



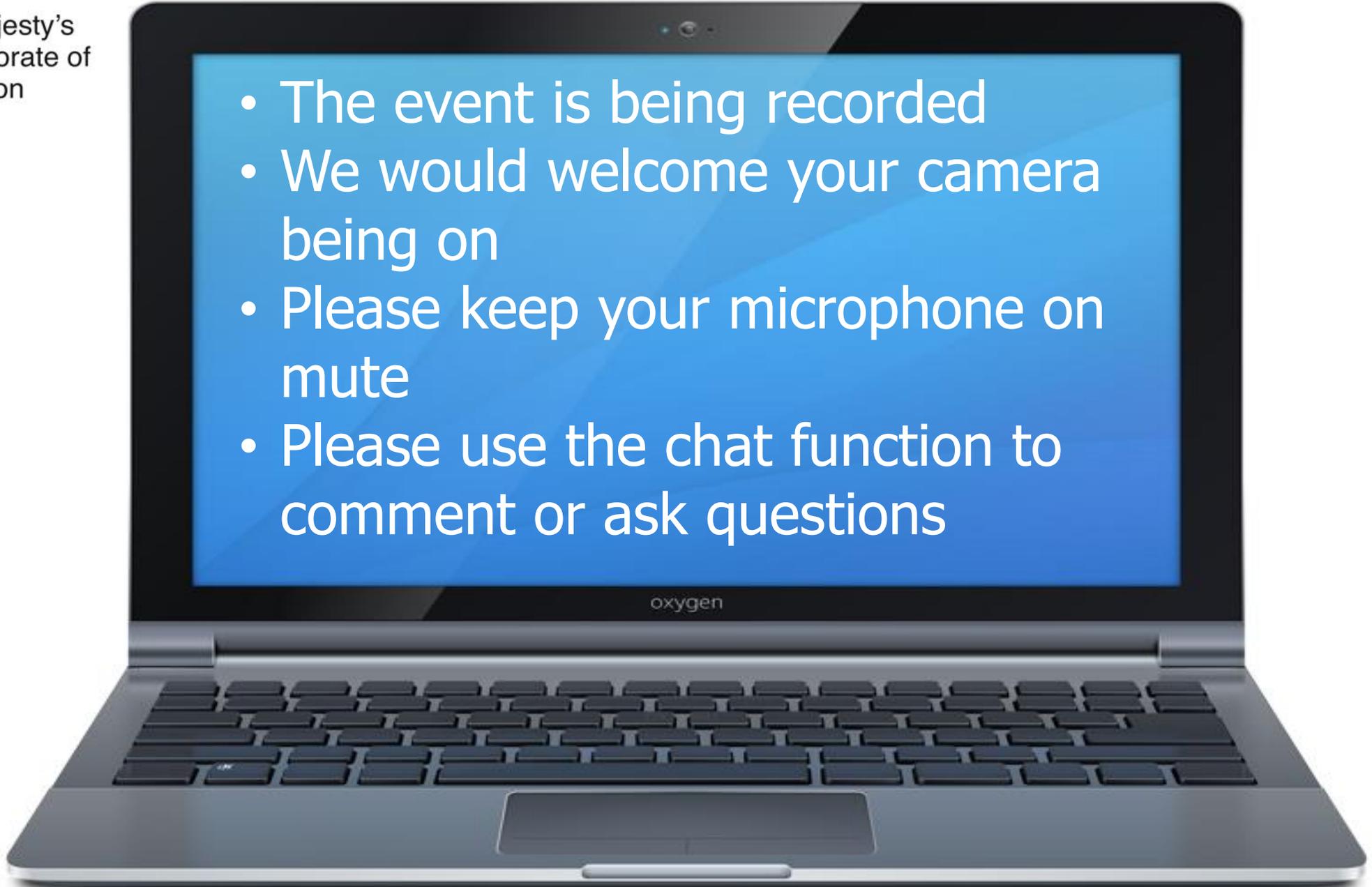
Working with the chicken AND the egg: mental health and substance use needs in probation.

