International Journal of Law and Psychiatry 37 (2014) 484–489

Contents lists available at ScienceDirect

International Journal of Law and Psychiatry

Mental disorder and probation policy and practice: A view from the UK☆

Charlie Brooker [a,*], David Denney [a], Coral Sirdifield [b]

[a] Centre for Criminology and Sociology, Royal Holloway, University of London, Egham Hill, Surrey TW20 0EX, United Kingdom
[b] School of Health and Social Care, Bridge House, University of Lincoln, Brayford Campus, Lincoln LN6 7TS, United Kingdom

ARTICLE INFO

Available online 13 March 2014

Keywords:
Probation
Prevalence rates
Mental illness
Substance misuse
Suicide

ABSTRACT

This article is concerned with the manner in which offenders with mental illnesses serving community sentences are identified and treated by the probation service in the UK. It presents the results of recent research examining the prevalence levels of current and lifetime mental illness, substance misuse, and dual diagnosis and suicide rates amongst those serving community sentences in the UK. These high levels of mental disorder are not being addressed by probation policy or practice in a manner that is effective or sensitive. The article concludes by considering the relevance of innovative approaches to the treatment of offenders with mental illnesses in the community currently being adopted in the US to the UK.

1. Introduction

Considerable attention has been given to the prevalence and nature of mental illness suffered by those serving prison sentences in official government documents, and criminological and psychological research (Department of Health, 2009; Fazel & Lubbe, 2005; Sirdifield, Gojkovic, Brooker, & Ferriter, 2009). This article focuses attention on offenders serving community sentences where relatively little is known about the prevalence, nature, and treatment of offenders with mental disorders. Firstly, the article offers a brief overview of the development of the probation service and approaches towards offenders with mental illnesses in the UK. Secondly, an account of recent UK research concerned with prevalence detection and treatment of mental illness amongst offenders serving community sentences will be described. Thirdly, some major challenges to current probation policy and practice will be discussed in the light of new approaches being adopted in the US.

Two important questions emerge from the above considerations. Why has mental disorder received such cursory attention in probation policy, practice, and research? How can probation practice be better managed so as to offer services which are more sensitive to the needs of offenders with mental illnesses whilst offering a more effective service to communities?

1.1. Probation in the UK

In the UK the idea of probation has a history dating back over a century. The 1907 Probation of Offenders Act marked the point at which probation officers were employed to advise, assist, and befriend offenders, becoming formalised through the provision of probation officers to the courts. By this time some probation officers were paid, marking the beginning of the professionalization of probation. In the 1930s until the 1970s probation was dominated by a diagnostic casework model with much of its origins in the work of Freud (see for example, Mullins, 1943). Offenders were no longer 'sinners' but 'patients'; and offending behaviour transformed from a kind of 'evil' to an individual 'illness' in need of treatment. Increasing crime particularly amongst younger offenders gave rise to a growing sense of pessimism around a form of rehabilitation and befriending which had its origins in the days of the court missionaries. During the 1970s, many commentators had questioned the efficacy of this approach to probation, and studied reconviction rates for individuals sentenced to both custodial and community sentences, reaching the conclusion that nothing worked (Martinson, 1974). In the UK such pessimism immediately preceded a change in government in 1979 which formed the basis for a more punitive approach towards criminal justice with the election of Margaret Thatcher as Prime Minister. During the Thatcherite 1980s, punishment in the community dominated thinking on probation during a period of continued penal pessimism. The 1991 Criminal Justice Act introduced the idea of 'Just Desserts' theory whereby sentencing severity was proportionate to the seriousness of the offence.

The 1980s saw the development of more punitive approaches, but this time based in the community (Whitehead & Statham, 2006). By 1997 and the election of Tony Blair's 'New Labour' government, the

☆ This paper presents independent research commissioned by the National Institute for Health Research (NIHR) under the Research for Patient Benefit Programme. The views expressed herein are those of the authors and not necessarily of the Department of Health. The funder was not involved in the study design, data collection, the report writing, or the decision to submit the article.

* Corresponding author. Tel.: +44 7540 307525.
E-mail address: charlie.brooker@rhul.ac.uk (C. Brooker).

http://dx.doi.org/10.1016/j.ijlp.2014.02.021
0160-2527/

evidence-based 'what works' approach to practice had become transformed into an almost obsessional preoccupation with risk and risk management (Newburn, 2007).

In 1997 the election of a New Labour Government heralded a renaissance in the quest to find 'what works'. The Criminal Justice and Court Services Act 2000 created the National Probation Service for England and Wales; and renamed probation orders, community service orders and combination orders as 'community rehabilitation orders', 'community punishment orders' and 'community punishment and rehabilitation orders' respectively. In Auld, the Right Honourable Lord Justice (2001), probation was seen part of a continuum of increasingly severe punishment for wrongdoing. The Carter Report (2003) *Managing Offenders, Reducing Crime: A New Approach* recommended a new system of fines to reinstate them as a "credible punishment" and to reserve the use of other penalties for more serious/persistent offenders. Carter's recommendations reinforced both the 'care' and 'control' elements of probation practice and included elements of denunciation, restitution, and incapacitation in the form of a focus on paying back to the community, and tougher community sentences (Carter, 2003). As a consequence of this report, the National Probation Service is now part of the National Offender Management Service (NOMS), with agencies being pushed to work more closely together to ensure continuity of care for offenders.

