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A Strategy for the Assessment & Management of Mentally Disordered Offenders within the Probation Board for N. Ireland

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Probation Board for Northern Ireland
Overview

- The Northern Ireland Criminal Justice System
- Probation Board for Northern Ireland
- Public Protection Arrangements
- Prevalence of Mental Health within NICJS
- Strategy for Assessment & Management of Mentally Disorder Offenders
- Challenges, Opportunities & Vision
The N. Ireland Criminal Justice System

- Probation Board for N. Ireland (PBNi)
- Police Service of N. Ireland (PSNI)
- Public Prosecution Service (PPS)
- N. Ireland Courts & Tribunals Service (NICTS)
- N. Ireland Prison Service (NIPS)
- Forensic Science
- Criminal Justice Inspection (CJINI)
- Youth Justice Agency (YJA)
Probation Board for Northern Ireland
What is Probation – changing lives for safer communities

- Community Supervision
- Courts
- Prisons
- Court Orders
- Community
- Programmes
- Psychology
- Partnerships
- Safety
- Victims
Key Facts

- 4,552 people on PBNI caseload totalling 4,923 court orders
- 62% of caseload is aged 20-39
- 7,674 reports were completed, of which 5,068 were PSRs & SPSRs.
- 90% of those under supervision are male
- Victims Unit had 73 new registrations, with 220 people are registered
Key Facts (contd)

- 39% are under supervision for violent assault
- 17% are currently under supervision for having committed a theft offence
- 11% are currently under supervision of sexual offences
- 8% were assessed as posing a risk of serious harm
- 77% are under supervision in the community and 23% are in custody
Probation Across Criminal Justice

Probation works at every stage of the criminal justice process, from preparing pre-sentence reports to supervision in the community and working in prisons.
Probation Works

- How do we know?
- The evidence shows Probation works
- Northern Ireland has the lowest reconviction rates in the United Kingdom
- 71% of offenders given a community sentence did not reoffend within 1 year
Inspections & Audits

Criminal Justice Inspection 2013

‘one of the most positive reports that Criminal Justice Inspection has produced on a criminal justice agency’
Probation works in, with & through communities

Probation has a presence in every provincial town

Probation delivers over 200,000 hours unpaid work to communities throughout N. Ireland

Probation provides £1 million in community grants
Partnerships

- Health Trusts/Domestic Abuse Interventions
- Inspire Project for Women Offenders
- Reducing Offending in Partnership
- Public Protection Arrangements
Role of PBNI Psychology

- Assessment of the highest risk most complex cases
- Assessment at each stage of contact
- Consultations & advice on case management
- Psychology oversight of all programmes & interventions
- Life Licence psychological input
- Psychological reviews & support to Probation Officers of Category 3 PPANI
- Specialist training for PBNI staff
- Strategic role
What is PPANI?

- Public Protection Arrangements for Northern Ireland
- Multi-agency arrangements to assess and manage violent and sexual offenders
- New Criminal Justice Order (2008) - legal duties for agencies to co-operate in the assessment and management of risk
- Police, Probation, Prison Service, Housing Executive, NSPCC, Youth Justice Agency and Education
Organisational Structure

Strategy & Policy -
PPANI Strategic Management Board
(PPANISMB)

PPANI Co-ordination Unit

Operational Delivery
Local Area Public Protection Panel (LAPPP)
### Categories of Offenders

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1:</td>
<td>“Someone whose previous offending, current circumstances present little evidence that they will cause serious harm”</td>
</tr>
<tr>
<td>Category 2:</td>
<td>“Someone whose previous offending, current behaviour &amp; circumstances present clear &amp; identifiable evidence that they could cause serious harm through carrying out a contact sexual or violent offence”</td>
</tr>
<tr>
<td>Category 3:</td>
<td>“Someone whose previous offending, current behaviour &amp; current circumstances present compelling evidence that they are highly likely to cause serious harm through carrying out a contact sexual or violent offence”</td>
</tr>
</tbody>
</table>
### Numbers of Persons in the PPANI Process as of 1 June 2014

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Prison</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat 2</td>
<td>178</td>
<td>79</td>
<td>99</td>
</tr>
<tr>
<td>Cat 3</td>
<td>19</td>
<td>16</td>
<td>3</td>
</tr>
</tbody>
</table>
Risk Assessment

The risk posed by individual offenders will be assessed:

First by PPANI Links team using the Risk Matrix 2000 which identifies likelihood of sexual and/or violent reoffending
Secondly by Dynamic Risk Assessment

Stable and Acute 2007 (Sexual Offenders)

and for Domestic Abuse Offenders

FADA
(Framework for Assessment Domestic Abuse)

Carried out by the DRM for the multi-agency Local Area Public Protection Panel (LAPPP)
Sex Offender Risk Assessment

- Stable 2007 is undertaken every 12 months with the offender.
- Acute assessment undertaken every time the offender is visited by their DRM.
- Any professional who has contact with offender can have input to Stable and Acute assessments.
- Stable is made up of 13 lifestyle and personality factors against which the person is scored. Only 3 are relating to sexuality therefore it's about gaining insight into the whole lifestyle and personality of the offender.
This assessment process will result in the individual being placed into one of three clearly defined categories.
Prevalence of Mental Health within Criminal Justice

- 70% of prisoners have psychosis, a personality disorder or a substance misuse problem
- Specific concerns about women and young offenders
- Self-harm and suicide rates increased
- 10% male & 30% female previous psychiatric acute admission
- 20-50% male prisoners have a learning difficulty
- PBNI review of mental health

(Sainsbury Centre, 2011)
Prevalence of Mental Health within Criminal Justice

- 70% of sentenced prisoners suffer from two or more mental health problems
- 64% sentenced males & 50% female prisoners are personality disordered
- 78% male prisoners on remand have personality disorders
- 20% of prisoners have four or five major mental health disorders
- 16% arrested into custody meet one or more of the assessment criteria for mental disorders

(Sainsbury Centre, 2011)
Women Offenders

- Increased three fold in last 10 years (Corston, 2007)
- Psychosis rates 14%, compared to 0.5% general population (Singleton et al)
- 50% received mental health treatment before custody 30% psychiatric admissions
- Personality Disorder, particularly Borderline Personality Disorder
- Self-harm & suicide attempts greatly exceeds general population
Young Offenders

- Three times higher rates of mental health problems (Hagall, ‘02)
- 10% psychosis in sentenced males
  60% female remands
  10% self-harmed (Baker et al., ’03)
- 84% personality disorder on remand
  88% sentenced (Lader, 2000)
Substance Misuse Problems

- 73% PBNI cases assessed as having substance misuse problems
- 15% male sentenced prisoners convicted of drug offences
- 26% sentenced female prisoners (MoJ, ‘07)
- 63% sentenced males
  39% sentenced females classed as hazardous drinkers prior to imprisonment
Prevalence of Personality Disorder within Criminal Justice System

- 70% male prisoners (47% Anti-Social PD)
- 42% female prisoners (41% Anti-Social PD)
- Anti-Social Personality Disorder (APD) commonest
- Paranoid Personality Disorder, second most common in men
- Borderline Personality Disorder, second most common in women
- Comorbidity most common in women

(Singleton et al, 2000)
## Mental Health Problems in Prisons & the General Population

<table>
<thead>
<tr>
<th>Condition</th>
<th>Prevalence among prisoners (16 years +)</th>
<th>Prevalence among population (16-64 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosis</td>
<td>8%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Personality Disorder</td>
<td>66%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Depression, anxiety etc.</td>
<td>45%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Drug dependency</td>
<td>45%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Alcohol dependency</td>
<td>30%</td>
<td>11.5%</td>
</tr>
</tbody>
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Singleton et al, 2000
Probation & Mental Illness

- Prevalence study (Brooker 12) of 39% mental illness, anxiety disorder most common (PBNI 34%)
- 60% substance misuse (PBNI 73%)
- 48% personality disorder (PBNI 66%)
- Ongoing research studies for Mental Illness & Personality Disorder within PBNI
Strategic Reports on Mental Health & Criminal Justice

From Bradley, Bamford & Beyond ….

