as may be specified by the Director from time to time



# DEPARTMENT OF PROBATION AND PAROLE

- Staff size: 36
- Pre-sentence:
  - Provisional Order of Supervision, Pre-sentence & Social Inquiry Reports
- Post- sentence:
  - Probation Orders, Suspended Sentence with Supervision, Community Service Order, Combination Order, Treatment Orders
  - Parole reports & Parole licence

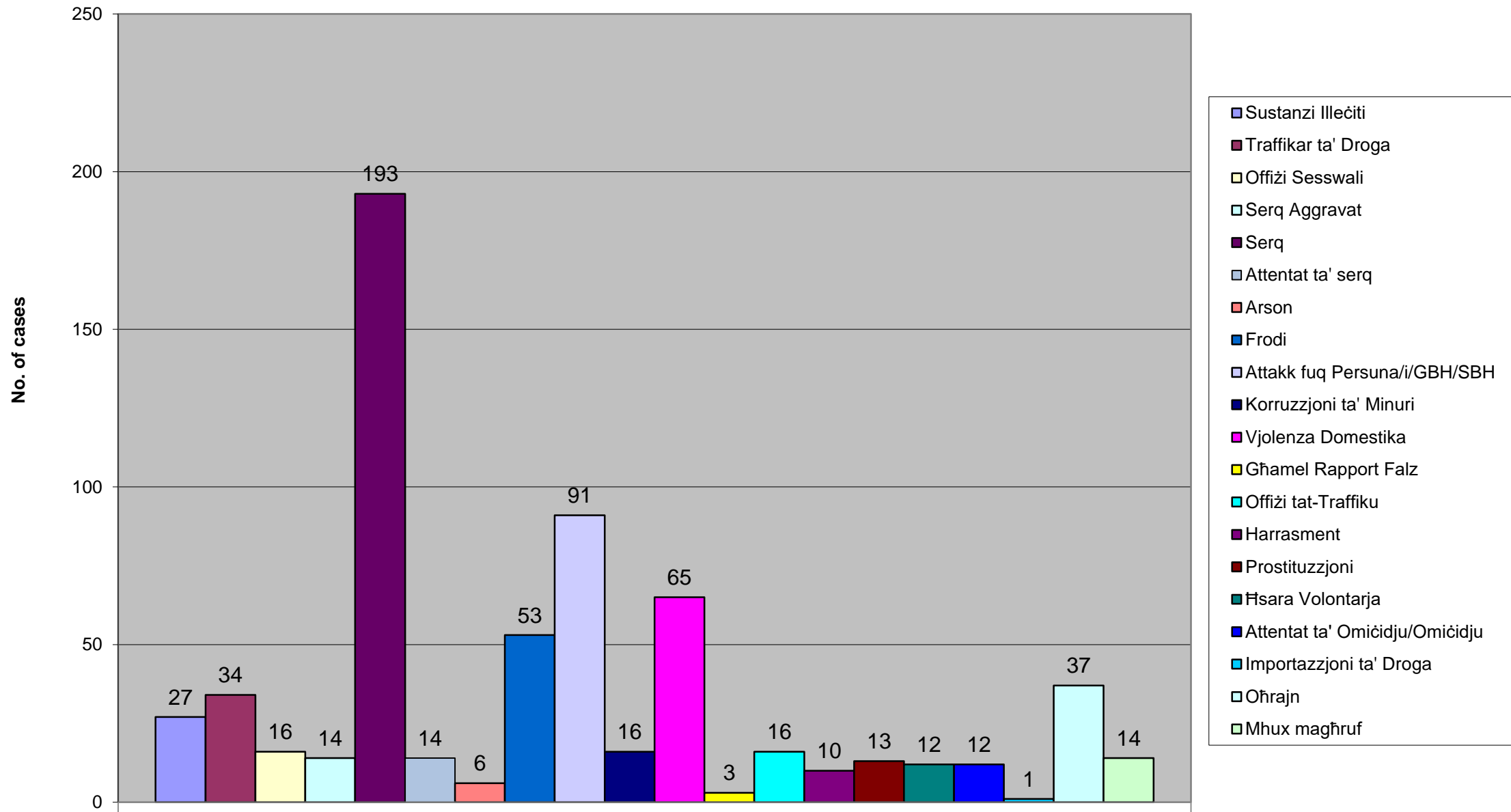