1.2. Probation and mental disorder

Until the early 1990s, mental disorder was one factor amongst many – including physical health, employment, relationships, and housing needs – which could determine the success or otherwise of a community sentence. Reed's (1992) *Review of Health and Social Services for Mentally Disordered Offenders and Others Requiring Similar Services* marked a landmark change, locating the probation service as central to the partnership between police, health, social, and probation services for the urgent assessment of people who appear to be mentally disordered (Reed, 1992). Reed also identified the need to divert offenders with mental illnesses away from the criminal justice system where possible. This report also suggested that the courts should more readily consider recommending a probation order with a condition of psychiatric treatment. The Reed Report also recommended a review of the training needs of criminal justice staff working with offenders with mental illnesses, and stated that further research should be conducted in this field.

In the following year, HM Inspectorate of Probation reported on the use of probation orders with requirements for psychiatric treatment, stating that there was "a need for more accurate information about the size of the problem of mentally disordered offenders" (HM Inspectorate of Probation, 1993: 39). The Inspectors argued that probation staff needed better mental health training, and suggested that 'specialist officers' may be one way of addressing this issue.

Currently, the UK National Probation Inspectorate does not appear to have developed appropriate inspection criteria in order to assess whether Probation Trusts take sufficient account of the needs of offenders with mental health disorders. This will require a thematic review which specifically examines the probation practice with offenders with mental illnesses similar to the inspection carried out by the Inspectorate of Prisons in 2007 (HM Inspectorate of Probation, 2007). Such an inspection could provide a baseline to improve services.

In summary, examination of both historical and contemporary criminal justice policy suggests that the probation service has a central role in identifying and addressing the mental health needs of offenders. However, this does not tell us anything about the level of mental health need on probation caseloads, which is now addressed.

1.3. Prevalence of mental illness in a UK probation population

An epidemiological survey of mental health was undertaken using stratified random sampling of all individuals supervised by one probation trust in Lincolnshire, England (Brooker, Sirdifield, Blizard, Denney, & Pluck, 2012). Lincolnshire has a number of towns within in its borders but is largely composed of rural communities, although it is an area of significant social deprivation (Department of Communities and Local Government, 2011). Lincolnshire Probation Trust was selected as a convenience sample with which to pilot the study methodology. This study provides a methodologically rigorous survey of current and past mental illnesses in a random sample of individuals who were currently being supervised in the community by this Probation Trust. However, it should be noted that if the study was repeated in a largely urban area, one might expect the reported prevalence rates to increase (Weich, Twigg, & Lewis, 2006). Respondents were stratified geographically with reference to the location of the probation office. The full sampling strategy, participation rates, and reasons for exclusion have been described elsewhere (Brooker et al., 2012). The sample was largely representative of the wider Lincolnshire caseload in terms of gender and ethnicity, as shown in Table 1. However, there was variation between the sample and the wider caseload in terms of tier of risk. The entire sample selected at random for mental health screening was assessed for the extent of alcohol misuse using the Alcohol Use Disorders Identification Test (AUDIT) (Farrel et al., 2002; McMurran, 2005; Saunders, Aasland, Babor, de la Fuente, & Grant, 1993). The Drug Abuse Screening Test — short version (DAST) was also utilised in order to detect substance misuse (McPherson & Hersch, 2000). To estimate levels of likely personality disorder the Standardised Assessment of Personality — Abbreviated Scale was used (SAPAS; Moran et al., 2003).

The sub-group of the random sample that screened positive for a mental disorder was also assessed using the Mini International Neuropsychiatric Interview (MINI; Sheehan et al., 1998). This tool has been used previously in several studies in criminal justice settings (Black, Stephan, Hale, & Rogerson, 2004; Lurigio et al., 2003; Marzano, Fazel, Rivlin, & Horton, 2010).

Overall, 87% of respondents were male, and approximately 2% of both samples were black or of other ethnic minorities. Of the 957 offenders selected at random, 173 interviews were conducted.[1] The study participants had a mean age of 36 years (SD = 13.5). Nearly two-thirds (60.7%) of the study sample was unemployed, with 26.6% describing themselves as in paid employment or self employed, and 32.9% having no formal academic qualifications. This indicated that community offenders have a higher level of deprivation than that of the general population. The national unemployment rate for the UK at the time of data collection was 7.9% (Office for National Statistics, 2010).

As shown in Table 2, just over a quarter (27.2%) of offenders interviewed were assessed to have a current mental illness. Weighted prevalence figures were calculated for all major diagnostic categories to account for any false-negatives on the PriSnQuest screen. Taking into account the weighting formula, the proportion of offenders under supervision in Lincolnshire with a current mental illness was estimated to be 38.7%.

The most prevalent type of current mental health disorder was 'likely' personality disorder which was present in 47% of the sample. A major depressive episode was assessed in 14.5% of the sample and 2.3% were experiencing either a current manic or hypo-manic episode. The overall prevalence of current psychotic disorders was 11%. Current anxiety disorders were experienced by 27% of the sample. The

[1] The most common reasons for drop-outs from initial selection were: the order had ended (n = 396); the client refused an interview (n = 164); the client was either in prison, there was a warrant out for their arrest or they were in breach of their order (n = 99). See Brooker et al. (2012) for further details. This may have led to bias and the results, accordingly, should be treated with caution.