An Investigation into the Prevalence of Mental Health Disorders in an English Probation Population: An Overview

Charlie Brooker
Honorary Professor of Mental Health and Criminal Justice, University of Lincoln
Coral Sirdifield
Research Assistant, University of Lincoln

ABSTRACT

Existing literature and policy papers suggest that there is a paucity of research both within England and across Europe on the prevalence of mental illness and substance misuse amongst offenders under probation supervision. This paper provides an overview of a study which piloted a methodology for assessing the prevalence of mental health disorder and substance misuse amongst this group in the county of Lincolnshire, UK, and argues for the importance of conducting similar research in other areas of the UK and Europe. In addition, to the above, the study summarised here investigated offenders' self-reported health needs, and the extent to which they felt they were being met by existing service provision; the extent to which probation staff in this area were aware of and recording offenders' mental health and substance misuse problems and access to health services; and staff and offender views on what facilitates and prevents access to health services for offenders.

BACKGROUND

In many European countries there is an increasing shift away from imprisonment and towards the use of community sentences, and the number of people subject to community sanctions and measures is greater than the number of prisoners (Durnescu, 2010: 16; Ploeg and Sandlie, 2011). There are moral, public health and economical arguments for ensuring that offenders with mental illness or substance misuse problems are identified and receive appropriate health care (Brooker et al, 2009; Salize et al, 2007). However, such arguments need to be supported by an evidence-base from which the need for mental health services amongst offenders can be demonstrated. Thus, the prevalence of mental illness and substance misuse appears to be an important topic to consider in a European wide context in terms of establishing a case for appropriate service provision. In addition, it is important in the light of impetus from the Council of Europe for closer working between probation services across Europe, and discussions about a European model for probation training (Durnescu and Stout, 2011).

Although debate exists about the role of probation both within and across different European countries, and there is variation in the way in which probation services are configured throughout Europe, it is arguable that the ability to at least identify, if not address mental illness and substance misuse problems in offenders is a core competency for all probation staff (Durnescu and Stout, 2011; Sirdifield et al, 2010).

Dressing et al, (2007) compared the frameworks underpinning diversion and treatment of offenders with mental illness in 24 European countries and pointed to a general lack of national statistics on both the prevalence of mental illness amongst prisoners, and the range of psychiatric treatments available to prisoners across Europe. Similarly, there is a paucity of research into the prevalence of mental illness amongst offenders on probation and pathways into treatment for these individuals across Europe. In the UK, this gap in the literature has featured in many recent policy papers (DH/NOMS, 2011, Lord Bradley, 2009 and DH, 2009).

To the authors' knowledge, the majority of existing research into the prevalence of mental illness and/ or substance misuse amongst offenders on probation has been conducted in the UK and the USA. Often, existing studies focus on specific sub-samples of offenders on probation, such as those housed in Probation Approved Premises in the UK (see for example Geelan et al, 1998; Hatfield et al, 2004). Offenders in Probation Approved Premises are likely to be convicted of serious offences, and as such, are unlikely to be representative of the wider population of offenders on probation. In addition, the existing research is methodologically diverse, with some studies using proxy measures such as previous use of mental health services, or staff opinions to estimate prevalence (see for example Pritchard et al, 1991), whilst others attempt to measure it directly using structured screening tools (see for example, Lurigio et al, 2003). Moreover, they measure different ranges of disorders, over different timeframes, making direct comparison of findings problematic. A full review of the mental health literature is provided in Sirdifield (2012).

This paper presents an overview of a study which aimed to build on the strengths of existing research and address some of its weaknesses to create a template for measuring psychiatric morbidity and substance misuse in a probation population. In addition, the study investigated offenders' self-reported health needs and their access to services; the extent to which mental illness is recognised and recorded by probation; and both staff and offender views on what facilitates and limits access to health services for offenders. A brief overview of the design and key findings of each stage of the research is provided below, followed by a discussion on the need for further research of this nature across Europe.

