



effective practice

Where we see our standards
delivered well, in practice.



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Probation



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Effective practice guide

Mental health

Based on: A joint thematic inspection of the criminal justice journey for individuals with mental health needs and disorders

February 2022

Acknowledgements

This effective practice guide is based on work undertaken as part of the thematic inspection *A joint thematic inspection of the criminal justice journey for individuals with mental health needs and disorders*. The inspection was led by HM Inspector of Probation Avtar Singh, supported by a team of inspectors from Her Majesty's Crown Prosecution Service Inspectorate (HMCPSI), Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), Care Quality Commission (CQC), Healthcare Inspectorate Wales (HIW) and Her Majesty's Inspectorate of Prisons (HMIP). Additional support was provided by a business manager from Her Majesty's Courts and Tribunals Service (HMCTS) and operations, research, communications and corporate staff from HM Inspectorate of Probation. Penal Reform Solutions (a company that facilitates organisational growth through research-informed, bespoke projects) undertook interviews with people on probation, who shared valuable insights about their experience as a defendant or convicted person as they progressed through the criminal justice system. The manager responsible for this inspection programme is Helen Davies.

In collaboration with Tammie Burroughs, effective practice lead, Avtar Singh and Deputy Lead Inspector Eileen O'Sullivan have drawn out examples of effective practice (where we see our standards delivered well in practice).

We would like to thank all those who participated in any way in this inspection and especially those who have contributed to this guide. Without their help and cooperation, the inspection and effective practice guide would not have been possible.

Please note that throughout the report the names in the practice examples have been changed to protect the individuals' identities.

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Contents

Introduction	4
Background	5
Our standards: what we looked for and our expectations	9
Learning from people on probation who experience mental health issues: Penal Reform Solutions.....	12
The criminal justice system journey	15
Key point of the CJS journey: Pre-sentence – arrest and charge.....	17
Example of effectiveness: A personalised approach from the L&D team in Birmingham	17
Key point of the CJS journey: Court.....	20
Example of effectiveness: Supporting the court with effective decision-making through Community Sentence Treatment Requirements (CSTRs)	20
Key point of the CJS journey: Subject to case supervision	25
Example of effectiveness: Responsive arrangements to learning and development in action learning sets for newly qualified officers in Durham.	26
Example of effectiveness: Delivering a well-informed, analytical and personalised service with Exeter IIRMS	30
Preparation for release/resettlement.....	36
Example of effectiveness: Personalised and effectively coordinated Through the Gate services illustrated by Birmingham and Durham RECONNECT navigators.....	36
Case studies: the themes in action	40
Advice to court	40
ASPIRE (assessment, sentence planning, implementation and delivery, review and evaluation).....	41
Conclusion	44
Further reading and resources.....	45
References	46

Introduction

About this guide

Her Majesty's Inspectorate of Probation has a duty to identify and disseminate effective practice.¹

We assure the quality of youth offending and probation provision and test its effectiveness. Critically, we make recommendations designed to highlight and disseminate best practice, challenge poor performance and encourage providers to improve.

This guide highlights where we have seen our standards delivered well in the area of mental health needs and disorders. It is designed to help commissioners and providers improve this area of their work with probation service users.

I am grateful to all the areas that participated in this review, and for their additional help in producing this guide. We publish these guides to complement our reports and the standards against which we inspect youth offending and probation.

I hope this guide will be of interest to everyone working in the probation service and seeking to improve their practice. We welcome feedback on this and our other guides, to ensure that they are as useful as possible to future readers.



Justin Russell

HM Chief Inspector of Probation



Finding your way



Tools for practitioners



Useful links

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We would love to hear what you think of this guide. Please find our contact details on the [HM Inspectorate of Probation Effective Practice page](#).

¹ **For adult services** – Section 7 of the *Criminal Justice and Court Services Act 2000*, as amended by the *Offender Management Act 2007*, section 12(3)(a). **For youth services** – inspection and reporting on youth offending teams is established under section 39 of the *Crime and Disorder Act 1998*.

Background

Mental ill-health rates are high among those who pass through the criminal justice system (CJS). Around a third of people who find themselves in police custody have some form of mental health difficulty, as do 47 per cent of men and 71 per cent of women in prison.

49 per cent had a past/lifetime mental illness and 39 per cent of people on probation supervision are recorded as having a mental health issue.

