

Mental Health Treatment Requirement

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Adult Offender Profiles

United Kingdom



HM Courts
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Characteristics of Adult UK Prisoners

Characteristic	Adult Population	General pop
Taken into care as a child	24% (31% for women, 24% for men)	2%
Experienced abuse as a child	29% (53% for women, 27% for men)	20%
Observed Violence as a child	41% (50% for women, 40% for men)	14%
Regular truant from school	59%	14%
Symptoms indicative of psychosis	16% (25% for women, 15% for men)	4%
Anxiety and Depression	25% (49% for women, 23% for men)	15%
Have attempted Suicide	46% for women, 21% for men	6%
Class A drugs	64%	13%
Unemployed 4 weeks before custody	68% (81% for women, 67% for men)	7.7% of the economically active population

Mental Health /Offending



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Self harm: Women accounted for 28% of all self-harm incidents in 2012 despite representing just 5% of the total prison population. In 2012 there were a total of 23,158 incidents of self-harm in prisons

Psychosis: A recent study found that 25% of women and 15% of men in prison reported symptoms indicative of psychosis. (general Pop 4%)

Treatment: 26% of women and 16% of men had received treatment for MH issues the year before custody.

Personality Disorder: 62% of male and 57% of female sentenced prisoners have a personality disorder

Depression & Anxiety: 49% of women and 23% of male prisoners in a MoJ study were assessed as suffering from anxiety and depression. (gen pop 16%)

Suicide: 46% of women prisoners attempted suicide at some point in their (UK pop reported 6% attempted suicide)

Black and minority ethnic groups: are 40% more likely than average to access mental health services via a criminal justice system

Prisoners with severe mental health problems: are often not diverted to more appropriate secure healthcare provision.

Learning Disability/Offending

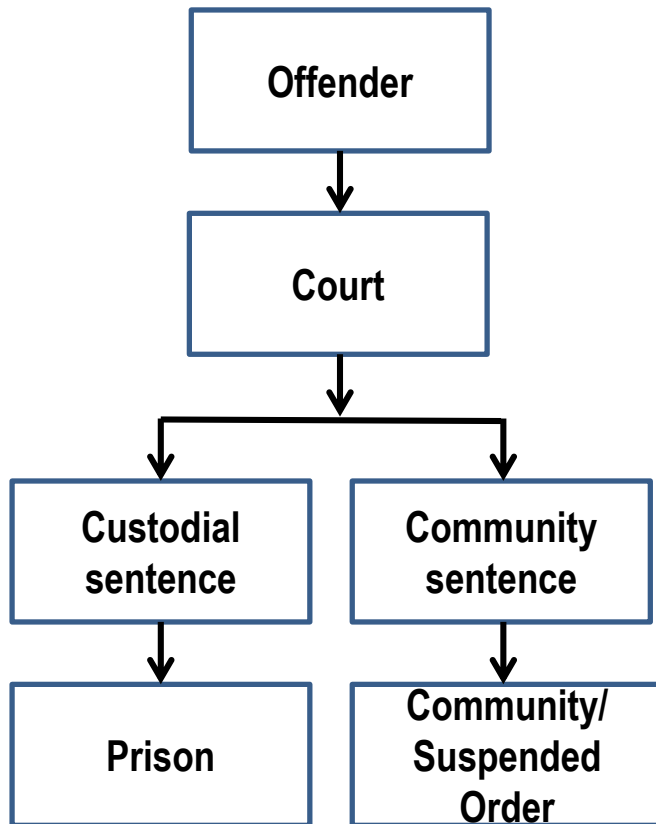
Adult	Adolescent
7% of prisoners have an IQ of less than 70 25% have an IQ between 70 - 79.	23% have IQs 70 36% have an IQ between 70-79.
Over 80% of prison staff say that information is poor	25% of children in the youth justice system have identified special educational needs 46% are rated as underachieving at school 29% have difficulties with literacy and numeracy

- Dyslexia is three to four times more common amongst prisoners than the general population.
- ASD prevalence in general pop, 1%. Data is poor but indications suggest a prevalence at least 5 x higher than the general pop
- Offending behaviour programmes are not generally accessible for offenders with an IQ below 80.
- Men with LD are 42x Women 18x more likely to be convicted of a crime than the general population

The context

MHTR is the most underused community requirement . Probation Services are managing high proportions of Clients with Mental Health issues:

- 70% of the Prison Population have two or more mental health disorders
- 40% supervised by Probation have mental health issues.
- RAR wraps around treatment requirements



- Unpaid Work
- Rehabilitation Activity Requirement
- Accredited Programmes
- Alcohol Treatment Requirement
- Drug Treatment Requirement
- **Mental Health Treatment Requirement**
- Attendance Centre
- Curfew
- Exclusion
- Prohibited Activity
- Foreign Travel Prohibition

The context

- Bradley Report (2009)
- Lack of provision in mainstream mental health services
- People with multiple and complex needs are often excluded
- Mental health and offending
- Vulnerability/Offender 70%
- MHTRs = 0.1% of community sentencing
- Demonstrator site in Milton Keynes: launched 1 April 2014



Criminal Justice Liaison and Diversion Services



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- Introduction of liaison and diversion (L&D) services across England and Wales
- Pilot sits within L&D service
- Opportunity to divert people to effective services not currently available in mainstream community provision
- Currently MHTR is outside scope for the National operating model of L&D
- Addresses needs of service users who do not meet the threshold of statutory interventions



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Adaptus Consulting LLP

Milton Keynes Probation Services Office



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Innovative approach

Milton Keynes Probation- St Andrew's - P3

Reduce *reoffending* by:

- Enabling *speedy diversion/summary justice* into effective psychologically led mental health treatments
- Supporting effective *Offender Management* by Probation Services
- Addressing both *mental health and social care* issues
- Addressing the *core reasons* of the offending behaviours
- Supporting the most *difficult to engage* into local health service provision
- Substance users *not excluded* from the service
- *Bespoke evidence-based* service



A new psychology led intervention



This service:

- **2 psychology assistants plus 1 link worker** based in Milton Keynes Probation
- Supervised and supported by a **clinical psychologist and P3**
- Secure clinical governance framework and CQC registration provided by St Andrew's
- The service is being delivered by piloting new and **innovative approaches**
- **Independently evaluated** by Proff Clive Hollin emeritus Professor of forensic psychology at University of Leicester
- Underpinned by a bespoke IT programme



Partnership Approach



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NHS

England



National Offender Management Service



HM Courts & Tribunals Service



PEOPLE POTENTIAL POSSIBILITIES

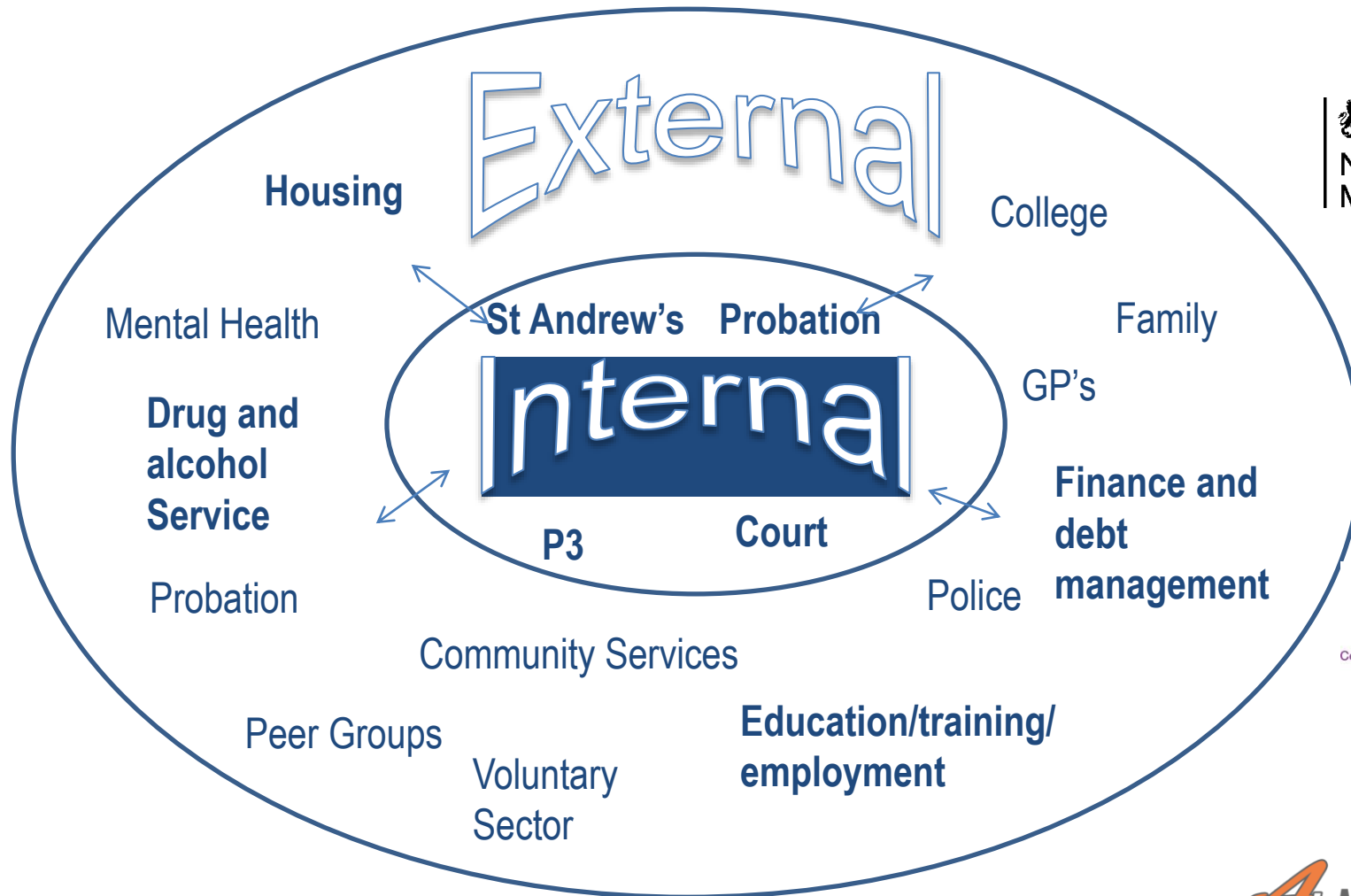
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Innovative Integrated approach

