

Mental Health in Probation - Expert Group Meeting

6th April 2022

Centro Hospitalar Psiquiátrico de Lisboa
Lisbon



Notes

Participating Experts:

Mr. Francisco Navalho, Deputy Director of the Prison and Probation Service, Portugal

Mr. Jorge Monteiro - Head of Programs and Projects Department, Prison and Probation Service, Portugal

Ms. Cristina Neves – Head of community measures service, General Directorate of reintegration and prison services, Portugal

Mr. Charlie Brooker - Honorary Professor Centre for Sociology and Criminology Royal Holloway, University of London, United Kingdom

Mr. Eoin P Ryan - Irish Probation Service, Ireland

Ms. Evija Burkovska - Latvian Probation Service (online)

Ms. Lisa Berg – Social worker prison, Baden-Württemberg, Germany

Ms. Ilonka Verkade – SVG, Netherlands

Ms. Laura Zemlicof - Probation Service, Switzerland

Ms. Miriam Sevasta – Probation service, Ministry for Home Affairs and National Security, Malta (online)

Ms. Theresa Attard – Probation service, Ministry for Home Affairs and National Security, Malta (online)

Ms. Cristina Sanchez – Probation officer, IRES Foundation, Catalonia (Spain)

Mr. Willem van der Brugge – Secretary General, Confederation of European Probation, Netherlands

Ms. Anna Esquerrà Roqueta – Policy officer, Confederation of European Probation, Catalonia (Spain) (online)

Welcome and introductions

Willem van der Brugge welcomed all participants at the expert group on mental health. After the official welcome by Mr. Francisco Navalho, Deputy Director of the Prison and Probation Service there was a round table and each participant introduced themselves briefly. Cristina Neves as chair of this expert group moderated the session of the day.

State of play regarding Mental Health and probation in Europe

All participants to contributed and shared their input (5 minutes per participant).

PRESENTATIONS OF JURISDICTIONS

For further detailed information, charts, diagrams and tables, please check the presentations on the CEP website through the following link: <https://www.cep-probation.org/launch-of-the-expert-group-on-mental-health-in-lisbon/>

Cristina Neves - Portugal

The Portuguese Prison and Probation Service is responsible for criminal prevention, prison and community sentences execution and management of prison and juvenile justice systems. People under probation will be referred to mental health care if there is a court order, which can happen in probation and parole measures. According to data from 2016, 42% of community measures include the court order of mental health treatment, including treatment for addictions. If there is no court order regarding mental health, but there is a request by the court to elaborate an individual rehabilitation plan, mental health treatment can be proposed by the probation officer. Mental health treatment is mandatory for security measures applied to non-criminally responsible offenders. According to a study done in 2018, in this population, most common disorders are intellectual disability, psychosis/schizophrenia, personality/impulse control disorder and bipolar disease. In what concerns to mental health, the major role of the probation officer is to refer to external mental health services.



The majority of community mental health services that collaborate with probation teams in Portugal are NGO, followed by hospitals, institutions for the treatment of addictions and primary healthcare units. Currently we face the challenge of communication between probation and mental health services – there is the need for a shared and articulated intervention. Good practices and experience in addiction treatment may serve as a model to extend to other areas of mental health. We also face difficulties with the access of probationers to local mental health services in terms of timing and preparation of mental health professional to deal with “involuntary clients” and personality disorders. Recent legal changes in the organization of mental health services in Portugal, with the creation of multidisciplinary community teams, may be an opportunity to promote a closer and common approach to mentally ill offenders.

Cristina Sanchez – Catalonia (Spain)

General Information

The Spanish Democratic Constitution of 1978 establishes that the penal code is unique for all Spain and applies state wide, but it leaves the possibility that the different Autonomous Communities exercise some functions. When democratic freedoms were restored after a long period of military dictatorship, Catalonia was the first Autonomous Community in Spain to take up develop powers for minors in 1981. In 1984, the powers of penitentiary institutions were transferred from the State to the Government of Catalonia (Generalitat de Catalunya) which included both adult and minor intervention.