STAGE ONE

Design

The first stage of the research measured psychiatric morbidity and substance misuse amongst offenders under probation supervision in Lincolnshire (UK). It also examined offenders' self-reported needs, and the extent to which offenders felt that their needs were being met by existing service provision. The probation service in England and Wales classifies all offenders into one of four tiers of risk. The researchers selected a random sample of offenders from across one English county which was stratified by probation office and tier of risk. Interviews were then conducted with a total of 173 participants, consisting of demographic information and a number of established screening tools. Substance misuse was investigated in all participants using the Alcohol Use Disorders Test (AUDIT) (Babor et al, 1992) and the Drug Abuse Screening Test (DAST) (Skinner, 1982). In addition, all participants were screened for 'likely cases' of personality disorder using the Standardised Assessment of Personality – Abbreviated Scale (SAPAS) (Moran et al, 2003, see also Pluck et al, 2012), and for 'likely cases' of mental illness using an amended version of the Prison Screening Questionnaire (PriSnQuest) (Shaw et al, 2003). Individuals screening positive on the latter tool completed three further assessments – current and past/lifetime mental health disorder was investigated using the Mini International Neuropsychiatric Interview (MINI) (Lecrubier et al, 1997; Sheehan et al, 1998), health needs were investigated using the Camberwell Assessment of

Needs Forensic Version (CANFOR-S) (Phelan et al, 1995), and access to services was investigated using an amended version of the Client Socio-demographic and Service Receipt Inventory (European version) (CSSRI-EU) (Beecham and Knapp, 1992). In addition, a sub-sample (n=17) of participants who screened negative on the PriSnQuest tool also completed the MINI as a false-negative check.

Findings

Participants were found to be representative of the wider caseload on probation in Lincolnshire in terms of gender and ethnicity. Weighted estimates (which account for false-negatives on the PriSnQuest tool) were calculated for the prevalence of current and past/lifetime mental illness across several diagnostic categories (Dunn, 1999). Figures were rounded to the nearest whole number, producing the following prevalence rates and, where comparable, the figures in brackets show the equivalent figures for the general population in the United Kingdom (McManus et al, 2009):

- Any current mental illness: 39%
- Any past/lifetime disorder: 49%
- Mood disorder, current: 18% [2.3%]
- Anxiety disorder, current: 27% [4.4%]
- Psychotic disorder, current: 11% [0.4%]
- Eating disorder, current: 5%
- 'Likely case' of personality disorder: 47%
- Score of 8+ on AUDIT (strong likelihood of hazardous/harmful alcohol consumption): 56% [24.2%]
- Score of 11+ on DAST (substantial or severe level of drug use): 12% [0.5 %]

The rate of co-morbidity of personality disorder with mental illness was also investigated, revealing that 89% of participants with a current mental illness were also identified as 'likely cases' of personality disorder using SAPAS. In addition, rates of dual diagnosis (combined mental illness and substance misuse) were investigated, revealing that 72% of those who were PriSnQuest positive and screened positive for a current mental illness on the MINI also had a substance misuse problem (defined as scoring 8+ on AUDIT or 11+ on DAST).

Examination of self-assessed needs using the CANFOR-S produces mean scores for 'total needs', 'met needs' and 'unmet needs'. Participants with a mental illness had a mean 'total need' score of 10.53, compared to 4.59 for those without a mental illness. Furthermore, a Mann-Whitney 'U' test revealed a statistically significant difference between these two groups in terms of their mean scores for 'met' and 'unmet' needs at the $p=<0.05$ level.

Finally, findings from the CSSRI-EU tool on access to mental health services indicated a disproportionately low level of access given the prevalence rates reported above. For example, 60% of participants with a current mood disorder did *not* report accessing any kind of mental health service. This was also true of 59% of current anxiety disorder cases, half of current psychotic disorder cases, three-quarters of those with a current eating disorder, and 55% of 'likely cases' of personality disorder. Similarly, there was a low level of access to alcohol services, with just 40% of those scoring 8+ on AUDIT reporting accessing a substance misuse service. However, 88% of those scoring 11+ on DAST reported accessing a substance misuse service.

STAGE TWO

The second stage of the project investigated the extent to which probation staff were aware of and recording offenders' mental health and substance misuse problems, and information about offenders' access to health services. This was achieved by comparing information in probation case files to the findings from the clinical interviews conducted in stage one. Qualitative data from case files were also analysed to investigate barriers to health service access for offenders.

Design

A researcher examined the probation case files for a purposive sample of participants in stage one – namely those who screened positive for both a current and a past/lifetime mental health disorder. A data-collection tool was designed from scratch to enable the researcher to collect quantitative data for every file to show whether or not a disorder had been recorded in the file, and qualitative data for

every fifth file. Information from some files had been removed as the files had been archived. Consequently, the analysis presented below focused on 'complete' files only. Quantitative data were analysed in SPSS using descriptive statistics. Qualitative data were manually coded into themes using the constant comparative method.