- Service design developed through **integrated partnership board**
- Develop **data sharing** protocols
- **Training** and awareness raising
- Initial mental health assessment informs sentencing
- **On the day sentencing**: PSR recommending MHTR
- **Offender Manager coordinates** service delivery
- Access to treatment provision within **1 working day**
- Integration into appropriate community services



Service Summary

Objectives

Build confidence and skills
Increase Inclusion
Improve engagement/value of other services
Reduced Criminal Justice costs

Assessment

Holistic
Comprehensive
Listening
Client centred

Intervention

Across
Boundaries
Practical
Understandable
Coordinated

Review

Regular
Current
Solution
focused

Key objectives

- Improved mental health and well-being
- Improved coping skills
- Improved criminal justice outcomes
- We also need to know...



The Programme



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AIM
To improve offender engagement and coping skills through psychologically informed interventions



SCREENING
Kessler Psychological Distress scale (K10)



ASSESSMENT
Mental health needs assessed by semi-structured interview and psychometrics



INTERVENTION

- Social Adjustment
Social Care Support: Housing, Benefits, Relationships (P3)
Education and Employment (P3)



- Psychological (Gender specific)
Emotional Regulation
Anger Management
Social Problem Solving
Interpersonal Effectiveness



The Evaluation

- Mental Health Symptomatology
Depression (PHQ9); Anxiety (GAD7)
- Coping Skills
Social Problem Solving (SPSI-RS); Emotional Regulation (DWFQ); Self Efficacy (GSES)
- Social Adjustment
Work & Social Adjustment (WASAS)
- Criminal Justice Outcomes
Offending Behaviour; Non Compliance with Community Order
- Satisfaction with Service
(Offenders, Courts, Probation, P3)