The management of the Probation System has changed through the years. In the early years there was a direct management by the Administration itself. As a consequence of multiple reforms of the Penal Code, an expansion took place. The main reforms of the Penal Code affected to gender violence and traffic offenses. At the moment, the Probation System in Catalonia is managed by 3 non-profit foundations: Fundació IRES, INTRESS and APIP, thanks to partnership agreements with the Department of Justice after a public tender.

Alternative Sanctions and Measures

In 2021 most of the sanctions applied in Catalonia were unpaid work, nearly 74%. (8.084 offenders out of 10.893). It would be interesting to collect how many people fulfilled the unpaid work alternative sanction with a mental health content. Unfortunately, we don't have that information at the moment. Regarding the mental health programs, most of them are outpatient and inpatient security measures. The trend of the mental health security measures since 2010 is that in 2020 all the sanctions and measures were down, except for the inpatient security measures that increased. The number of cases of the inpatient security measures has never been so high as in 2021 and 2022 in 12 years.

Recidivism

Alternative penal measures and sanctions recidivism rate in Catalonia is 10,4% according to the study “Recidivism in Community Sanctions and Measures 2015”. Published by CEJFE in 2016. The recidivism rate attending to measures, the inpatient security measures as 21%, higher than the average.

Policy and Research

In Catalonia has two important agreements between the Department of Justice & the Health Department.

- The agreement of 2016 is about the content of the reports that probation officers need for the court, considering different criminal stages. So anyone that works with us know what we need in a report for keeping the court informed.
- The agreement of 2017 is a coordination protocol that was signed to ensure mental health and drug treatment as a content of an alternative sanction. The enforcement of Community Sanctions and Measures takes place within the Public Health Care System Network, thanks to the Social Security. The Administration has the obligation of ensuring a proper health assistance.



Training and expertise

In Barcelona the Centre of Legal Studies and Specialized Training (CEJFE) in Catalonia provides training and research activities. Currently, there is a training course taking place about basic indicators of mental health problems for professionals who work in the justice field. However, the places are limited and it is voluntary. IRES Foundation also organises training activities each year based on probation officer's needs. In 2021 the probation officers from Barcelona requested training about these topics: psychopathy, homeless people, behavioural addictions such as pathological gambling, new technologies, compulsive buying). IRES Foundation also provides external supervision to the probation officers. We have 4 probation officers in the team of Barcelona specialized in internment security measures who work as a unit and have no waiting list.

Screening

There is a specialized team who informs the judge under request in pre-sentence reports. That helps the court and advises about the appropriate sanction. The Probation Officers don't have any specific assessment tool for screening. However, may ask the court for a forensic report during the intervention. If the court agrees, is the Institute of Legal Medicine and Forensic Sciences that produces the report.

Main challenges

The main challenges would be working with dual pathology, improve the exchange of information between courts, invest in intellectual disabilities resources, working with families, deal with social difficulties and maintain the bond with clients.

Evija Burkovska – Latvia

The presentation from State Probation Service of Latvia included topical issues in the field of mental health promotion, focused on effectiveness of multidisciplinary team work: therapeutic intervention, involving mental health specialists (psychiatrists, psychologists, social workers) in supervision of specific cases, as well as other resources. Evija also described the implementation of probation programs (based on CBT therapeutical approach), regular training courses for probation specialists, cooperation with social rehabilitation organizations to provide long-term assistance to probation clients in need of mental health support and treatment.

Lisa Berg - Social worker prison, Baden-Württemberg, Germany

Experiences /another perspective from mental health in prison:

Mental illness is increasing in the last couple of years, both in prison as well as in probation. In prison foreign inmates experience a lot of trauma. There is only one psychiatric hospital in Baden-Württemberg, which is one of the 16 states in Germany. The waiting list for the inmates is unfortunately very long. Sometimes it takes a couple of months, until the inmates with mental diseases can be transferred to the hospital. Every prison should have a psychiatric unit, which is supported by a multi-professional team, such as medical staff, psychiatrics, psychologists, social workers and the prison officers. There is a plan to build a new prison hospital, which should be built in Stuttgart. The plan is to enlarge the space for inmates with mental illness, as well for inmates with physical suffering.