May 2022



Her Majesty's
Inspectorate of
Probation

- The event is being recorded
- We would welcome your camera being on
- Please keep your microphone on mute
- Please use the chat function to comment or ask questions



AGENDA



- 01 Principles of an effective case supervision
- 02 Getting the right sentence
- 03 Working effectively with mental health
- 04 Working effectively with substance use
- 03 Bringing it all together
- 03 Discussions and observations



Her Majesty's
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Probation

HM Inspectorate of Probation Assessment standard:

assessments and planning should be well-informed, holistic, analytical, personalised and actively involves the person on probation



Her Majesty's
Inspectorate of
Probation

HM Inspectorate of Probation Assessment standard:

Implementation and delivery should be high quality, with well-focused, personalised and effectively coordinated services, delivered with a focus on engaging the person on probation.



Her Majesty's
Inspectorate of
Probation

HM Inspectorate of Probation Assessment standard:
reviewing of progress should be well-informed, analytical and personalised and actively involves the person on probation.



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Mental Health Treatment Requirements

Mignon French

Mental Health Treatment Requirement (MHTR) Programme Manager
Health and Justice Non Custodial Team. NHS England

Community Sentence Treatment Requirements

Community Sentence Treatment Requirements (CSTRs) have been a sentencing option since being introduced in the Criminal Justice Act, 2003.

- Alcohol Treatment Requirements (ATRs)
- Drug Rehabilitation Requirements (DRRs)
- Mental Health Treatment Requirements (MHTRs)

Despite high numbers of individuals with mental health and substance misuse issues, use of treatment requirements remains low: In 2019, only 4% of commenced requirements as part of a community order or suspended sentence order were DRRs, 3% ATRs and **less than 1%** MHTRs.

CSTR partnership introduced in 2017 aims to increase the use of all three treatment requirements to reduce re-offending and provide alternatives to short custodial sentences, thus directly addressing underlying mental health and substance misuse issues which contribute towards offending behaviour

Dame Carol Black (DCB) Recommendations

15: *We recommend that the MoJ, HO and DHSC, with the support of NHSE and the Office for Health Promotion, work together to ensure that the additional funding for drug treatment announced in January 2021 contributes to improved treatment pathways from criminal justice settings. In particular, action should be taken to divert drug users from the criminal justice system into treatment and **maximise the use of Community Sentence Treatment Requirements (CSTRs).***

16: *We recommend that DHSC and NHSE **expand their CSTR programme to 100% of the country by the end of this Parliament.*** **24:** *We recommend that DHSC and NHSE develop, publish and implement by the end of 2021 an action plan that improves the provision of mental health treatment to people with drug dependence*

- “Thousands of people with a mental illness are coming into the criminal justice system each year but their needs are being missed at **every stage**” 2021 A joint thematic inspection of the criminal justice journey for individuals with mental health needs and disorders [Here](#)
- Short custodial sentences are not as effective as robust community orders: Reference [Here](#)
- Many individuals present with complex mental health, trauma, dual diagnosis, personality, neuro disability and social issues but aren’t “severe enough” to be supported by mental health/social services

NHS E increasing the use of **Primary Care Mental Health Treatment Requirements (MHTRs)**

How

- **Dedicated Primary Care MHTR Programme** is increasing the availability of MHTRs
- Provided through locally governed **multidisciplinary steering groups**
- MHTRs commissioned and managed through **H&J Commissioners**
- **Dedicated process and pathways** developed for both Primary and Secondary Care MHTRs

Evidence of Effectiveness

- **National Minimum Data Set**
- **Independent Evaluation** by Institute for Public Safety, Crime and Justice University of Northampton
- Sites **contract managed** via H&J Commissioners, overseen by local steering groups
- **Consistency in psychological** approach through new MHTR services