Findings

There was a considerable degree of variation across disorder types in the extent to which the mental health disorders identified in the clinical interviews had been recorded in probation files. The most frequently recorded category of disorder was current mood disorders, where 73% of cases identified during the clinical interviews were also recorded in the probation files. However, just 47% of those identified as having a current anxiety disorder had this recorded in the case file. Only a third of current psychotic disorder cases were recorded, 21% of 'likely personality disorder' cases, and none of the cases of eating disorder were recorded in the case files. There was more agreement between the two data sources in the recording of substance misuse problems however, with 83% of those identified as having a drug problem during the clinical interviews having this recorded in their files, and 79% of those identified as having an alcohol problem having this recorded in their files.

In terms of access to services, comparing the clinical interview data with case file data suggested that in two-thirds of cases in which an offender had told a researcher that they were accessing a mental health service, this was recorded in their probation case file. 70% of the files examined also contained information about access to services which was not identified during the clinical interviews. This is likely to result from differences in timeframes covered in the interviews and in the case files – as interviews focused on recent service use, whilst case files may cover large time periods. However, combining the 'interview' and 'file' data together suggests that 23% of participants with a current mental illness had no contact at all with a mental health service.

Barriers to Service Access: Qualitative Data

Finally, analysis of the qualitative data extracted from case files highlighted three potential barriers to health service access for offenders on probation. These were: a lack of *motivation* on the part of an offender to address a health issue/engage with services; services refusing to work with offenders with a dual diagnosis; and offenders failing to meet the referral criteria for some services – suggesting a need to widen provision.

STAGE THREE

The third stage of the study involved a series of eleven semi-structured interviews with a purposive sample of probation offender management staff, and nine interviews with offenders on probation across the county to investigate what facilitates and prevents access to health services for offenders.

Design

Interviews were conducted by two researchers and two service user representatives working as pairs. Participants were selected to ensure representation from individuals with relevant knowledge/experience from each of the probation offices across the county. Interviews were recorded and transcribed verbatim, and analysed in NVivo8 using the constant comparative method. Staff and offender views were analysed separately and compared, but are presented together below for the purposes of this paper.

Findings

Enablers for access to services largely centred around communication and relationships between people – in terms of conducting joint meetings between offenders, health service staff and criminal justice staff, having clear communication between agencies, probation staff having an identified point of contact within a health service that they know and can work with to refer offenders into a service, and having a good relationship between criminal justice staff and offenders. The issue of a positive relationship with probation was not only reported by staff, but also by offenders who stressed the importance of being honest with probation, and the help that probation had provided them with. In addition, access to services appeared to be easier in cases where services were co-located, where services could guarantee confidentiality, and where probation staff were confident that they had sufficient

training to be able to identify the signs and symptoms of mental illness and to make referrals to appropriate services. Thus, when asked about positive experiences of either facilitating access to services (staff) or accessing services (offenders), participants stated that they valued services with straightforward referral systems and a flexible approach to engaging with clients, and which offered a clear explanation to offenders about their health problem.

As one might expect, many of the barriers to service access identified were the converse of the above. For example, silo working, poor communication between services, insufficient mental health awareness training for probation staff, and offenders needing to travel long distances to access services. In addition, both staff and offenders identified referral systems as problematic in some cases – with regards to the criteria used, and waiting lists encountered. Moreover, both groups pointed to the stigma encountered by some mentally ill offenders when trying to access services, and to a lack of service provision/resources for some problems – in particular alcohol misuse. Staff also pointed to a lack of flexibility in service provision – particularly in relation to offenders with complex needs, and to a reluctance on the part of mental health professionals to treat complex cases and/or accept responsibility for mental health treatment requirements which can be given as part of probation orders in England and Wales. Finally, both staff and offenders pointed to an unwillingness and/or inability of offenders to engage with health services at times.

When discussing negative experiences around accessing/facilitating access to services, participants also highlighted issues such as continuity of care, ensuring that offenders weren't simply 'fobbed off' with medication, and ensuring that offenders received frequent appointments rather than having to wait extended periods between attending healthcare services.

