MENTAL HEALTH IN PROBATION

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CEP Conference, November 2021
Why focus on mental health in probation?

Probation's health-related role in England and Wales

Recent research on the mental health of people under probation supervision and the support available to them

Points for discussion
WHY FOCUS ON MENTAL HEALTH?
HEALTH-RELATED ROLE

Drawn from the National Probation Service Health and Social Care Strategy 2019-2022

- **At court:** consider the relationship between mental health needs and offending behaviour in sentence planning.

- **In the community:** "consider the health and social care needs of individuals when assessing and monitoring progress and risk factors...assist individuals in their rehabilitation by supporting and encouraging them to access appropriate treatment and/or services".

- **In Approved Premises:** "staff support residents directly, and indirectly, to meet their health and social care needs as part of resettlement plans" - work with partner agencies (p6).

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**Commitments**

- "Improve the health and wellbeing of people under probation supervision, and contribute to reducing health inequalities within the criminal justice system"

- "Reduce re-offending by addressing health and social care related drivers of offending behaviour to reduce victims of crime"

- Support the development of robust pathways into services for people under probation supervision, including improving continuity of care between the custodial and community setting"
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<thead>
<tr>
<th>Mental Health and Wellbeing</th>
<th>Suicide Prevention</th>
<th>Offender Personality Disorder Pathway</th>
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<tr>
<td>Increase training provisions for staff to support them to feel more confident when managing individuals under NPS supervision with mental health problems</td>
<td>Utilise internal and external data to understand the risk profile of the NPS population and utilise this to address identified risks</td>
<td>Continue to work closely with NHS partners to upskill and support NPS staff to develop the confidence to supervise individuals who are likely to have a personality disorder</td>
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<td>Support timely and appropriate sentencing that adequately considers the mental health and wellbeing needs of individuals entering the criminal justice system, including supporting the use of Mental Health Treatment Requirements</td>
<td>Raise awareness of suicide prevention and improving practice by developing the workforce to address the vulnerabilities of individuals under our supervision, and increase staff support and resilience</td>
<td>Support and actively contribute to the roll-out of the jointly-delivered Intensive Intervention and Risk Management Services in the community</td>
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<td>Strengthen partnerships at all levels to improve pathways into mental health treatment and services, particularly aiming to inform local commissioning processes for appropriate services that adequately cater for the needs of this complex cohort</td>
<td>Work with internal and external stakeholders to develop best practice and improve safety of service users, particularly through engagement with Local Authority Suicide Prevention Action Plans and Adult Safeguarding Boards</td>
<td>Work with prison-based colleagues to ensure that there is integration between OPD pathway work delivered in prison and community settings</td>
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Also from the National Probation Service Health and Social Care Strategy 2019-2022
Limited literature indicates high prevalence and complexity


MENTAL HEALTH SERVICE ACCESS FOR PEOPLE ON PROBATION

The same access routes as others in the community

Encounter a range of barriers
RECONNECT – CARE AFTER CUSTODY

IN SOME REGIONS...

- Mental Health Treatment Requirements, Drug Rehabilitation Requirements, and Alcohol Treatment Requirements

- London Probation alternative (Fowler et al. 2020
ATTRITION (FOWLER STUDY)

- Referred to the service: 569
- Offered an assessment: 529
- Completed the assessment: 301
- Offered treatment: 291
- Completed all 12 treatment sessions: 75
SPECIALTY PROBATION OFFICERS

- Have a reduced caseload – average of 47 cases for a specialty probation officer compared to 67 for a standard probation officer in this study
- Have a caseloads consisting of people with mental illness
- Receive ongoing mental health training
- Take a problem-solving approach to supervision
- Work more closely with those providing mental health and other services

63% bipolar disorder
25% depression
6% psychosis
6% PTSD

(Van Deinse et al. 2021 https://pubmed.ncbi.nlm.nih.gov/34668112/)
JOINT THEMATIC INSPECTION

• Joint inspection of the criminal justice journey for individuals with mental health needs and disorders

• Studied over 300 cases, and interviewed 550 professionals and 67 people with mental health problems and lived experience of the criminal justice system
Mental health needs are being missed at every stage of the criminal justice system

Need for a common definition of mental ill-health – “there is no accurate picture of the numbers of people with mental health needs and disorders in the CJS” (p8)

Even when needs are identified, the information is not consistently recorded fully or used in decision-making
“Significant problems in information exchange occur in every agency in the CJS and at every stage of an individual’s criminal justice journey” (p8)

Under-use of Mental Health Treatment Requirements

“Waiting lists for services in the community are long, leaving vulnerable people having to cope without the help they need” (p11)
Local Criminal Justice Boards should “agree, produce and analyse cross system data sets to inform commissioning decisions” (p12)

Probation need to “improve the quality of pre-sentence reports to ensure that they contain a comprehensive analysis of trauma, mental health needs and where indicated proposals for appropriate treatment” (p13)

Importance of relationships between staff and those under supervision
Need for more

• More information on the effectiveness of interventions that people receive
• Training for probation staff
• Joint working between probation staff and mental health service providers
QUESTIONS

Is mental health provision for people on probation adequate?

If not, how could it be improved?

How could probation staff support improvements in this area?

Can you provide an example of good practice in this area?

Are the difficulties faced by probation a reflection of wider challenges with mental health provision? If so, how do we fix this?