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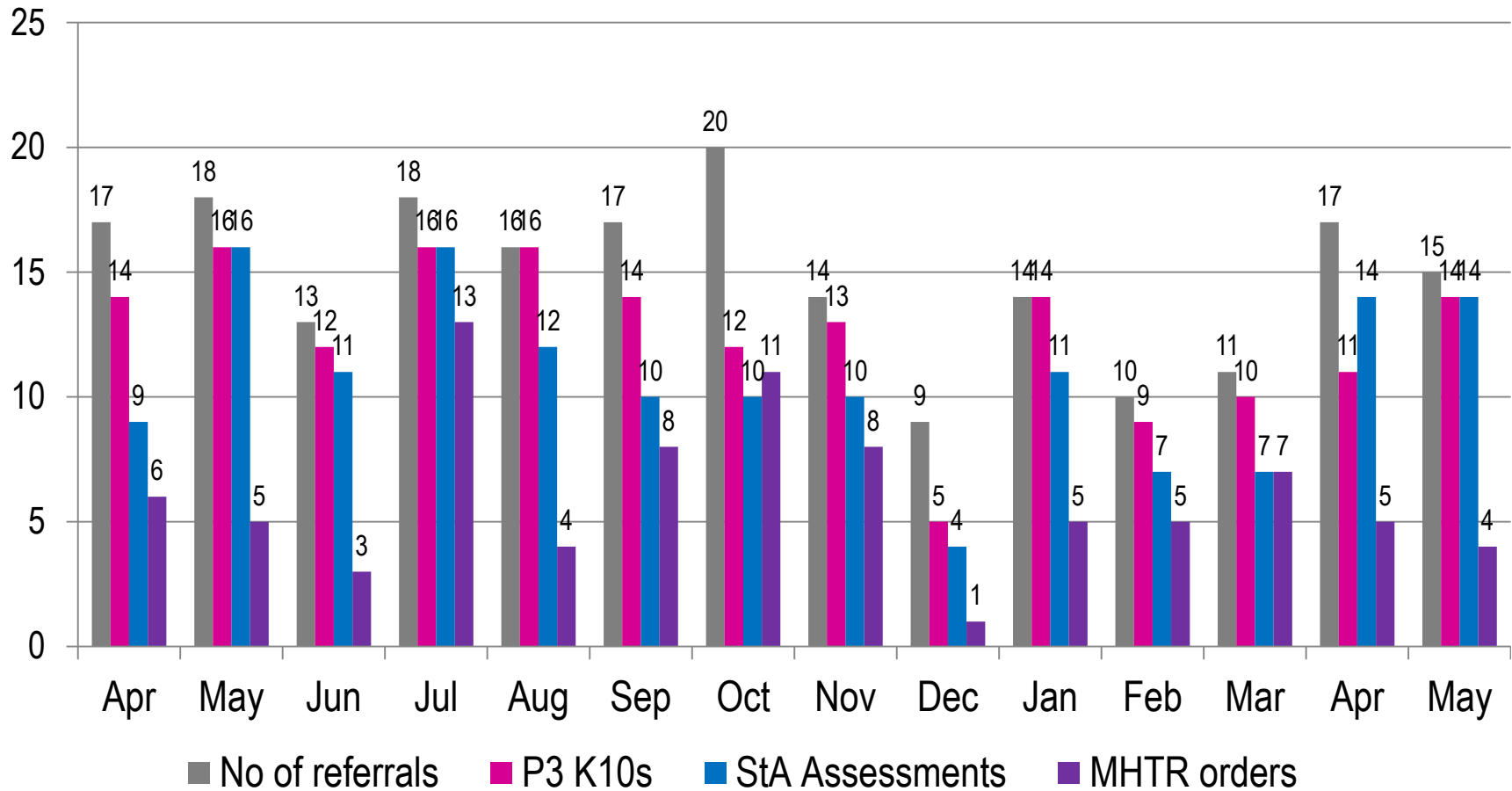
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Year 1: number of MHTR orders : 85





Highlights

Supports:

- Desistance and minimise attrition
- Speedy justice
- Integration into community services
- Statutory mental health interventions

- Service User feedback informs on going service development
- Reduced need for psychiatric court reports
- Treatment : 1 day
- Breach: less than 5%

also....

- New MHTR Guidance

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/391162/Mental_Health_Treatment_Requirement_-_A_Guide_to_Integrated_Delivery.pdf



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March 2015

Mental Health Taskforce

“Through the Mental Health Taskforce, which I set up to bring together ministers from across Government whose departments impact on mental health policy, we are looking at the use of Mental Health Treatment Requirements, or MHTRs.

These can be given by a court as part of a community sentence so that the offender can receive a course of treatment for their illness.

These have been under-used in recent years, but the evidence from a pilot in Milton Keynes has demonstrated how their use can be increased dramatically. In 2013/14 just one MHTR was made in Milton Keynes and 14 in the wider Thames Valley. But in just six months last year, that number rose to 40.

*I want to see these used more widely, diverting more vulnerable people away from prison. So Norman Lamb will be working with NHS England to encourage Liaison and Diversion areas to **learn from Milton Keynes and adopt their model***

<http://www.libdems.org.uk/nick-clegg-speech-liberal-democrat-justice-policy#>

Video Clip

Any Questions?