Probation and mental health:

who cares?

INTRODUCTION

In England, In March 2013, there were 222 000 people serving a probation order in 35 probation trusts. Prisons hold 85 000 people and retain 75% of the overall budget so probation receives three times less money but works to rehabilitate three times more offenders. Eighty-nine per cent of probationers in England are male and the most common offence for both sexes serving a community order was 'theft and handling'. Those deemed to be high risk constituted 5–7% of both groups. Government reform of the English probation service is imminent. About 70% of the probation population will become managed by the private and voluntary sector over the next 18 months and payment will be linked to reductions in reoffending. Current probation trusts are barred from tendering for business. The government believe that such a new approach will lead to a revolution in rehabilitation.

Since April 2013 the NHS has also been reformed and health care is now commissioned by two bodies: NHS England and 211 clinical commissioning groups (CCGs), which are led by local GPs and serve local communities. However, as far as health care for offenders is concerned there has been a fundamental split since the implementation of the reforms. NHS England commissions health care for offenders who are detained (prison, police custody, and secure children's homes). CCGs, which are responsible for commissioning health care for local communities, have also received explicit guidance that they should purchase health care for those on probation.

THE DIMENSIONS OF THE PROBLEM IN THE UK

Pertinent aspects of current public sector reform has been briefly described above. Located firmly within the context of these reforms is a serious concern about the mental health care of those serving probation orders in the community in England. So what is known about those with a mental illness serving a probation order?

The Lincoln Prevalence Study

There has been a paucity of robust research into the prevalence of mental illness among offenders on probation to date.¹ However, a

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study which we conducted using structured interviews with a stratified random sample of offenders across one probation trust demonstrated that 39% of offenders had a current mental illness.^{2,3} The most prevalent category of current mental illness was anxiety disorders (panic disorder, agoraphobia, social anxiety, generalised anxiety, obsessive compulsive disorder, and post traumatic stress disorder), which was estimated to affect 27% of the population. Prevalence rates for psychosis and dual diagnosis were also highly elevated in comparison to the general population.

Health needs assessments

It is noteworthy that in England every secure children's home, prison, and all police custody suites have been either subject to a full inspection (that includes a health assessment) or have had a separate health needs assessment (HNA) undertaken in the past 5 years. Over the same time period there have only been seven such HNAs in the 35 probation trusts. It is also worth pointing out, that unlike police custody and prison inspections, a HNA is not included in routine visits to probation services by the relevant Inspectorate. So what can be concluded about the mental health needs of probationers from the seven HNAs that have been undertaken in Leicester, Nottingham, Derbyshire, Wandsworth (London), Liverpool, West Sussex, and Hertfordshire?

OASys, (Offender Assessment Systems) the risk assessment tool used across the country in probation, is the basis for three HNAs but this is problematic as it relies on the offender manager recognising that their client is experiencing a mental health

problem. Research has shown that only 33% of psychosis is recognised as such by offender managers.² There was only one HNA where face-to-face interviews were conducted with a significantly large group of probationers and that was in Hertfordshire. The findings show that high proportions have both an existing mental health problem (23–48%) or have experienced such a problem at some time in their lives (40–65%). The reported rates of self-harm were high too with a range of 27–36%. The HNA undertaken in Nottingham and Derbyshire used the SF-36 which is a global measure of health status. The SF-36 has two component scores, one for physical health and the other for mental health. The measure demonstrated that the mental health of the whole group was significantly worse than for Social Class V (unskilled) of the general population.

The data in Leicestershire was analysed in a sophisticated manner and demonstrated that the higher the risk of a mental health problem the higher the risk of reoffending. Although there is variation in the estimates of the prevalence of mental health disorders, the range of 23–48%, is in line with the figure of 39% estimated in the Lincolnshire probation prevalence study presented above. Finally, qualitative data generated from interviews in the HNAs points to a lack of access to mental health services for those on probation and a particular need for services for high-risk offenders.

CURRENT MENTAL HEALTH SERVICE DELIVERY TO PROBATION IN ENGLAND

To investigate current formal mental health support to probation from mental health

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service providers, a freedom of information request was made to the 53 mental health trusts in October 2013. A total of 45 trusts responded (a response rate of 85%); of these 45 trusts, 27 (60%) provided specific services into probation and 18 (40%) did not.

The most common model in these cases was to offer support to the multiagency public protection arrangements (MAPPA) process and provide clinics into probation premises. In summary, only 60% of trusts provided a specific service and the most common model was to support the MAPPA process; of course, this is only for high-risk offenders. The next common model was to support MAPPA and to provide a regular advisory clinic to probation. Typically, such support was for half a day a fortnight and not excessive (given the high proportion of mental health disorders in probation).

CONCLUSIONS

It seems indisputable that the prevalence of mental health disorders is high but that access to mental health services is problematic. This is despite the likely link between mental health disorders and reoffending. In England, proposed and recent government reforms in probation and the NHS makes the future of mental health care for probationers yet more precarious. CCGs seem happy to leave the specific funding of mental health care for probation to the local decisions of mental health trusts who themselves are coming under ever-increasing funding pressures. HNAs make it clear that there are systematic problems with mental health service access offender managers and their clients as well.

SO HOW MIGHT IMPROVEMENTS BE MADE?

First and foremost, it is inequitable that only six probation trusts out of 35 have had the mental health needs of their clientele examined in any depth through an HNA. CCGs have a clear responsibility to understand their local population's needs, and to fund specific health care for probationers but are failing on both counts. A series of freedom of information requests to CCGs, made by the first author, have

revealed that only 5% of CCGs fund specific health care in probation and a further 25% do not even realise it is their responsibility to do so (they think this is NHS England's responsibility).

Finally, probation and health care founders in a policy vacuum in England, complicated by the Justice Secretary's insistence on rushing through an ill-researched and untested transformation of the whole probation scene, starting on 1 April 2014. Alarming, while purporting to be a national strategy for improving the provision of probation supervision, including, for the first time, prisoners released after serving sentences of less than 1 year, it does not include a national strategy for improving the mental health care of those serving a probation order. In addition to reducing health inequities, this would seem to be an essential ingredient of any national strategy aimed at better protecting the public by reducing reoffending.

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