- **Bamford** (2007): Forensic Services Report
- **Corston** (2007): On Women Offenders & Mental Health Issues
- **CJINI**: Not a Marginal Issue (2010)
- **N. Ireland Personality Disorder Strategy** (2010)
- **Owers Report** (2011)
What The Reports Found

- Some good practice, but .....
- A range of deficiencies in provision across the CJS
- Poor continuity of care
- Poor identification at early stages
- Diversion too late
- Convergence between CJ & Health too late
- Access to services inconsistent
- Improve partnership arrangements
- Improve accommodation provision
- Inadequate services for personality disordered offenders (in N. Ireland)
“Mental Health problems is prevalent and imprisonment may not be the best response to their offending behaviour; it frequently does them no good and risks further harming their mental health, making them more likely to reoffend”
CJINI Recommendations

18 Recommendations for all CJ agencies, including:

- Training
- MDO Scheme
- Sentencers access to specialist advice in interpreting reports
- Flagging to Courts
- Extended time for reports
- Access to high secure hospital
- Accommodation
- Research
- Personality Disorder Strategy resourced
- Review of Prison Health Care
- Joint Health/CJ Board be established
Progress To Date

- Significant progress, but much remains to be done
- Many CJINI Recommendations ongoing:
  - PSNI e-learning on mental health
  - PSNI guidance protocol with health
  - NICTS/PPS liaison re mental health issues
  - PBNI reports & training
  - NIPS health review
  - YJ review

- Varied responses to mental health scoping strategy
- No joined up responses
- No joined up strategy
Towards a Criminal Justice Mental Health Strategy: Key Themes Identified

- Early identification
- Places of safety
- Diversionary options
- Information sharing
- Integration of Assessment, Management & Discharge with Community Services
- Personality Services
- Dual diagnosis & substance misuse
- Public Protection Sentences
- Legislation
Towards a Criminal Justice Mental Health Strategy: Key Themes Identified

- Provision for over 65’s
- Provision for under 18’s
- Ethnic Minorities & Foreign Nationals
- Gender specific care provision
- Learning disability & communication difficulties
- Access to primary care services
- Evaluation of effectiveness of mental health interventions
- Research strategy
- Resources
Prison Healthcare in N. Ireland

- Responsibility for provision of prison healthcare to DHSSPS in March 2008
- Commissioned by Health & Social Care Board (HSCB) in conjunction with the Public health Agency (PHA)
- Delivered by South Eastern Health & Social Care Trust (SET)
Independent Review of the N. Ireland Prison Service

Final Report October 2011 Recommendation 13 which states:

“There should be a joint Healthcare & Criminal Justice Strategy covering all Health & Social Care Trusts, with a joint Board overseeing commissioning processes within & outside prisons, to ensure that services exist to support diversion from custody & continuity of care”

(Owers, 2011)
Towards a Shared Mental Health Strategy for Criminal Justice & Health in N. Ireland

- Benefits of a joint strategy - significant
- An integrated & responsive approach to mental health issues within the CJINI
- From many models of service to an agreed joined up model
- From single practitioners, to whole team & agency approach
- From single agency challenges to joint opportunities
- From reliant on champions to strategic & planned
- Mental health & psychological wellbeing of offenders to reduce the number of future victims & ultimately protection of the public
Towards a Shared Mental Health Strategy for Criminal Justice & Health in N. Ireland

Opportunities

• Work collaborately to resettle & rehabilitate prisoners with mental health problems
• Owers (2011) Recommendation 13
• Lead in offender health management & public protection
• Reduce rates of suicide & self-harm
• Increase mental health & psychological well-being
• Reduce offending & further victims
## All-Stages Diversion within CJS

### Early Intervention

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Early identification of risk factors for vulnerability, mental health problems and offending and of supporting protective factors</th>
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</thead>
</table>
| Pre-arrest | - Identification of vulnerable people before they experience a crisis  
- Links to local mental health and other support services  
- Prevention of vulnerable people coming into contact with the criminal justice system  
- Support for families and carers |
| Point of Arrest | - Common sense policing’  
- Options for police officers other than arrest  
- Increased partnership working between the police, mental health and other support services  
- Appropriate referral to local mental health and other support services |
All-Stages Diversion within CJS

Criminal Justice Decision Making

<table>
<thead>
<tr>
<th>Arrest/ Pre-Court</th>
<th>Identification and assessment of mental health problems at police stations</th>
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<tbody>
<tr>
<td></td>
<td>Appropriate use of cautions</td>
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<tr>
<td></td>
<td>Early liaison with bail support services</td>
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<tr>
<td></td>
<td>Liaison with Police/PPS on charging decisions</td>
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<tr>
<td></td>
<td>Appropriate referral to local mental health and other support services</td>
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<table>
<thead>
<tr>
<th>Bail, Remand &amp; Sentences</th>
<th>Identification and assessment of mental health problems at the courts</th>
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<tbody>
<tr>
<td></td>
<td>Improved understanding and use of diversion options</td>
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<td>Avoidance of remand and imprisonment where appropriate</td>
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<td></td>
<td>Co-ordinated packages of care</td>
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<tr>
<td></td>
<td>Assertive interventions to ensure engagement with services</td>
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All-Stages Diversion within CJS