# ORGANISATIONAL CHART



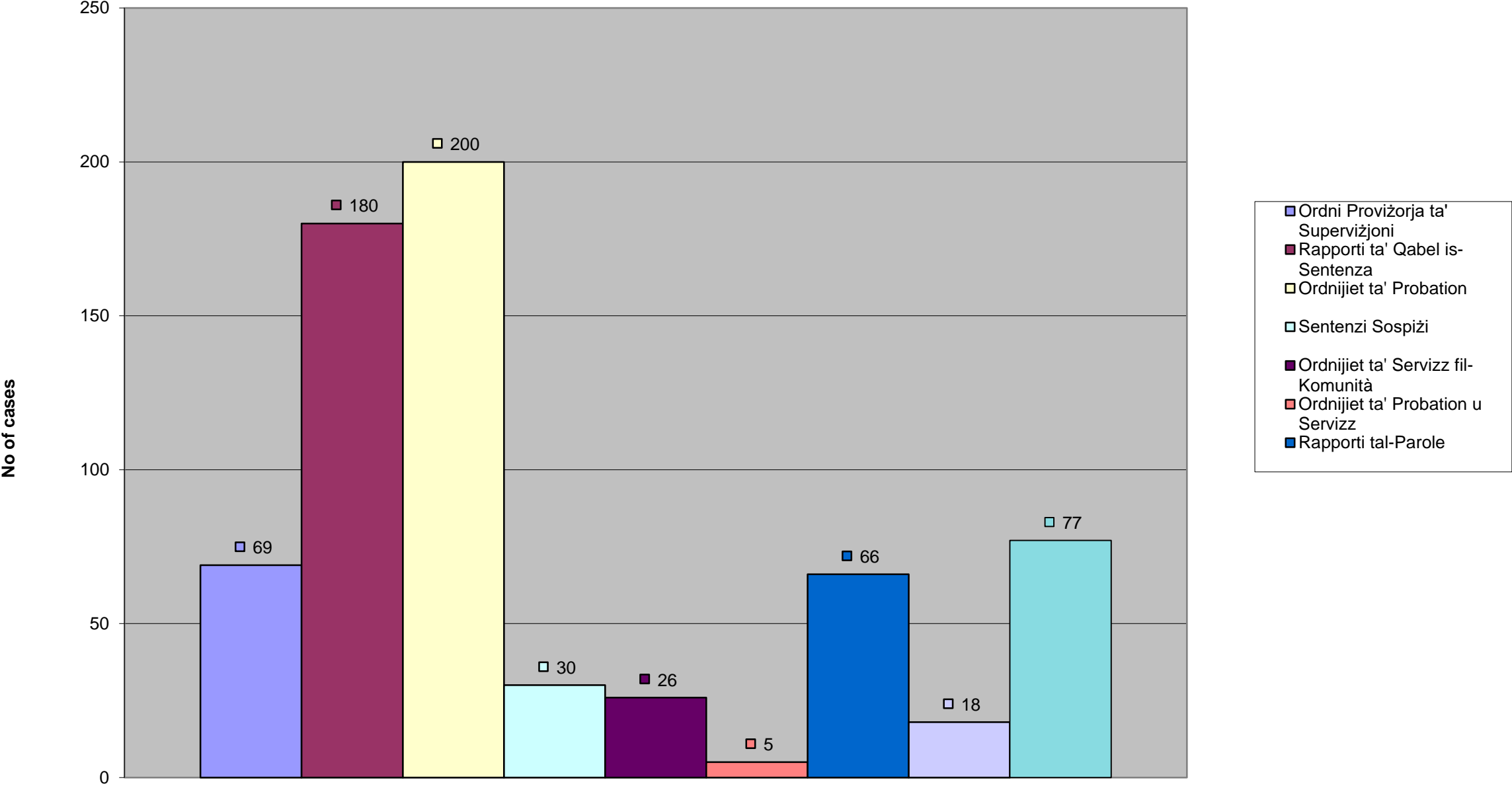


# CASELOADS

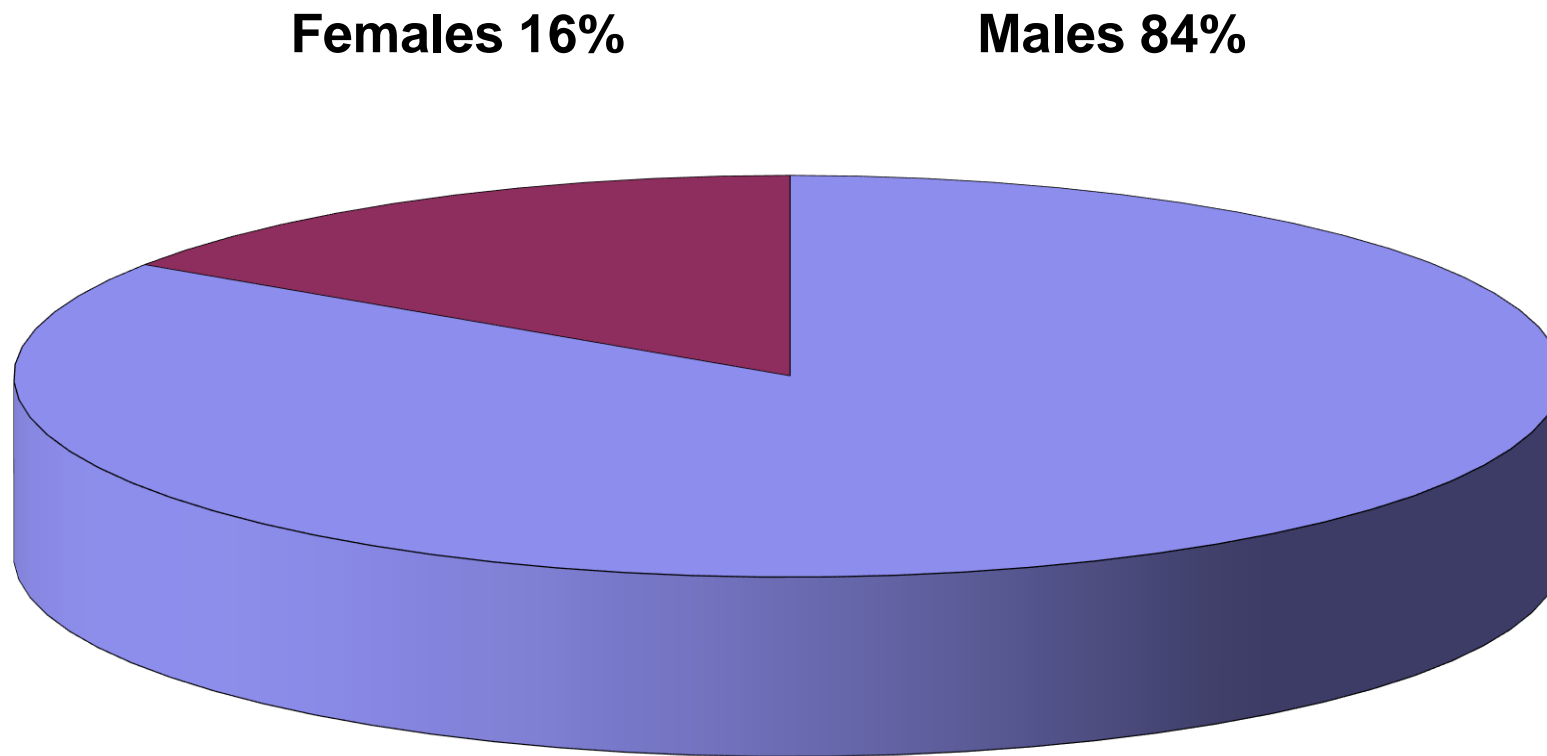
# Distribution of cases by offence (Jan- Dec 18)



Distribution of cases by sanction (Jan-Dec 2018)



## Distribution by Gender (Jan-Dec 2018)



## 2. POLICY & RESEARCH

- a. Can you describe recent national policies/ procedures/ guidance/reports relating to the mental health of people on probation?
- b. How is mental health care for people on probation financed in your country?
- c. Which organisations are involved in providing mental health care for people on probation
- d. What is the percentage of people on probation estimated to have a current mental illness (is there evidence for this?)
- e. Is research done in your country on mental health issues in probation?