Underpinning Principles

- Where ever possible to assess on the first appearance in court
- Offer the availability to sentence to a combined order if appropriate (MHTR/DRR, MHTR/ATR)
 - Overarching principle to screen in
- Offer awareness of the programme and those with mental health and associated vulnerabilities to the judiciary/HMCTS and probation

Primary Care Mental Health Treatment Requirements (MHTRs)

Scale up

- Currently covering 31% of England
- 50% coverage by the summer 2022, with 12 new counties becoming operational

Governance/Programme oversight

- Small programme team working with H&J commissioners
- Driving for consistency of approach across the programme sites (Programme documents)
- Monthly support meetings: Chairs, H&J commissioners, Clinicals)
- Working alongside strategic partners (HMPPS, HMCTS, OHID, DHSC)
- National Minimum Data Set
- NHS CSTR Futures

Funding

- For the first time the programme is in a position to scale up to 100% coverage of England.
- The programme is working towards scale up by 23/24

The screenshot displays the FutureNHS website interface. At the top, there is a navigation bar with 'My Dashboard' and 'My Workspaces'. The main content area is titled 'Community Sentence Treatment Requirement (CSTR)'. Below the title, there is a section for 'Community Sentence Treatment Requirement (CSTR)' with a video player for 'CSTR Video: Sefton'. To the right, there is a section for 'MHTR: Sam's Journey' with another video player. Below these, there are sections for 'CSTR Process Evaluation', 'CSTR Blogs', and 'MHTR Programme Documents'. At the bottom, there are sections for 'MHTR Clinical Manuals' and 'Primary Care MHTR Coverage'.

April 2022	Sept 2022 (on track)	Full Coverage by 23/24
31% (17 Million) 20 sites	50% (27 Million) 26 sites	covering 54 million population

MHTR Progress to date (England)

Pre MHTR service 2017.

MoJ data: 2016/17:

England/Wales sentenced total of 536 MHTRs



Projected coverage (England)

3840 MHTRs

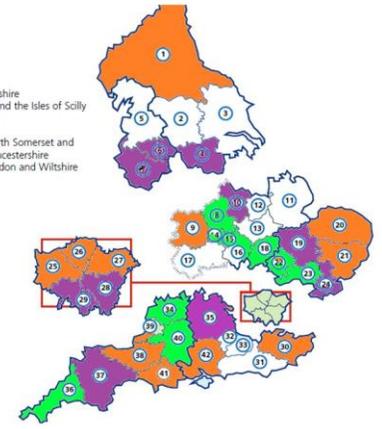
Clinical outcomes

MHTR since July 2020 demonstrate **statistically significant positive change using the CORE-34, GAD-7 and PHQ-9**. Therefore, based on the analysis of 13 months data, the evidence demonstrates **MHTR interventions are having a significant benefit in terms of mental distress, anxiety and depression**" [Here](#)

PC MHTR national Coverage

Primary Care MHTR Regional Coverage

- North East and Yorkshire**
- 1. Cumbria and the North East
- 2. West Yorkshire and Harrogate
- 3. Humber, Coast and Vale
- 4. South Yorkshire and Bassetlaw
- North West**
- 5. Lancashire and South Cumbria
- 6. Greater Manchester
- 7. Cheshire and Merseyside
- East of England**
- 19. Cambridgeshire and Peterborough
- 20. Norfolk and Waveney
- 21. Suffolk and North East Essex
- 22. Bedfordshire, Luton and Milton Keynes
- 23. Hertfordshire and West Essex
- 24. Mid and South Essex
- London**
- 25. North West London
- 26. Central London
- 27. East London
- 28. South East London
- 29. South West London
- Midlands**
- 8. Staffordshire and Stoke on Trent
- 9. Shropshire and Telford and Wrekin
- 10. Derbyshire
- 11. Lincolnshire
- 12. Nottinghamshire
- 13. Leicester, Leicestershire and Rutland
- 14. The Black Country
- 15. Birmingham and Solihull
- 16. Coventry and Warwickshire
- 17. Herefordshire and Worcestershire
- 18. Northamptonshire
- South East**
- 30. Kent and Medway
- 31. Sussex and East Surrey
- 32. Frimley Health and Care
- 33. Surrey Heartlands
- 35. Buckinghamshire, Oxfordshire and Berkshire West
- 42. Hampshire and Isle of Wight
- South West**
- 34. Gloucestershire
- 36. Cornwall and the Isles of Scilly
- 37. Devon
- 38. Somerset
- 39. Bristol, North Somerset and South Gloucestershire
- 40. Bath, Swindon and Wiltshire
- 41. Dorset