Through Care & Recovery

| Custody/ Detention          | - Identification and assessment of mental health problems in prisons  
                              | - Appropriate referral to prison mental health inreach teams  
                              | - Appropriate transfer to hospital  
                              | - Plan for resettlement & appropriate discharge plans |
|-----------------------------|------------------------------------------------------------------------|
| Community                   | - Resettlement and continuity of care  
                              | - Assertive interventions to ensure continuing engagement with services  
                              | - Support to promote stabilisation and lifestyle change  
                              | - Support for families and carers |
Strategy for the Assessment & Management of Mentally Disordered Offenders within NI Health & Criminal Justice

- Context to the Strategy
- Aims & Objectives of the Strategy
- Principles
- Workstreams
- Strategic Priorities
- Benefits for Service Users
- Challenges, Opportunities & Vision
Context to the Strategy/Drivers for Change

**PRT 13**: Dame Anne Owers’ Review of Prisons calls for a Joint Healthcare & Criminal Justice Strategy for N. Ireland

- Commitment from Justice & Health Ministers
- Bamford, Personality Disorder Strategy, Autism Strategy, CJINI’s Not A Marginal Issue, & others
Aims & Objectives

- To improve the health and well-being of people coming into contact with the Criminal Justice System in N. Ireland.
- Contributing to other Government objectives such as:
  - Preventing Ill Health
  - Reducing Offending
  - Promoting Community Safety
  - Reducing Health Inequalities
  - Safeguarding Vulnerable People
Principles of the Strategy

- Transforming Your Care: A Review of Health & Social Care in N. Ireland (DHSSPS, 2011)
- Placing individual at centre of healthcare model
- Promoting right care and interventions
- Focus on prevention and tackling inequalities
- Integrated care
- Safeguarding the most vulnerable
- Incentivising innovation at a local level
- Realising value for money
Programme Board & Structures

- Joint Chair (Health & Justice)
- Board made up of statutory, voluntary & community representatives
- 4 Work Streams:
  1. Prevention & Early Identification
  2. Offenders in the Community
  3. Offenders in Custody
  4. Resettlement & Reintegration of Offenders from Custody to the Community
- PBNI Chaired Work Stream 2 & Co-Chaired Work Stream 4
Strategy Questions

1. The Scale of the Challenge:-
   - joint health & social care needs
   - multi & inter-related needs
   - hidden conditions
   - changing demography

2. Needs of Particular Groups:-
   - children & young people
   - older people
   - women & girls
   - foreign nationals & ethnic minority groups
   - LGBT
   - vulnerable individuals
3. The Criminal Justice Journey:-
   - prevention
   - police response & prosecution
   - court process
   - custody
   - supervision in the community
   - resettlement

4. Emerging Themes:-
   - service planning & commission
   - continuity of care
   - partnership & multi-disciplinary working
   - workforce capacity & capability
   - diversion of vulnerable individuals
   - social care
   - accommodation
   - health promotion
Strategic Priorities

8 strategic priorities over next 5 years to deliver improvements in quality of care for Criminal Justice System:

1. Service planning & commissioning
2. Continuity of care (including pathways & information sharing)
3. Partnership & multi-disciplinary working
4. Workforce capacity & capability
5. Diversion of vulnerable individuals
6. Social Care
7. Accommodation
8. Health promotion & ill-health prevention
Benefits For Service Users

- Recognised need of vulnerable group
- Equal access to services at every stage of the CJ journey
- Services based & developed on assessed need
- Prevention, early identification & diversion
- Continuity of care
- Staff skill & development
- Co-ordinated multi-agency interventions to improve mental health & reduce offending behaviour
Realising The Future For MDO’s Opportunities & Vision

- Improved health & social care for individuals within the CJ System
- Improved access to the right services
- Improved mental health & psychological well-being
- Reduction in re-offending: safer communities
- Reduction in victims of crime
- Cost effective Health & CJ Services in N. Ireland
# The Vision

- **REDUCE** the risk of serious harm to others & serious further offending
- **IMPROVE** mental health & psychological wellbeing, & tackle mental health/health inequalities
- **DEVELOP** leaders in the fields of health & criminal justice in N. Ireland, & create a skilled and confident workforce to deliver an effective joined up mental health strategy
Thank You

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