- **Can you describe recent national policies/ procedures/ guidance/reports relating to the mental health of people on probation?**
  - Most recent legal provision is the Treatment Order (although may also be a condition of a Probation Order)
  - Most probationers will be referred to the Psychology Unit & psychiatrists (either through the Health Dept or privately)
  - Offenders may also be referred to ancillary services- Sedqa, Caritas and Oasi- addiction services





## **Appointments with the Mater Dei Mental Health Service**

- An appointment for this service is given following a referral by an MDH Consultant or his / her senior delegate as well as any other Senior Allied Health professional of patients undergoing treatment at MDH;
- Referrals for psychological help, originating from non- MDH external sources, such as GPs etc, are handled by other Mental Health/ Community Psychology Teams;

The psychologists work together with medical and allied-health professionals to ensure a multidisciplinary and holistic approach to care. They also liaise as necessary with external agencies/NGOs, where necessary when in the patients' interests

**How is mental health care for people on probation financed in your country?**

Two Senior Psychologists are employed by the DPP

**Which organisations are involved in providing mental health care for people on probation**

Probation works together with other government dept/agencies/ NGOs/  
professionals in the private sector

**What is the percentage of people on probation estimated to have a current mental illness  
(is there evidence for this?)**

No specific number, however the Psychology Unit's is following around 160 clients (& counting!)

**Is research done in your country on mental health issues in probation?**

University research (student dissertations, academic research), independent research

### 3. TRAINING/EXPERTISE

- a. Is there specialized staff? Are those professionals based in probation premises?  
Forensic psychologists & ad-hoc training for probation officers
- b. Do probation staff routinely receive mental health awareness training?  
Yes, conferences and talks are organised locally on an annual basis
- c. Can you give a short description of mental health awareness training for probation staff?  
Annual training (both in-house and external) and supervision groups

## 4. SCREENING

**Is information on the prevalence of mental illness amongst offenders on probation routinely collected?**

No, emphasis is placed on offending behaviour as opposed to mental illness

**In which stage(s) of the criminal justice system are offenders screened for mental illness?**

May be assessed at a pre-sentencing stage (either through a court expert or through a referral to the Psychology Unit) or once an individual is placed on a community-based sanction, the probation officer may refer the case to the Psychology Unit. The Court or the Parole Board may impose psychological treatment as part of the condition of a sanction or license



## **Which screening tools or questions are used to identify mental illness amongst people on probation?**

Probation officers are expected to carry out an assessment of the offender at the commencement of the community-based sanction. This is a general actuarial risk assessment tool that helps determine the level of risk and need of the offender.

Through the preliminary assessment, offenders identified as having mental health issues or behavioural issues, may be referred to the Psychology Unit. In addition, probation officers will consult with the psychologists to help them manage their cases.

## 5. TREATMENT (CARE OR CONTROL)

**What is the role of probation in the provision of mental health care to offenders?**

Probation officers are expected to develop a care-plan at the onset of the community-based sanction, and throughout the period of supervision, probation officers will ensure that offender adhere to that care-plan. In cases whereby offenders are not following their care-plan, especially when not following court (or parole) imposed conditions, the probation officer will report a breach

**Are there order requirements/ programmes specifically for offenders with mental illness?**

Yes, the Court/Parole Board can impose conditions e.g. to see a psychiatrist/ anger management programme

**Can you describe the most essential parts of these programmes?...**

# INCEPTION OF THE PSYCHOLOGY UNIT

- Established in 2012, following the RJ Act (2012)
  - To develop risk assessment and management of offenders especially since the introduction of parole
  - To provide effective supervision and support for probation and parole staff working with offenders

# EXPANDED SERVICE

- In 2013 services of Psychology Unit expanded
  - To provide therapeutic services to offenders aimed at reducing offending behaviour
  - To conduct research and develop evidence based practice



# PSYCHOLOGY UNIT

- Composed of 2 senior forensic psychologists
- The Unit carries out assessments as well as interventions with offenders
- Individual & group interventions
- Staff support- supervision of risk assessment/ risk management, group supervision/support, training...