This video focuses on Mental Health Treatment Requirements (MHTRs)
Which forms part of the National Community Sentence Treatment Requirement Partnership (CSTR)

(Ministry of Justice, NHS England and NHS Improvement, Department of Health and Social Care, Her Majesties Prisons and Probation Service, Her Majesties Crown and Tribunal Service, Office of Health Improvement and Disparities)

Mental Health Thematic Review:

Engagement in Probation

Professor Charlie Brooker
Royal Holloway, University of London



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Probation should:

- Develop and deliver a programme of mental health awareness-raising for staff working within criminal justice services. This should include skills to better explain to individuals why they are being asked questions about their mental health so that there can be more meaningful engagement.
- Jointly review arrangements to identify, assess and support people with a mental illness as they progress through the CJS to achieve better mental health outcomes and agree plans for improvement.

Probation should:

- We were pleased to find that conversations about an individual's motivation and readiness to engage with supervision were done well in 49 out of the 60 cases (82 per cent). In all these cases, self-assessment questionnaires had been completed and information used to generate dialogue.
- We found that just under half of the cases reviewed did not contain a comprehensive analysis of mental health needs. Practitioners need to be better equipped to talk to individuals about their mental health problems and understand their specific needs.

Probation should:

- Resettlement planning was fragmented, with work undertaken in custody not always following through into the community. Often work was 'to the gate' rather than through the gate. This was compounded by service users being released to many different areas where the availability of services differed by mental health trust or commissioning arrangements. This lack of continuity impacted on engagement and outcomes.