Finally, when asked to consider ways in which healthcare service provision for offenders on probation could be improved, participants made many suggestions which built on the above – for example more flexible working, improving communication, increased co-working across agencies, and expanding service provision in some areas. Staff also made suggestions around having mental health specialists working in probation.

DISCUSSION

This paper has presented a brief overview of the design of a project centred around assessing and addressing the mental health and substance misuse needs of offenders on probation, together with key findings from the research. This provided the researchers with valuable learning around methodological decisions involved in research of this nature, for example in terms of recruitment strategies, collecting health data from probation case files, and providing estimates of likely prevalence to inform sample size calculation in future studies.

The research points to a high prevalence of mental illness and substance misuse amongst offenders in this area of the UK. These data can be used to inform things like probation training, healthcare service provision and the provision of resources for liaison/diversion services for offenders with mental health and/or substance misuse problems. However, future research is needed to know if similar findings would be reproduced elsewhere. To what extent will factors such as the purpose/focus of probation in different countries, and the varying structure and nature of health service provision affect likely findings of such research?

In addition, the research highlighted considerable variation in the extent to which different types of mental illness and substance misuse identified during clinical interviews were recorded in probation case files. As stated earlier, arguably it is a central part of the role of probation workers to identify mental illness and substance misuse amongst offenders, and there are strong arguments for ensuring that offenders receive appropriate treatment. Future research could examine this issue on a wider scale, for example considering the potential impact of the extent of mental health awareness training received by probation staff in different countries, or the extent to which probation is focused on punishment or rehabilitation on these findings.

The research presented here highlights that in Lincolnshire, many of offenders' health needs are

unmet and that there are a number of ongoing barriers to access to health services for them, particularly for those with complex needs. In addition, offenders may feel ambivalent about engaging with health interventions. Is this likely to be the case in other areas of Europe, or do other countries have better models of healthcare provision for this group or different ways of working with offenders with health problems - for example, the provision of mental health specialists in probation or more advanced screening and diversion services? Can we identify models of best practice which could be utilised elsewhere?

Overall, based on the findings of this research, one can only conclude that there is a need for the mental health and substance misuse needs of offenders to be given a higher priority in terms of service delivery, education and research. Information from this report can be used to provide an evidence base from which commissioners can work to ensure that appropriate services are provided to meet the needs of this hard-to-reach group and that steps are taken to address some of the ongoing barriers to service access for offenders in the community. Having such an evidence-base to draw on would arguably be hugely beneficial for informing service provision in any area of the world. Thus it would be highly valuable to extend this research to examine the prevalence of mental illness and substance misuse and models of health support to probationers across Europe.

ACKNOWLEDGEMENTS

This paper presents independent research commissioned by the National Institute for Health Research (NIHR) under the Research for Patient Benefit Programme. The views expressed in this paper are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

REFERENCES

Babor, T. F., de la Fuente, J. R., Saunders, J. and Grant, M. (1992). *AUDIT the Alcohol Use Disorders Identification Test: Guidelines for use in Primary Health Care,* WHO.

Beecham, J. and Knapp, M. (1992). Costing psychiatric interventions, In Thornicroft, G., Brewin, C. and Wing, J. (Eds) *Measuring mental health,* London: Gaskell.

Bradley, L. (2009). *The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system,* London: Department of Health.

Brooker, C. and Ullman, B. (2009). *Inside Out: Solutions for mental health in the criminal justice system,* London: Policy Exchange.

Brooker, C., Sirdifield, C., Blizard, R., Maxwell-Harrison, D., Tetley, D., Moran P., Pluck, G., Chafer, A., Denney, D. and Turner, M. (2011). *An Investigation into the Prevalence of Mental Health Disorder and Patterns of Service Access in a Probation Population,* University of Lincoln. Available at: **http://www.lincoln.ac.uk/cjmh/RfPB%20Executive%20Summary.pdf**

Department of Health. (2009). *Improving Health, Supporting Justice: The National Delivery Plan of the Health and Criminal Justice Programme Board,* London: Department of Health.

Department of Health/National Offender Management Service. (2011). *Consultation on the Offender Personality Disorder Pathway Implementation Plan,* London: Department of Health/National Offender Management Service.

Dressing, H., Salize, H. J. and Gordon, H. (2007). Legal frameworks and key concepts regulating diversion and treatment of mentally disordered offenders in European Union member states, *European Psychiatry,* 22: 427-432.