It is important practitioners recognise this:

- Firstly, because **people with a mental illness need and deserve treatment**. Entry into the CJS can provide a second chance for people who have been missed by other services to access that treatment and an incentive for them to take up that offer.
- Secondly, because **mental illness and the symptoms associated with it can trigger offending behaviour** and, therefore, bring a person into contact with the CJS. Decisions then need to be made on whether a criminal charge is in the public interest or whether an alternative disposal, such as diversion into mental health treatment, would be more appropriate.
- Thirdly, **mental illness, particularly the more severe forms, can affect an individual's ability to understand and participate in the criminal justice process**. They may need additional support to understand the questions put to them during an investigation or at trial, or they may lack the mental capacity to plead or stand trial.
- Fourthly, the **criminal justice process itself, for example the experience of custody, can have a severe and negative impact on someone's mental health, particularly if they already have a mental illness**. In these circumstances, there is a duty of care to try to mitigate this impact wherever possible. This includes a duty to reduce the risks of suicide and self-harm, which we know to be high in criminal justice populations.

For all these reasons, it is essential that those with a mental health condition or disorder are **identified as early as possible** in their journey through the CJS, particularly where that problem is severe. Once the mental health issue is identified, **information** relevant to that issue must be **shared** between agencies so that appropriate support and treatment can be offered at the earliest opportunity, and the **right decisions** made at each step of the journey from arrest to sentence and post-sentence supervision in custody or in the community.

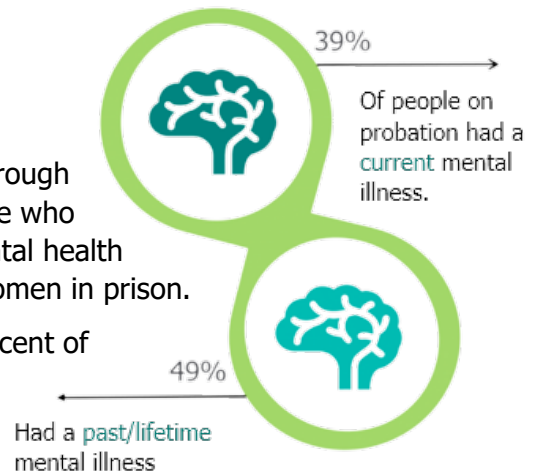
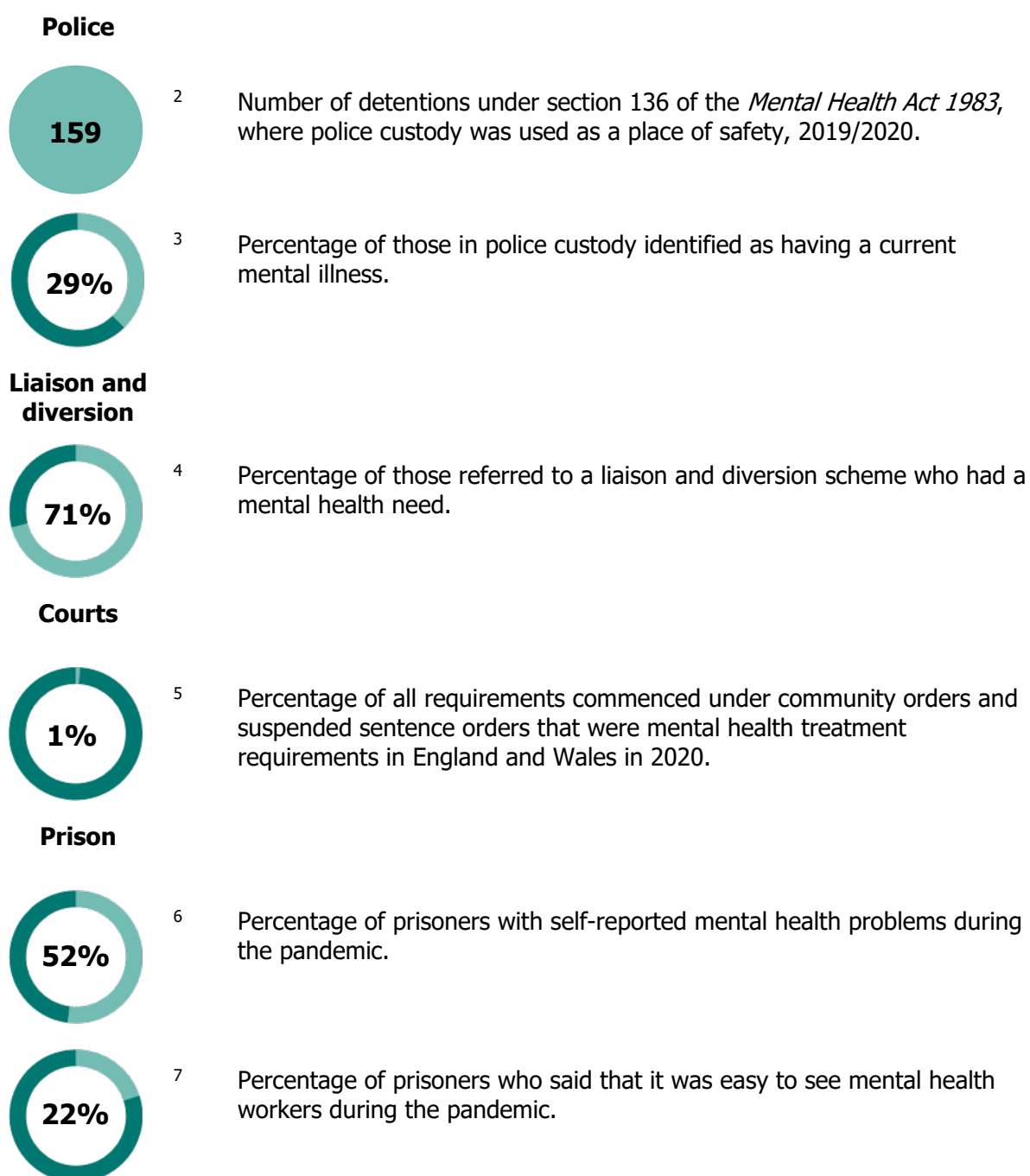