Principles of Engagement

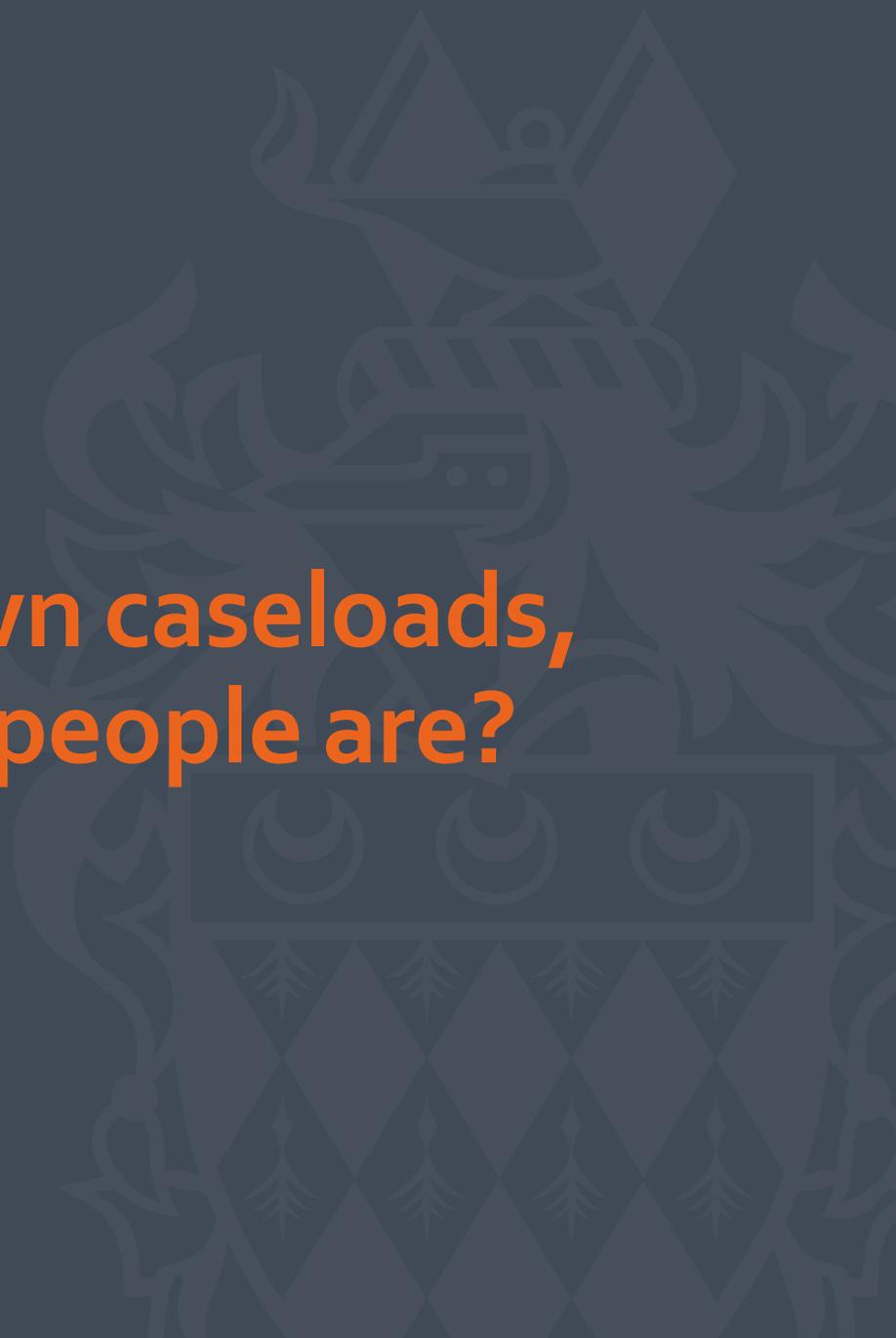


Probation Caseload breakdown

- Caseloads likely to be between 50-60 (reference: HM Inspectorate of Probation - Caseloads, workloads and staffing levels in probation services, 2020-2021).
- The prevalence of mental illness on probation caseloads is approx. 40%.
- Thus, on your caseload, at anyone time, you will have (taking 60 as the conservative figure).
- 24 people overall with a mental illness of whom 8 are likely to have a serious mental illness (Major depressive disorder or any psychotic disorder) and 14 who have a common mental health disorder such as depression, anxiety. In addition, 2-3 will have PTSD or OCD.

Probation Caseload breakdown

- In addition to the above, 11 people will have an alcohol problem, and something like another 3 will have a drug problem (as measures by AUDIT and DAST).
- Between 79-92% will also have a personality disorder in addition to their mental illness.



