An Investigation into the Prevalence of Mental Health Disorder and Patterns of Health Service Access in a Probation Population

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Executive Summary

The over-arching aim of this study was to pilot a methodology for assessing the prevalence of mental health disorder and substance misuse amongst offenders under probation supervision in Lincolnshire. This is an area in which existing literature and policy papers suggest there is a paucity of research. The study was divided into three stages.

1.0 Stage One

The first stage investigated the prevalence of mental health disorder and substance misuse amongst offenders under probation supervision in Lincolnshire. It also examined offenders' self-reported needs, and the extent to which offenders felt that their needs were being met by existing service provision.

1.1 Study Design

When conducting this stage of the study, the researchers utilised a number of established screening tools with a random sample of offenders that was stratified by probation office and tier of risk. Demographic information was collected about each participant. The Alcohol Use Disorders Identification Test (AUDIT) was used to investigate drinking levels; the Drug Abuse Screening Test (DAST) was used to investigate drug use; and an amended version of the Prison Screening Questionnaire (PriSnQuest) was used to determine 'likely cases' of mental illness. Participants who screened positive on the PriSnQuest tool also completed the Mini International Neuropsychiatric Interview (MINI) — a diagnostic tool to screen for current and past/lifetime mental health disorders, the CANFOR-S — which investigates health heeds, and an amended version of the Client Socio-demographic and Service Receipt Inventory (European Version) which examines patterns of service use. In addition, a sub-sample of participants who screened negative on the PriSnQuest also completed the full range of measures for this stage of the study as a false-negative check.

Analysis showed that the 173 participants interviewed during this stage of the study were broadly representative of the wider caseload in Lincolnshire Probation Trust in terms of gender and ethnicity.

SAPAS versus SCID-II in a probation sample

Stage 1 also involved using SAPAS as a brief screen for 'likely cases' of personality disorder. This screening tool had not been used with a probation population before. Consequently, findings of this tool were compared with those of the 'gold-standard' screen for personality disorder, the

SCID-II for a sub-sample of 40 participants. The results of this sub-study are presented here as 'Stage 4'.

1.2 Findings

1.2.1 Prevalence

Offenders were found to be a deprived group, with a relatively high prevalence of mental illness when compared to the general population. Overall, 27.2% of offenders had a current mental illness (weighted figures that consider PriSnQuest false-negatives revise this figure up to 38.7%). 39.9% of participants had a past/lifetime disorder (weighted prevalence is 48.6%). Key results in terms of particular categories were as follows (weighted estimates are given in brackets):

- 15% of participants had a current mood disorder (17.9%)
- 21.4% of participants had a current anxiety disorder (27.2%)
- 8.1% of participants had a current psychotic disorder (11%)
- 2.3% of participants had a current eating disorder (5.2%)
- 47.4% of participants were 'likely cases' of personality disorder according to the SAPAS
- 38.2% of participants had a past/lifetime mood disorder (43.9%)
- 15.6% of participants had a past/lifetime psychotic disorder (18.5%)

When looking at levels of substance misuse amongst offenders on probation, results show that 55.5% of participants scored 8+ on AUDIT – indicating a strong likelihood of hazardous/harmful alcohol consumption, and 12.1% of participants scored 11+ on DAST – indicating 'substantial' or 'severe' levels of drug use.

A weighted logistic regression analysis suggested that the following were associated with an increased risk of a current mental illness at a statistically significant level: receiving benefits, suicidality and personality disorder. In addition, the following were associated with a reduced risk of a current mental illness at a statistically significant level: increasing age and paid employment. However, only 'age' retained a statistically significant association in the presence of other variables in the final model. The lack of other significant associations is likely to be due to the sample size in the study.

1.2.2 Comorbidity and Dual Diagnosis

Levels of co-morbidity and dual diagnosis are known to be high in prison populations, but very little research has examined this in a probation population. Results of this study suggest that there is also a very high degree of comorbidity and dual diagnosis in a probation population.

72.3% of those who were positive on the PriSnQuest screen had both a substance misuse problem and a current mental illness. Levels of dual diagnosis were higher for use of alcohol than for use of drugs. Furthermore, 89.4% of participants with a current mental illness also had a personality disorder.

1.2.3 Self-Assessed Needs

The results of the CANFOR-S screening tool indicated that participants *with* a current mental illness had a higher mean level of need than those *without* (mean scores were 10.53 and 4.59 respectively). Results of a Mann-Whitney 'U' test also showed that there was a statistically significant difference between these two groups in terms of their mean 'met' and 'unmet' needs scores at the p=<0.05 level.