The main challenge with clients with mental illness is finding professionals and specialized staff. Prison is not an attractive field of work, so it's hard to find experts.

Another main challenge is the language barrier. There are a lot of problems with foreign inmates, which are suffering from mental illness. There is a need for specialized translator, so the psychologist and the psychiatric can effectively work with the client.

Finally, getting clients with mental illness into other institutions, because they get released from prison, is also a well discussed topic. Until now, any organization or institution feels responsible for them, so it's almost impossible to ensure the further treatment or social support.

Mental illness is often linked to addiction, that's why there is a close cooperation with addiction counselling. In terms of the probation officers, they are trying to cooperate with them. Usually, when the client is released, the contact stops and is difficult to continue with the treatment plan.

Laura Zemlicof - Probation Service, Switzerland

Within the decentralized Swiss probation system, each autonomous canton (26) has its own Probation Service and has the competence to decide its structure. The Vaud Probation Service is a private institution created in 1895. One manager and seven probation officers work in four prisons of pre-trial detention, where we also find inmates serving their sentence or measure (art. 59 CPS). There are currently no statistics available on the percentage of people in probation with a mental illness. A diagnostic is provided either by the Prison Medical and Psychiatry Service (SMPP) or by a forensic psychiatric expert. The SMPP is an integrated and independent service. One of the four pre-trial prisons, Prison de la Croisée, has a psychiatric unit with a maximum capacity of 13 male inmates, which operates akin to a day hospital. A multidisciplinary team works together, providing individualised care and group programmes. The probation officer prepares pre-trial and release reports and works in close collaboration with the prison's medical service and with all other internal prison services and external services (e.g. law enforcement, adult and child protection authorities) in order to support inmates to restore or maintain social and family ties, manage their finances, contact their legal guardian, work around risk and protective factors, implement projects corresponding to their needs and skills, preparing the transition to the open institutional environment and ensuring continuity in psychiatric care. The probation officer also feeds information into the inmate's sentence/measure planning and contributes to its implementation. At the federal level, the Swiss Competence Center for the Execution of Criminal Sanctions provides a wide range of non-mandatory training focused on inmates with mental disorders. Moreover, in December 2021 they published a guideline that provides recommendations regarding the implementation of psychiatric care in the context of deprivation of liberty, aiming to share good practices and harmonize them. One of the main challenges is the increasing number of people under measure¹ versus the lack of available places in secure forensic psychiatric clinics (especially for prisoners with mental retardation or autistic traits); another challenge is the waiting list for places in an open institutional environment.

Miriam Sevasta – Probation service, Ministry for Home Affairs and National Security, Malta (online)

Malta has one mental health hospital and a specialized psychiatric unit within its general hospital offering both inpatient and outpatient services. Malta holds one of the highest combined rate of psychiatric beds per 100,000 population in community psychiatric inpatient units in Europe (WHO, 2017). Adding to this in 2005 a new Forensic Unit was introduced within the Mental Health Hospital. The aim of this unit is to house inmates that require mental health care.

In recent years, mental health care in Malta has witnessed the emergence of more services in the community such as local day centres for adult persons experiencing mental health challenges and a number of community-based clinics run by multidisciplinary teams, including psychiatrists and psychologists. These sites act as outpatient service centres, aimed at bringing mental health care closer to the community.

Malta is currently in the process of reforming, renovating and improving its mental health services. Its existing mental health plan is to continue shifting services and resources from mental health hospitals to community

¹ Office fédéral de la statistique. Exécution des mesures: effectif moyen selon le genre de mesure.
<https://www.bfs.admin.ch/bfs/fr/home/statistiques/criminalite-droit-penal.assetdetail.19744551.html>

mental health facilities, as well as to integrate mental health services into primary care (WHO, 2011). There also plans for replacing the present main inpatient facility with a new hospital. Even though these changes have long been considered, they were mainly brought about by the introduction of the Mental Health Act which started being implemented in 2014 (Cachia, 2015).