**If you think about your own caseloads,
do you know who these people are?**

Assessment tools

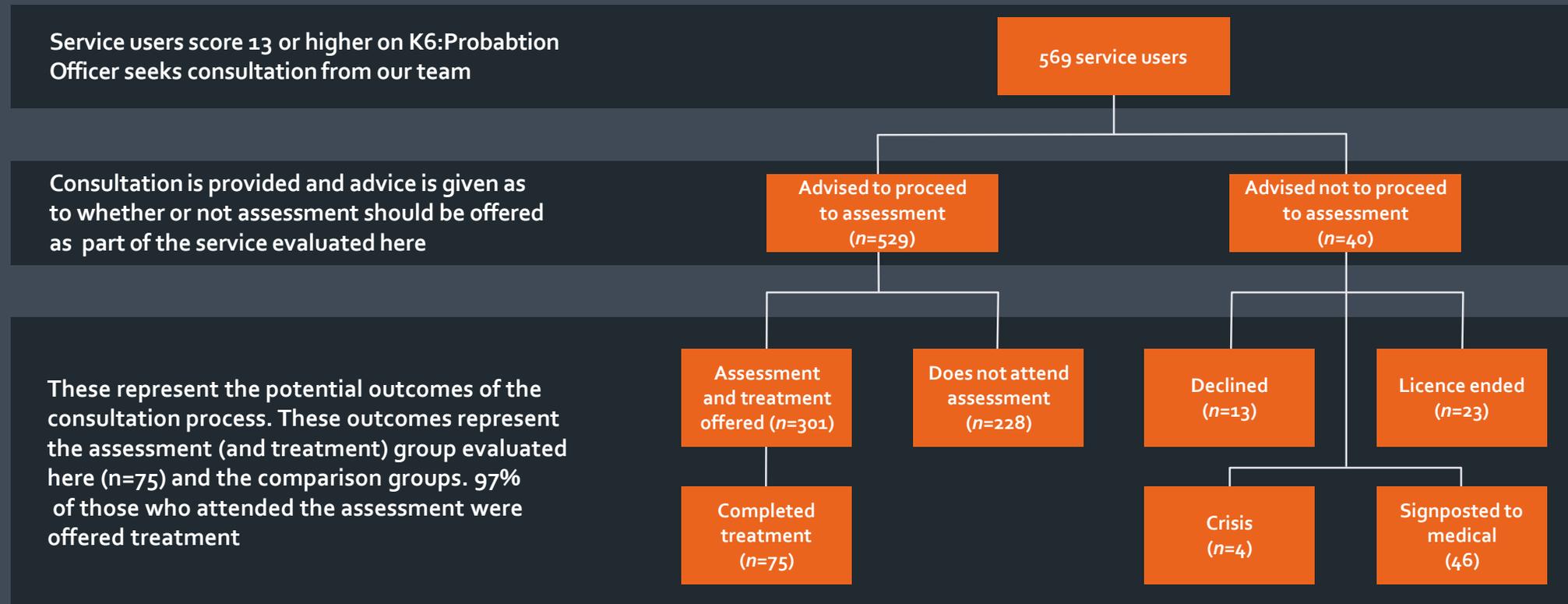
- If you're a more experienced PO you might be interested to know more about the types of screening tools that are available such as AUDIT which assesses problematic drinking which you might be aware of.
- A recent review indicates that the following might be helpful
 - PHQ-9 measures likely depression
 - GAD-7 measures likely clinical anxiety
 - CANFOR-S measures likely client needs as a result of their MH problems
 - PSQ measures likely psychotic disorder

Recent Study on CBT for Probationers in London with a mental health problem

- Only published in December 2019 by Fowler, J et al (2019)
- Every person in the London Probation service was screened with Kessler-6 (K-6), six items all scored 1–5, if you scored 13 or over offered intervention. The K-6 is a general measure of mental health status
- The intervention consisted of a 'manualised' CBT-type intervention with aimed for emotional regulation (copy right St Andrews)
- The intervention was not offered as part of a Mental Health Treatment Requirement (MHTR)

Results from the Fowler Study – sample attrition

Referral throughput numbers





Please contact me at
charlie.brooker@rhul.ac.uk
if you'd like to know more about
any of these screening tools

Action Learning Points

Try assessing your own current knowledge of your caseload to these simple facts about the prevalence of mental illness

If you were concerned about someone's mental illness or suicidality, what would you do?