1.2.4 Access to Services

The CSSRI-EU screening tool was used to investigate access to mental health services. Service use was examined for different diagnostic groups; and overall results indicate relatively low levels of service access, given the high levels of health needs in the population. 60% of participants with a current mood disorder did not report accessing any mental health service. This compares with 59% of those with a current anxiety disorder, 50% of those with a current psychotic disorder, 75% of those with a current eating disorder, and 55% of 'likely cases' of personality disorder. Of those scoring 8+ on the alcohol screening tool (AUDIT), 40% reported accessing a substance misuse service. Finally, of those scoring 11+ on the drug abuse screening tool (DAST), 88% reported accessing a substance misuse service.

2.0 Stage Two

The second stage of the project compared the findings from the clinical interviews conducted in Stage 1 to information in probation case files. It aimed to examine the extent to which probation staff were aware of and recording offenders' mental health and substance misuse problems, and to examine the information that probation staff record about offenders' access to health services.

2.1 Study Design

A researcher examined the probation case files for a purposive sample of participants in Stage 1 – namely those who screened positive for a current mental health disorder.

As very little research of this nature has been conducted to date, a data-collection tool was designed from scratch for this stage of the study. One researcher used this to collect quantitative data for every file and qualitative data for every fifth file. Qualitative data were manually coded

into themes using the constant comparative method. The methodological learning produced from this section of the study is given in brief in section 5.0 below.

2.2 Findings

2.2.1 Recording of Mental Illness and Substance Misuse

Analysis of the quantitative data showed considerable variation across disorder types in the extent to which a mental illness identified by the researchers in Stage 1 was recorded by probation staff in case files. Some of the files examined during this stage of the study were incomplete, as data from them had been destroyed prior to the file being archived. Thus two sets of figures are provided in the report — those for 'all files', and those for 'complete files' only. Findings for complete files only were as follows:

- **Any current mood disorder** — 73% of cases identified by researchers in Stage 1 were also recorded in the probation files
- **Any current anxiety disorder** — 47% of cases identified by researchers in Stage 1 were also recorded in the probation files
- **Any current psychotic disorder** — 33% of cases identified by researchers in Stage 1 were also recorded in the probation files
- **Any current eating disorder** — none of cases identified by researchers in Stage 1 were also recorded in the probation files
- **Any likely personality disorder** — 21% of cases identified by researchers in Stage 1 were also recorded in the probation files
- 83% of those scoring 11+ on DAST in stage one had a **drug problem** recorded in their probation files
- 79% of those scoring 8+ on AUDIT in Stage 1 had an **alcohol problem** recorded in their probation files

Thus probation staff were more likely to identify and record substance misuse than mental illness.

2.2.2 Access to Services

The researcher compared Stage 1 interview data on which services individuals were accessing with what was recorded in probation case files. Results showed that in a third of cases offenders told a researcher that they were accessing a mental health service, but this was not recorded in their probation case file. However, 70% of the files examined also contained information about access to services which had not been recorded by a researcher during the interviews for Stage 1 of the study.

A more positive picture of service access is painted when 'interview' and 'file' data are combined than when one considers the interview data in isolation. The percentage of participants with a current mental illness who were not accessing any kind of mental health service is 23% when the two data sources are combined.

2.2.3 Barriers to Service Access: Qualitative Data

The following barriers to service access were apparent in the qualitative file data:

- Motivation: an offender's lack of motivation to address an issue means that they do not engage with services
- Dual diagnosis: services would not accept individuals with both a substance misuse and a mental health problem
- Referral criteria: in some cases offenders simply didn't meet the referral criteria for existing service provision — indicating a potential need to widen provision

3.0 Stage Three

Many of the above themes were further explored in the third stage of the study. This consisted of a series (n=20) of semi-structured interviews with a purposive sample of offenders under probation supervision and probation staff. The interviews investigated what currently works well in linking offenders with mental health and substance misuse services, what act as barriers to access, and where improvements could be made to facilitate access to services for this group. This is an area in which there is currently a paucity of literature.

3.1 Study Design

Purposive sampling was employed to ensure participation from individuals with relevant knowledge/experience from a range of probation offices across the county. Interviews were conducted by both research staff and service user representatives working as pairs. Interviews were recorded and transcribed verbatim, then analysed in NVivo8 using the constant comparative method. Findings from offenders and staff are presented separately in the report. However, for brevity, they are combined in the summary below, although attention is drawn to where different ideas were expressed by the two groups.