To continue to expand these services in the community the Department of Probation and Parole was also proactive and sought to expand its services by setting up a Psychology Unit in 2014. This unit was developed to address a lacunae within the system to provide specialised services to community-based offenders, focusing on assessments and interventions reducing offending behaviour. It has endeavoured to develop and implement manualised CBT based interventions addressing issues such as anger management, sexual offending, violent offending and thinking skills. This unit also screens community based offenders for mental health difficulties and is equipped to offer services addressing anxiety and mood disorders. Incidentally both of these conditions have increased in part possibly due to the onset of covid related lock downs and mitigatory measures.

In spite of such changes and advancements though, Malta still lacks needed human resources in the mental health field (Alliance for Mental Health, 2016). In fact, even though the number of psychologists is increasing, most health professionals working and trained in the mental health sector are nurses and most of them have limited training in mental health service delivery (WHO, 2011).

The Psychology Unit is also in the process of increasing the staff complement to meet the increasing demands of offenders in the community.

Ilonka Verkade – SVG, Netherlands

Three private probation services:

- Dutch Probation Service Reclassering Nederland
- Probation service for addicted offenders Stichting Verslavingsreclassering. GGZ - SVG 10 private organisations for mental health and addiction. Only these 10 are allowed to execute probation services
- Salvation Army , Leger des Heils Jeugdbescherming en Reclassering

Close cooperation between the 3 organisations: Distribution of clients based on characteristics of clients, accountability towards ministry, joint supporting services (e.g. education, registration system), service definitions and development and Directors represent probation on accounts.

Mission statement: Reduction in recidivism, punishment alone is not effective (a combination of punishment and support is needed), focus on behavioural change & risk management, to build a safer society

Core tasks

- Advice; Early intervention, Probation recommendation
- Supervision; Probation supervision, behavioural training
- Community service; External project site, Group project

Policy & research

2007 - New system. Forensic care is defined as mental health care, drug rehabilitation and care for the intellectually disabled provided within the criminal justice system.

2019 - The Forensic Care Act. Prevention of reoffending. Quality, safety and exchange of information. Responsibility for the entire forensic care system: the Ministry of Justice and Security (including finances). Needs assessment: Probations services, forensic psychiatrists, detention centres.

Placement: Probation services, Ministry of Justice and Security.



Care: Providers of forensic care.

60% mental health issues, 60% substance abuse, 30% intellectually disabled

In 2016 the WODC began a five-year project

Re-offending Monitor: To cover reoffending rates related to all remaining forensic care orders.

Training/expertise

Specialized probation service which provides:

- RISC (assessment and risk evaluation instrument)
- Psychopathology, Substance misuse and (other) dependencies, Organisation of forensic care, TBS measure (disposal to be treated in a forensic hospital on behalf of the state), Motivational interviewing technique
- Mental health awareness

There is also specific training for Probation officers: Master of forensic social worker.

Screening

- Study of statement of the offence, study of criminal record, interviewing offender (at least 2), interviewing important reporters (family, mental health etc.), self-report by offender, and check out responsivity (susceptibility towards interventions, right match with intervention).
- RISC(assessment and risk evaluation instrument); (mis)use of drugs, (mis)use of alcohol, history of anti-social behaviour, patterns of thinking, behaviour and skills: Static, Stabele & Acute (Sexual offenders), B-Safer (Domestic Violence), Scil (Intellectually disabled) , Rec (tool to assess Risk of Recidivism), Vera-2 (terrorism)
- IFZO; Information System Forensic Care (Needs assessment, matching & placement.)

Treatment (Care or Control)

Role of probation:

- Advise the court; three specific conditions for Forensic Care: out-patient, clinical or sheltered accommodation.
- Supervise recommended conditions as imposed by the judge

Appropriate care: should not extend the sanction, best match service-user-treatment program, motivation, available and accessible.