Figure 1: Contextual facts about mental health in the criminal justice system



² Home Office (2020). Detention under the Mental Health Act (1983): Police powers and procedures, 2019/20.

³ Figure based on a cohort of 134 people. Samele, C. et al. (2021). 'The prevalence of mental illness and unmet needs of police custody detainees', *Criminal Behaviour and Mental Health*, 31(2), pp. 80–95.

⁴ Disley, E. et al. (2021). *Outcome Evaluation of the National Model for Liaison and Diversion*. Santa Monica and Cambridge: RAND Corporation

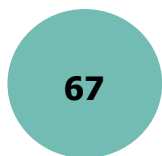
⁵ Ministry of Justice (2021). Offender Management Statistics Quarterly: Probation, October to December 2020, England and Wales.

⁶ HM Inspectorate of Prisons (2021). HM Chief Inspector of Prisons for England and Wales: Annual Report 2020-21. London: HM Inspectorate of Prisons.

⁷ Ibid



⁸ Number of self-harm incidents per 1,000 prisoners in 2020.

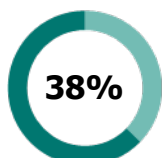


⁹ Number of self-inflicted deaths in prison in 2020.

Probation



¹⁰ Percentage of inspected probation cases (2018/2019) where mental health needs and disorders were identified as a disability.



¹¹ Percentage of inspected probation cases (2016/2017) where emotional wellbeing was identified as a priority need.

Given the proportion of people on probation and in prison who report a mental health need, practitioners should keep up to date with academic research and its practical application. This will enable them to engage more effectively to support desistance, wellbeing and public safety.

This guide shares our [inspection standards on mental health](#), and gives an overview of [learning from the people on probation](#) interviewed. It also provides [examples of effective practice](#), which HM Inspectorate of Probation defines as where we see our standards delivered well, in practice, at key stages of the criminal justice journey (see figure 2). In addition, we have identified [further reading and additional resources](#) for those who wish to explore this topic further.

The examples are drawn from evidence identified by the lead and deputy lead inspectors against the specific standards for our thematic report on mental health, namely *A joint thematic inspection of the criminal justice journey for individuals with mental health needs and disorders*.

The guide is aimed at a range of probation audiences, though it is particularly relevant to frontline practitioners. It is intended to support [practitioners, middle managers and strategic leaders](#) to reflect on their own experiences and consider how they may apply the salient learning points in their own contexts. Therefore, please use the contents page to navigate directly to the sections pertinent to you.