# INDIVIDUAL INTERVENTION

- Assessments carried both at pre- & post-sentencing
- Varied case-load: sex offenders, anger management issues, violent offenders, personality disorders...Wide spectrum of issues
- Assessment based on the reason of referral & presenting problem
- Clinical interview to be used to inform intervention
- Assessment tool used to complement clinical interview (e.g. MCMI, VRAG, HCR, PCL-R, Beck's... etc)

# PROGRAMMES ADDRESSING OFFENDER MANAGEMENT

- 2014: Launch of I-MAP- Anger Management programme
- 2017: Launch of Cognitive Skills Programme (CSP) & Community-based Sex Offender Intervention Programme

# THE I-MAP...

- Running the I-MAP: several referrals for the assessment of offenders presenting AM issues directly through Court/ Treatment Orders or probation officers
- The intervention is an individual programme, which consists of 9 sessions which are scheduled to last between 75 – 90 minutes
- *Areas addressed:* Understanding Anger, Triggers, thoughts, emotions and behaviours, Communication, Relationships, Interpretation, Recognising and challenging unhelpful thoughts, Planning ahead, and Bringing it all together

# CSP PROGRAMME: ELIGIBILITY CRITERIA

- Offenders classified between medium to high risk will be considered for inclusion within this programme
- The programme is offered to all offenders (indiscriminate of gender), supervised on a community-based sanction (i.e. probation orders, suspended sentences with supervision, combination orders, and parolees)
- Due to length of the programme, clients will need to have a minimum of 1 year remaining on their community-based sanction, in order to be eligible for the intervention
- Weekly sessions
- At a pre-sentencing stage, the Psychology Unit will be able to carry out an assessment in order to determine suitability to attend the programme
- Those offenders with severe learning difficulties, current unstable, or acute dependency/ substance misuse issues may not be considered to be suited to the programme

# COMPONENTS AND MAIN CORE MODULES

## **Component 1: Self control (5 sessions e.g. intro, outline of offence, behaviour chain analysis, mind map)**

- Understanding decision making
- Setting future goals
- Managing emotions

## **Component 2: Problem Solving (5 sessions e.g. core beliefs, consequential thinking, cost benefit analysis etc)**

- Frames of mind/ core beliefs
- Identifying and describing problems and goals
- Thinking of options

## **Component 3: Positive relationships (5 sessions e.g. victim empathy, resolving conflict etc)**

- Relationships /Perspective taking
- Communication/ Resolving conflict and negotiation skills

# THE COMMUNITY-BASED SEX OFFENDER INTERVENTION PROGRAMME

CSOP adopted a modular approach to addressing offending behaviour:

- Following an in-depth assessment of sexual offenders referred to the Psychology Unit, the needs identified through the assessment would determine the modules that the client would most benefit from.

Evidence-based modules offered include:

- a core introductory module
- denial and resistance
- cognitive distortions and the offence cycle
- consent in sexual relations
- victim empathy
- affect management
- intimacy and relationship skills
- social competence and
- relapse and maintenance

- SOTP is based upon one-to-one sessions, so the programme is being piloted on existing sex offenders followed by the department
- At this stage, it is anticipated that sessions shall be offered on a one-to-one basis (as opposed to a group intervention)
- All offenders currently followed by the DPP on a sexual offenders will be considered eligible for screening
- Similarly to the CSP, at a pre-sentencing stage, the Psychology Unit will be able to carry out an assessment in order to determine suitability to attend the programme
- Those offenders with severe learning difficulties, current unstable, or acute dependency/ substance misuse issues may not be considered to be suited to the programme



# WHERE ARE WE AT?

- Current case-load: approx. 160 clients
  - Individual & groups run on a weekly- monthly basis
- On-going research (CPV)
  - Currently, involved in carrying out research on Child-to-Parent Violence together with APPOGG, University of Nottingham and the University of Malta