How might your team improve their knowledge of local mental health services and their referral criteria



Working effectively with people with substance misuse needs

- **Context:** what has 'really' led people with SM needs to your service?
 - Poverty, trauma, deprivation, unmet neurodiversity needs, lack of +ive social networks etc.
- **Whole-Person:** meet holistic needs = collaboration/innovation
- **Knowledge:** take time to understand the local system (and how best to navigate it).
- **Action:** build trust, use time with people effectively, act upon actions (both parties) & never over-promise.
- **Reflection/Learning:** be self-aware of conscious/unconscious bias & do your own research (e.g. prohibition).
- **Social Value/Impact:** use every conceivable opportunity to raise aspirations & understand the role you play in +ively influencing the future of social mobility.
- **Whistleblowing:** don't be afraid to call out inappropriate behaviour amongst staff/colleagues.
- **Lived Expertise:** understand and embrace how this can be of value in so many different ways
 - governance, policy, practice, workforce, strategy, quality assurance etc. etc.



['Activating Lived Experience to Create Social Change'](#)

Artwork by Jay Valentino ©



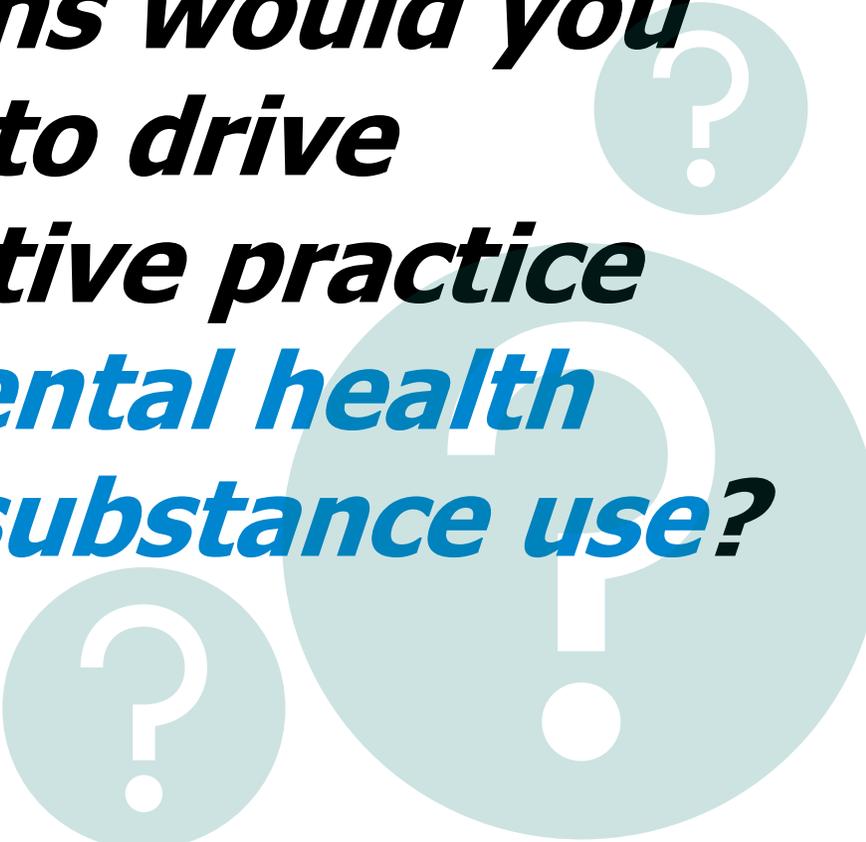
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Bringing it all together



Action
Changes
Things

What top three actions would you take to drive effective practice in mental health and substance use?



What
comments
and
observations
do you
have?





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*Thank
You*

Key HM Inspectorate of Probation links

Mental health Thematic and Effective Practice Guide

- [A joint thematic inspection of the criminal justice journey for individuals with mental health needs and disorders](#)
- [Effective Practice guide: mental health](#)

Substance Misuse Thematic and Effective Practice Guide

- [A joint thematic inspection of community-based drug treatment and recovery work with people on probation](#)
- [Effective practice guide: substance misuse](#)

Research

- [Specific areas of delivery](#)
- [Maximising positive mental health outcomes for people under probation supervision](#)
- [A model for resettlement based on the principles of desistance and recovery](#)