3.2 Findings

Staff discussed a range of potential routes into services for offenders, such as direct referral from probation/access via a GP or access via the Health Support Service at Lincolnshire Probation Trust. They identified numerous **enablers** for access to services for offenders – factors which either made it easier for offenders to access services, or which encouraged them to access services:

- Joint meetings between themselves, an offender and health service staff
- Services guaranteeing confidentiality
- Co-location of services
- Clear communication within and between agencies
- A good relationship between an offender and probation staff
- Probation staff knowing a worker within the service which they wish to refer to (so they have an identified point of contact)
- Probation staff having sufficient mental health awareness training to identify the signs and symptoms of mental illness and to make referrals to appropriate services

Offenders echoed staff in discussing the importance of a good relationship between probation and themselves to aid access to services. In addition, many of them highlighted how much they valued the support that the probation service had given them, and underlined the importance of being honest with probation about their needs.

Staff identified the following as **barriers** to service access for offenders:

- Referral systems
- Lack of flexibility in provision, particularly in relation to people with complex needs
- Poor/one-way communication between services
- Silo working
- Stigma
- The need to travel long distances to access services
- A lack of resources for the treatment of particular issues, such as alcohol misuse
- Mental health professionals appearing to be reluctant to treat complex cases or to accept responsibility for mental health treatment requirements
- Probation staff having insufficient mental health awareness training
- Offenders' inability to engage with services for a variety of reasons

Offenders echoed the points about the regimented nature of some current service provision, problems with referral systems resulting in long waiting lists, lack of resources, travel distances, difficulties with communication between agencies and stigma. They also stated that having a poor relationship with probation staff could form a barrier to service access, and in some cases pointed to their own unwillingness to ask for/accept help with health problems.

When asked to discuss **positive experiences** of facilitating access to services for offenders, staff stated that they valued services with straightforward referral procedures, and services which were able to work flexibly with offenders and take the time to listen to the full range

of their needs. Likewise, when asked to discuss positive experiences of accessing services, offenders stated that they valued services which were quick and easy to access, and which worked flexibly taking the time to listen to their needs. Many offenders also discussed the benefit of having ongoing support from the Probation Service and the benefit of the flexible approach taken by probation. In addition, they stated that they had valued staff who appeared to have a genuine desire to help them, who explained their health problem to them rather than simply giving them a diagnosis, and who provided a professional voice to speak on their behalf about their health problems.

When staff were discussing **negative experiences**, perhaps the most frequently noted shortcoming was inadequate provision of alcohol services. Staff also raised issues around ensuring that appointments were offered frequently enough for offenders and around continuity of care. Staff also discussed cases where they felt that offenders had been 'fobbed off' with medication and cases where they had questioned the willingness/ability of services to work with problematic/chaotic individuals who may struggle to attend appointments. Offenders also discussed perceived inadequacies in the current level of service provision in some areas.

Finally, in terms of **improvements**, as one might expect, many of the suggestions that staff gave built on their earlier discussions on barriers to service access and negative experiences. The main issues that they raised centred around improving communication between agencies, which they felt could be achieved through methods such as co-working of cases or the provision of specialist workers in probation with mental health expertise. Staff also discussed the need to expand service provision, particularly in relation to alcohol services and also in terms of improving the range of provision available locally. Offenders stated that improving both internal information sharing and communication between services was key to improving access to services and offenders' experience of accessing health services. They also outlined the need to improve the organisation of services in order to reduce waiting lists and improve the flexibility of service provision to meet their needs.

4.0 Stage Four

As stated above, nested within Stage 1 there was also a sub-study of the use of SAPAS as a short screen for PD with offenders on probation. Results of this screening tool were compared with those of SCID-II for a sub-sample of 40 participants. This section of the study concluded that SAPAS would be a suitable screen to use to identify likely cases of PD in this population in the future, and that 3+ was an appropriate cut-off score for this tool when used with a probation population.

5.0 Methodological Learning

As this was a pilot study, it also resulted in valuable learning around methodological decisions involved in this type of research. Thus the researchers involved in the study are now better informed in terms of being able to give a more accurate estimate of the likely prevalence of mental illness in a probation population for sample size calculation in future studies. In addition, they developed a number of strategies for improving recruitment in a probation setting. Moreover, they have refined a data collection tool for collecting health information from probation case files together with methods of tackling some of the challenges involved in this type of data collection.

6.0 Conclusion

Although Lincolnshire Probation Trust may not be representative of all probation areas across the country, this study has shown that the prevalence of mental health disorder in the probation population in this area is high. In addition, it has shown that many of offenders' health needs are unmet and that there are a number of ongoing barriers to access to health services for offenders, particularly for those with complex needs. In addition, offenders may feel ambivalent about engaging with health interventions. Overall, 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.

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