

Best practice in working with people with mental health problems on probation



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**Best practice in working with people with
mental health problems on probation**

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Why read this evidence review?

There are many benefits to making sure that we understand the mental health needs of people on probation and address them. Criminal justice and health agencies need to work together to make sure that people get the support that they need with their mental health. However, currently, the services that are provided are not always suitable to meet this population's needs, and people on probation can face numerous barriers to accessing care.

This evidence review looks at:

- The benefits of focusing on the mental health of people on probation
- What we know about the mental health of people on probation
- The organisation of mental health care, current initiatives, and challenges to providing high-quality care
- What good quality care for people on probation looks like
- Improving the evidence base and provision of care.



The benefits of focusing on the mental health of people on probation

A number of arguments for the benefits of focusing on the mental health of people on probation have been articulated in the literature (see for example HM Inspectorate of Probation et al., 2021; Revolving Doors Agency, 2017). These include:

Prevalence and opportunity to engage support

As the section below shows, we can expect that around 40% of people on probation are experiencing a mental illness at any given time, but not all of them will be accessing treatment or support. Contact with the Probation Service can provide an opportunity to engage people with support who may not otherwise access it.

The moral argument and rehabilitation

“People with a mental illness need and deserve treatment” (HM Inspectorate of Probation et al., 2021: 7) and ensuring that people get appropriate support contributes to the Probation Service’s rehabilitation role.

Reducing re-offending and cost savings

The relationship between mental illness and offending is complex, but mental health crises and behaviours such as self-medicating with drugs and/or alcohol can bring people into contact with the criminal justice system. As part of the Probation Service’s public protection role, such risks need to be monitored when someone is under probation supervision. Addressing such needs as soon as possible may contribute to improving compliance with community orders and ensuring that people are able to engage well with probation and other agencies. It may also contribute to reducing re-offending, and potentially produce cost savings in terms of avoiding (re)imprisonment or use of crisis services such as accident and emergency.

Importance within the judicial process

We need to know whether someone understands what they are being accused of and that they have the capacity to plead and stand trial. Staff also need to consider the appropriateness of options such as diversion from the criminal justice system or recommending a Mental Health Treatment Requirement at sentencing.

Community dividend

Improving the mental health of people on probation can have wider societal benefits, for example through reducing health inequalities and fear of crime.



There is also a growing policy recognition on the importance of focusing on mental health, with for example:

- The Criminal Justice Act 2003 introducing Community Sentence Treatment Requirements (which include Mental Health Treatment Requirements) as a sentencing option that can be made a condition of a community order
- Documents such as the Bradley Report (2009) and the National Partnership Agreement for Prison Healthcare in England (2018-2021) emphasising the need for improved continuity of care for people being released from prison
- Recognition within The Five Year Forward View for Mental Health (Independent Mental Health Taskforce, 2016) that, “work needs to happen to link data from different public services and agencies (the NHS, social care, education, criminal justice and others) to help identify and meet the full needs of people with mental health problems” (p49)
- The National Probation Service Health and Social Care Strategy (2019-2022), which recognises the need to improve staff training on working with people with mental health problems, and probation’s role in both considering mental health in sentencing recommendations, and signposting and facilitating access to mental health services for people on probation
- Investment in expanding Liaison and Diversion services, and in new services such as the RECONNECT care after custody service and Enhanced RECONNECT.

What we know about the mental health of people on probation

There are three main studies across the world that have rigorously examined the prevalence of mental illness on probation caseloads (Lurigio et al, 2003; Brooker et al, 2012, and Power, 2020). All three studies come to very similar conclusions. That is, the overall prevalence of mental illness is around 40%, substance use issues for those with a mental illness are common as is personality disorder. This can give rise to complex presentations. It is therefore not surprising that suicide rates for probationers are higher than for those in prison (Phillips et al, 2018). In the Lincolnshire prevalence study, we also looked at needs arising from a mental illness using the CANFORS structured needs assessment (Brooker et al, 2012). We found that needs were significantly higher amongst those with a diagnosable mental illness and included: alcohol/drugs; physical safety and safety to self; daytime activities; company and money. Finally, we looked at the extent to which those independently assessed with a diagnosis of mental illness were recognised by probation staff. Depression, anxiety, an alcohol or drug problem were well recognised, but probation staff struggled to document psychosis (in all its forms) and personality disorder.

However, despite this high prevalence of mental illness, people on probation are not always able to access the care that they need. This was recently evidenced in a joint thematic inspection of the criminal justice journey for people with mental health needs and disorders which stated that, “within the community, there is



a dearth of high-quality and comprehensive services to meet the spectrum of mental health needs of those on probation. While service provision was found to be good for those with a diagnosis under the Mental Health Act, this was not the case for those without this diagnosis” (Buckley, 2023: 273). In our own study (Brooker et al, op cit) half of those with a psychosis were not in contact with a mental health service. The joint thematic inspection also points to challenges around information sharing between agencies, continuity of care and provision for people with both mental health and substance misuse needs (dual diagnosis).