Dunn, G., Pickles, A., Tansella, M. and Vazquez-Barquero, J. L. (1999). Two-phase epidemiological surveys in psychiatric research, *British Journal of Psychiatry*, 174: 95-100.

Durnescu, I. (2010). Community sanctions and measures in Europe, Some results from a recent survey, *EuroVista*, 1(1): 10-18.

Durnescu, I. and Stout, B. (2011). A European approach to probation straining: An investigation into the competencies required, *Probation Journal,* 58(4): 395-405.

Geelan, S., Griffin, N. and Briscoe, J. (1998). A profile of residents at Elliott House, the first approved bail and probation hostel specifically for mentally disordered offenders, *Health Trends,* 30(4): 102-105.

Hatfield, B., Ryan, T., Pickering, L., Burroughs, H., and Crofts, R. (2004). The mental health of residents of approved premises in the Greater Manchester probation area: A cohort study, *Probation Journal*, 51(2), 101-115.

Lecrubier, Y., Sheehan, D.V., Weiller, E., Amorim, P., Bonora, I., Sheehan, K. H., Janavs, J. and Dunbar, G. C. (1997). The Mini-International Neuropsychiatric Interview (MINI). A short diagnostic structured interview: reliability and validity according to the CIDI, *European Psychiatry,* 12: 224-231.

Lurigio, A .J., Cho, Y. I., Swartz, J. A., Johnson, T. P., Graf, I. and Pickup, L. (2003). Standardized Assessment of Substance-Related, Other Psychiatric, and Comorbid Disorders Among Probationers, *International Journal of Offender Therapy and Comparative Criminology,* 47(6): 630-652.

McManus, S., Meltzer, H., Brugha, T., Bebbington, P. and Jenkins, R. (2009). Adult Psychiatric Morbidity in England 2007: Results of a Household Survey. The NHS Information Centre, London.

Moran, P., Leese, M., Lee, T., Walters, Pl, Thornicroft, G. and Mann, A. (2003). Standardised Assessment of Personality – Abbreviated Scale (SAPAS): preliminary validation of a brief screen for personality disorder, *British Journal of Psychiatry,* 183: 228-232.

Phelan, M., Slade, M., Thornicroft, G., Dunn, G., Holloway, F., Wykes, T., Strathdee, G., Loftus, L., McCrone, P. and Hayward, P. (1995). The Camberwell Assessment of Need: the validity and reliability of an instrument to assess the needs of people with severe mental illness, *British Journal of Psychiatry,* 167: 589-595.

Pritchard, C., Cotton, A., Godson, D., Cox, M., and Weeks, S. (1991). Mental Illness, Drug and Alcohol Misuse and HIV Risk Behaviour in 214 Young Adult (18-35 Year) Probation Clients: Implications for Policy, Practice and Training, *Social Work and Social Sciences Review,* 3(3): 227-242.

Salize, H. J., Dressing, H. and Kief, C. (2007). *Mentally Disordered Persons in European Prison Systems – Needs, Programmes and Outcomes (EUPRIS),* Mannheim: Central Institute of Mental Health.

Shaw, J., Tomenson, B. and Creed, F. (2003). A screening questionnaire for the detection of serious mental illness in the criminal justice system, *The Journal of Forensic Psychiatry and Psychology,* 14(1): 138-150.

Sheehan, D. V., Lecrubier, Y., Sheehan, K. H., Amorim, P., Janavs, J., Weiller, E., Hergueta, T., Baker, R. and Dunbar, G.C. (1998). The Mini-Internatinal Neuropsychiatric Interview (M.I.N.I.): The Development and Validation of a Structured Diagnostic Psychiatric Interview for DSM-IV and ICD-10, *Journal of Clinical Psychiatry,* 59(S20): 22-33.

Sirdifield, C., Gardner, M. and Brooker, C. (2010). The Importance of Mental Health Awareness Training in a European Probation Training Curriculum, *European Journal of Probation,* 2(2): 23-38.

Sirdifield, C. (2012). The Prevalence of Mental Health Disorders amongst Offenders on Probation: A Literature Review, *Journal of Mental Health,* (in press).

Skinner, H. A. (1982). The drug abuse screening test, *Journal of Addictive Behaviour,* 7(4): 363-71.