# A SYSTEMATIC REVIEW OF THE INDIVIDUAL, FAMILY AND COMMUNITY CHARACTERISTICS OF CHILDREN WHO ABUSE THEIR PARENTS OR CAREGIVERS

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**Objective:** Child-to-parent violence and abuse (CPVA) is any intentional behaviours of children that harm or gain power over a parent / caregiver. The impact could be psychological, physical, sexual or financial. It has remained under researched compared to other types of family violence. To date, there has been no full systematic review on the characteristics of children who abuse their parents. This systematic review explored the characteristics of the children (aged 6 – 25) who abuse parents / caregivers in the community or receiving services from social / health care / justice agencies. Only studies that employed standardised measures were included.

**Methods:** Eight electronic databases, two thesis portals and two relevant websites were systematically searched in May 2017. Four experts were contacted for further studies. No language restriction was set. The search yielded 11,169 hits. Overall, 25 studies across the world met our inclusion criteria and were accessible, eight of which involved clinical samples. The included studies were quality assessed by two reviewers. Meta-analysis is carried out.

**Initial findings:** Despite variations in measurements, CPVA is prevalent. The child characteristics include ADHD, anger, impulsiveness, childhood trauma, delinquency, depression, grandiosity, feeling misunderstood or the need to defend self / other, lack of frustration tolerance and adaptability and substance misuse. Family factors include intra-familial conflict, abuse and violence between parents, victimisation by parents, poor parenting, poor parental communication and affect, parental criticism, rejection or abandonment, punitive, coercive or lax discipline, lack of family cohesion and lower family income. Parental and child gender differences were observed. In the community, poor social adjustment, abuse and violence at school were associated.

**Conclusions:** Early experience and parental characteristics are important factors. Therefore, individual focus may not be the most effective in tackling any one type of family violence. Early intervention, a holistic approach and close agency collaboration when working with families in need may work better.

# THE ASSOCIATION BETWEEN CHILDHOOD ADVERSE EXPERIENCE, ATTACHMENT AND ABUSE TOWARDS PARENTS AMONG YOUNG ADULTS

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Child-to-Parent Violence and Abuse (CPVA) is “a pattern of behaviour that uses physical and non-physical means to practise power and exert control over a parent” (Holt, 2013, p.12). Chou, Henwood & Avellino (2018) found through a systematic review that poor parenting, childhood abuse and low family income are associated with CPVA. However, there has been no quantitative study on the associations between those factors in Malta. More importantly, there does not appear to be any research on the role of attachment in this association. Furthermore, young adults aged 18 – 25 years are relatively under studied even though in today’s society, they are still likely to live with parents or rely on parental support.

**Objective:** This study was aimed to explore the association between self-reported adverse childhood experience, attachment and CPVA among 18 – 25 year olds in Malta.

**Methods:** The study received favourable opinions from the University of Nottingham Faculty of Medicine and Health Sciences Ethics committee and the University of Malta Ethics Board. Adapted Child-to-Parent Violence Scale (from Edenborough et al, 2011), Revised Adverse Childhood Experiences (ACE) Scale (Finkelhor et al, 2015) and Parental Attachment Questionnaire (Kenny, 1987) were used. Residents aged 18 to 25 in Malta were invited to participate online.

**Findings:** 176 female and 22 male respondents (mean age = 21.44) from the general population in all areas of Malta participated. Of those 86 answered questions on abuse towards fathers and 76 answered those related to mothers. Only 2.4 % reported to being unemployed, with 28.3 % describing themselves as full-time students and 48.6 % were in part / full-time employment. A positive correlation was found between CPVA and ACE and attachment also explained the association. There was no significant difference between the severity of abuse of mothers and that of fathers.

**Conclusions:** Early intervention and a holistic approach when working with families in need are recommended.

## 6. MAIN CHALLENGES & PLANS FOR THE FUTURE

- **What are your main challenges in working with offenders with mental health problems?**

Ideally, we would have a specialised service or some form of protocol in place to enhance MDT for persons with more severe mental health issues

- **Are new policies or programmes on mental health issues in probation developed?**

No, not for the foreseeable future...however, future endeavours for the psychology unit expansion of service and focus on youths?