The organisation of mental healthcare, current initiatives and challenges to providing high-quality care

The difficulties for the general population in accessing mainstream mental health services have been well documented (see for example, Cummins, 2018). Psychiatric beds continue to close at an alarming rate and out-of-area referrals increase accordingly (Brooker and Brown, 2015). Despite the supposed increases in expenditure in community mental health care there are still struggles to gain access to community mental health teams (CMHTs) and there has been disinvestment in many of the relevant specialisms, such as Assertive Outreach. In the recent thematic review of mental health in the criminal justice system (HM Inspectorate of Probation et al., 2021) cases are reported where a referral from probation to a CMHT led to the probationer being put on a two-year waiting list. Moreover, people on probation may face additional barriers to accessing care including having complex needs that services are not designed to cater for, a lack of access to and understanding of digital technologies, low levels of literacy and health literacy, a lack of GP registration, and poor past experiences (Sirdifield et al., 2019a). Largely mainstream mental health services are failing the criminal justice system in general and failing the probation service in particular (Brooker and Coid, 2022).

There is still an open question about who should fund healthcare for people on probation. Although policy documents continue to inform us that this was a responsibility of the former clinical commissioning groups (CCGs) a very small percentage have funded anything specific for probation (Brooker et al, 2017; Sirdifield et al, 2019b). Although the remit for funding has now passed to Integrated Care Systems there are few reports of ‘mental health transformations’ including probationers let alone local needs being assessed.

Into this healthcare funding vacuum, we find NHS England who are funding some healthcare initiatives nationally in probation through a renewed focus on, for example, mental health treatment requirements (MHTRs) which aim to divert those experiencing moderate depression and anxiety away from prisons through twelve sessions of psychological therapy. It is to be hoped that future evaluations describe the nature of this psychological treatment, the skills and training of those delivering the therapy and finally the drop out rates which in previous

studies have been shown to be predictably high. Other NHS England national programmes also include RECONNECT and Enhanced RECONNECT where, to date, there are no published evaluations. In both these projects the aim is to try and ensure people coming out of prison remain connected to health services. Finally, Liaison and Diversion services also assess offenders, usually those appearing in the courts or coming into contact with the police. The extent of these workers' involvement with probation services has yet to be reported.

What is also worth mentioning is that whilst prison Inspections examine healthcare as an entity in each and every report. This is not the case for probation, where mental health needs (aside from drug and alcohol services) are not formally reported on.

What high-quality care for people on probation looks like and best practice

As detailed above, generic services do not always work well for people on probation. Whilst we may not want to create services that are exclusively for people on probation, it is important that the needs and experiences of this population are fully considered in the commissioning process and for probation-specific elements such as clear access routes that staff can use to support people who may struggle to navigate services on their own to be available.

We conducted a systematic literature review to identify studies that either a) purely described or b) researched the effectiveness of an approach to providing mental healthcare to adults on probation in Western countries (Brooker et al., 2020). This illustrated the dearth of research in this area with just four research papers and 24 descriptive papers being identified in the worldwide review. The four research papers focused on the Offender Personality Disorder project (Ramsden et al., 2016), mental health needs and service use amongst people in Approved Premises (Hatfield et al., 2004; Ryan et al., 2005), and how mental health courts impact on mental health service use (Herinckx et al., 2005).

Since this review was conducted an effective practice guide for mental health was produced based on the joint thematic inspection detailed above (HMIP, 2022). This guide was aimed at a probation audience and emphasises a number of elements that relate to best practice with working with people with mental illness on probation. These include:

- Accurately identifying (the severity of) mental health need. Here, it would be helpful for probation to have easy access to information about an individual's health from other sources such as liaison and diversion teams.
- When a mental health need has been identified, this should be followed by comprehensive plans to address the identified need.

- Taking a personalised and trauma-informed approach.
- Agencies working together to ensure that individuals receive all of the support that they need.
- Effective training and leadership.
- A national strategy to support work in this area.

More recently, in a broader piece of research designed to begin to improve understanding of the health and social care needs of people on probation and support health improvement in this population, we asked professionals working in criminal justice and health roles, and people with lived experience of being on probation what high-quality health and social care for people on probation looks like, and what needs to be in place to achieve this. We identified eleven characteristics from their responses which, although not mental health-specific, are still informative and echo some of the above:

- 1 **People's health and social care needs and need to access services are identified** – In relation to mental health, probation staff should be able to identify if someone has a likely mental health problem, and explore whether they would benefit from being referred for support.
- 2 **Collaborative working** – Appropriate agreements and processes should be in place for agencies to work together to share information about needs to promote continuity of care.
- 3 **Needs-led care** – Joint Strategic Needs Assessments should include data on the needs of people on probation.
- 4 **Positive, consistent and trusting relationships** – This is important for enabling people to be confident to discuss their mental health, so the number of times that an individual's supervisor is changed should be minimised.
- 5 **Services are accessible** – There should be clear and consistent referral processes into mental health care, and everyone identified as having an unmet mental health need and agreeing to be referred should be able to access support. People's experience of accessing services should be routinely measured.
- 6 **Attending services should produce positive outcomes** – We may expect services to have a positive impact on criminal justice and health outcomes.
- 7 **Role for peer support and mentoring** – Everyone on probation should be offered peer support and mentoring to support a healthy lifestyle where appropriate.
- 8 **A compassionate, person-centred approach in probation practice**
- 9 **Probation practice should be evidence-based** – Valuations of new initiatives should be published and learning from suspected suicides should be undertaken and shared.
- 10 **Appropriate resourcing, including training should be in place to support probation's health-related work**
- 11 **Role for lived experience** – Staff training should include lived experience input.



Improving the evidence base and provision of care

Based on our own research and the joint thematic inspection findings, it is clear to us that working well with people with mental health problems on probation should involve:

- 1 A compassionate and person-centred approach in probation practice
- 2 Routine screening, assessment and recording of mental health status when on probation using validated screening tools rather than simple self-report.
- 3 Routinely collecting feedback on people on probation's experience of and satisfaction with care.
- 4 Prevalence, experience, and satisfaction data informing local-level commissioning decisions as an essential step towards ensuring that services are available that meet their needs.
- 5 Multi-agency collaborative working to create straightforward access routes for self and supported-referral. It should be clear what mental health services are available, what their eligibility criteria and access routes are both in terms of self-referral, and in terms of cases where an individual feels that they would benefit from probation staff supporting them to access care.
- 6 Addressing current challenges around multi-agency working and information sharing.
- 7 Processes to support GP registration for people on probation.
- 8 Investment in training for probation staff, and in providing community-based mental health services, and services that support continuity of care on release from prison.
- 9 Investment into the probation service to ensure case load sizes are appropriate and that the number of times that an individual's supervisor is changed is minimised.
- 10 Ensuring that initiatives aiming to improve mental health care and access for people on probation are formally evaluated and findings are widely shared.
- 11 Lived experience input – for example into training, mentoring, and providing feedback on care.

We have developed a set of health and justice standards and quality indicators that we believe could provide a framework for measuring performance in this area and for developing quality improvement plans to address areas for improvement. There is potentially a role for Health and Justice Coordinators within the probation service in using these. Implementing these measures would vastly improve the evidence-base in this area.

All of the above should be underpinned by an updated probation health and social care strategy that provides clarity on the expected role of probation staff in working with people with mental illness, and of mental health service commissioners; and coordinates the current range of initiatives in this area.

Implications for voluntary sector services

Voluntary sector organisations delivering Liaison & Diversion services or health and wellbeing commissioned rehabilitative services would benefit from familiarising themselves with the key lessons from this review. In particular, they should be aware that:

- Some people on probation may prefer to disclose mental health issues to a worker not holding a supervisory responsibility over them.
- The voluntary sector's role in advocating on behalf of their service users may be particularly valuable for people on probation struggling to access mainstream services.
- Those providers who adopt a peer mentor model and/or who employ people with lived experience may be particularly effective in helping people on probation disclose their mental health needs and access appropriate services. It will be important for these staff to receive good quality training around mental health issues.

Conclusion

Mental illness in probation services is highly prevalent as are the associated issues of substance use and personality disorder. Thus, probation practitioners are working with people with mental health problems daily. Probation practitioners should be able to identify likely cases of mental illness and to refer probationers onto the appropriate mental health services. This would contribute to their risk management and rehabilitation roles. Despite very committed staff, there are multiple failures in this arena especially for people with a serious mental illness with only half of this group in touch with services. This is unlike the United States where specialist mental health-trained probation staff target those with a mental illness and provide them with intensive support (van Deirse et al, 2022). Probation staff, alongside their colleagues in the rest of Europe, need systematic training in mental health issues (Brooker and Tocque, 2023) to support their work in this area. They also require a serious conversation with their local mental health services and the development of referral pathways.

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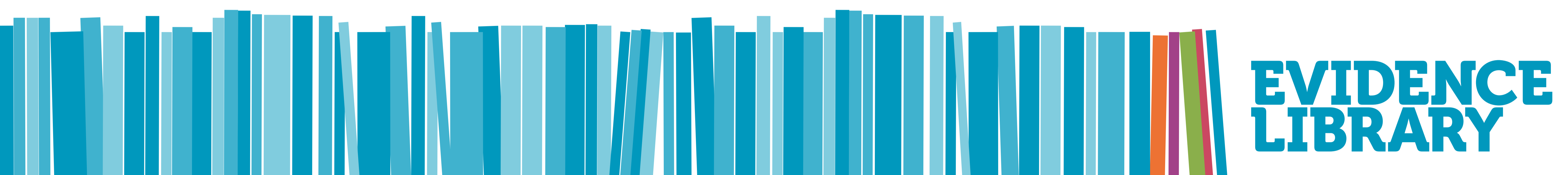
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