“Three parties agreement” (responsibilities, targets, frequency)

Forensic Care: Quality standard (Admitted by WTZI), EFP (Expertise organisation Forensic Mental Health Care), KFZ (Forensic Care Quality Standards), Carry out HKTR.

Main challenges & plans for the future

Continuity of care (transfer to regular healthcare): “Chain standard lifespan and secured beds” and to continue with the Program “Persons with confused behaviour”.

Improved flow-through: more in-patient treatment facilities, more sheltered accommodations, more specialised care.

Less bureaucracy: Many organisations involved referring that there is a lot of registration.

A multidisciplinary approach to Mental Health and Probation: The experience of Project Pretrarca - Ms.

Preciosa Veríssimo, Probation Officer, Portugal Ms. Beatriz Lourenço, Ms. Andreia Ferreira, Ms. Pilar Garcia and Mr. Daniel Terêncio, Project Pretrarca, Portugal

A good practice implemented in Lisbon was presented to the group of experts. The good practice focused on a multidisciplinary approach to the Mental Health and Probation. Detailed information on this good practice can



be found through the following link: <https://www.cep-probation.org/launch-of-the-expert-group-on-mental-health-in-lisbon/>

The Council of Europe white paper on Mental Health in prison and probation - *Mr. Charlie Brooker, Honorary Professor University of London, UK Mr. Jorge Monteiro, Head of Programs and Projects Department, Prison and Probation Service, Portugal*

There was good response to the survey (66%) boosted by the returns of 11/16 German states. Half the proportion of probation staff received mental health awareness training compared to prison staff (74% vs 37%). Estimates of the prevalence of mental health problems in probation varied from 2% (Slovakia) to 90% (Scotland) with a median of 15%. However only four jurisdictions collected prevalence data routinely. Robust research has indicated that the figure is closer to 40% so largely probation services seriously under-estimated the prevalence.

By far the most common model for probation clients to access mental healthcare was through the use of external healthcare agencies (86%), 10% accessed services in the voluntary sector. Screening for mental health disorders was most likely to take place in the court (94%) or in prison (86%). Psychiatrists (61%) and psychologists (61%) were mostly involved although GPs were involved in nearly one-third of cases (30%)

Most probation responses indicated that the role of probation services was to direct probationers to external services (as above). It should be noted that two countries, Malta and Northern Ireland, used an 'in-house' treatment service run by psychologists. England had a one-off initiative for offenders with a personality disorder. In one service, Baden-Wurttemberg in Germany, some probation staff were trained to be mental health specialists.

12 (32%) countries/jurisdictions had specific treatment orders for mental health. In England, there had been concerted efforts to maximise the use of mental health treatment requirements in the CSTR project. 5 (14%) of countries jurisdictions monitor suicide rates in probation (Bulgaria, N Ireland, France and Ireland) but provide no data. England provides a website address showing that probation suicides have been examined for a number of years.

A small number of probation services work with families (14%) and 27% provide a gender approach to probation which was often trauma-informed.

Research proposal on Mental Health and assessment - *Mr. Charlie Brooker, Honorary Professor University of London, UK*

CEP together with Professor Charlie Brooker are hoping to undertake a large pan-European survey (n=1,000) of probation staff's knowledge of, and attitudes to, mental health. A questionnaire, that involves answers to multiple choice questions would be used. It will take about 10 minutes to complete. This tool has already produced normative scores for probation staff and the police in the United States.

The Council of Europe survey indicated that improving knowledge is a key area for improvement.

Preparation for and brainstorming on the International Workshop on Mental Health in Probation. *To be held in Dublin, Ireland, on 14-15 June (topics, speakers names, structure)*

The group exchanged ideas on the programme for the International Workshop on Mental Health in Probation that CEP will organize in Dublin.

Close of the Expert Group meeting

Willem van der Brugge closed the expert group.