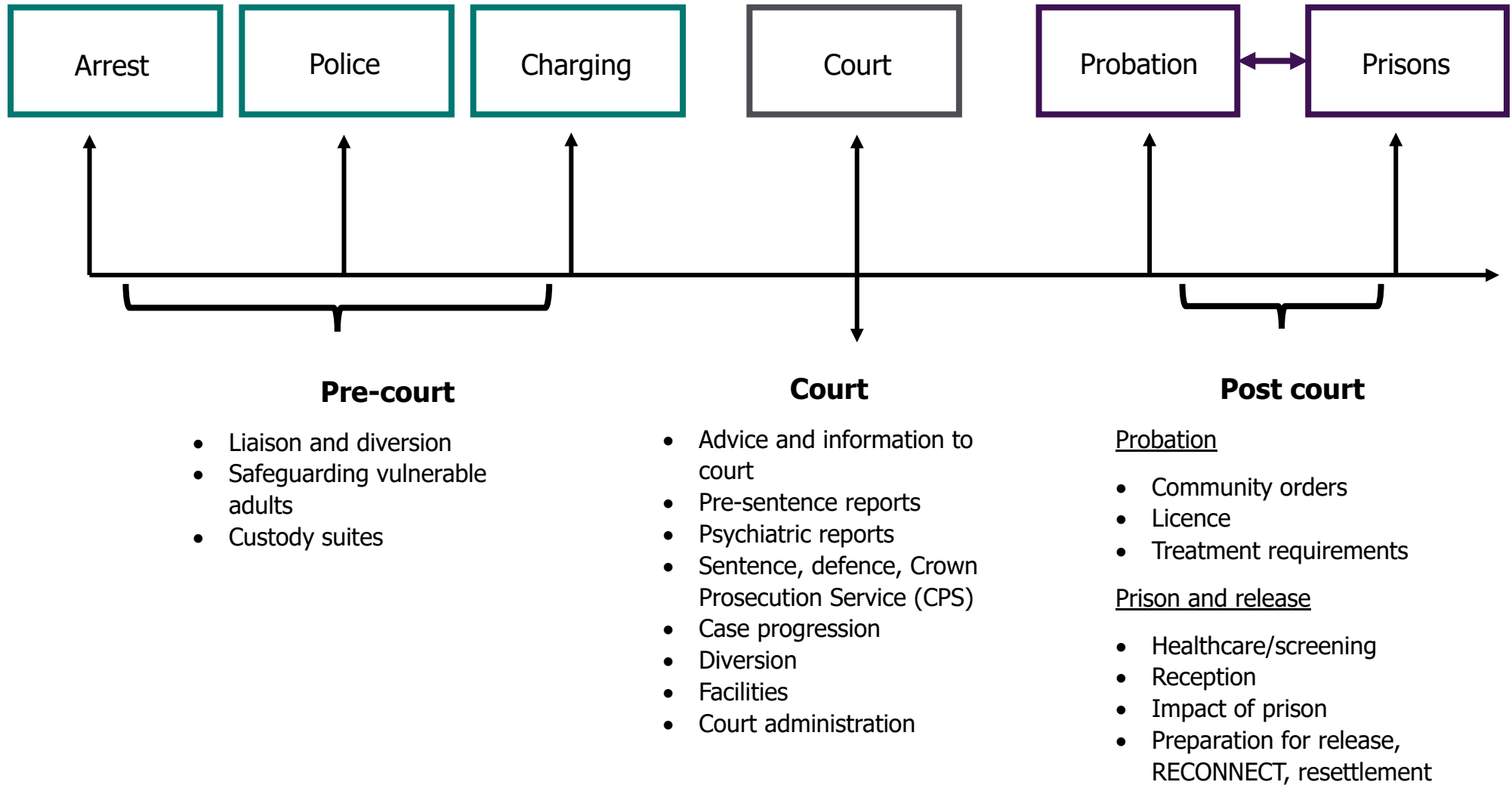
⁸ Ministry of Justice (2021). Safety in Custody Statistics: self-harm annual tables 2004-2020, England and Wales.

⁹ Ministry of Justice (2021). Safety in custody Statistics: Deaths annual tables 1978-2020, England and Wales.

¹⁰ Unpublished analysis of HM Inspectorate of Probation data.

¹¹ HM Inspectorate of Probation (2019). The availability and delivery of interventions (probation services).

Figure 2: Journey through the criminal justice system for a person on probation



Our standards: what we looked for and our expectations

The thematic inspection, the first on mental health to involve all of the criminal justice inspectorates, focused on the following critical issues:

- Are people with a mental illness identified when they first come into the criminal justice system?
- Is this information passed on through the rest of the system from police to CPS and the courts, or from courts to the probation and prison services, so that the right decisions can be made about next steps?
- Are people with a mental illness who enter the CJS being properly assessed and then referred for help or treatment where this is identified as necessary?
- What is the quality of support they are getting? Is it timely and adequately resourced or are people having to wait many months to get it?
- Are the most seriously mentally ill people being looked after in appropriate settings and places of safety – or is custody still having to be used?

In order to explore these issues, we inspected services against the following standards.

Organisational delivery

In relation to leadership, we expect that:

there is effective leadership driving the delivery of a high-quality, personalised and responsive approach to delivering criminal justice and mental health services.

This includes the following expectations:

- There is effective leadership at a national level, with a well-defined vision and strategy in place.
- Local leadership supports and promotes the delivery of a high-quality, personalised and responsive criminal justice and mental health service.
- Systems and processes support the delivery of effective and personalised criminal justice and mental health services.
- There are effective joint partnership arrangements in place at a strategic level to support the delivery of a joined-up service to support the needs of all service users.

Do the skills of staff support the arrangements and delivery of high-quality criminal justice and mental health services?

This includes the following expectations:

- Cases are allocated to staff who are appropriately qualified and/or experienced.
- Staff have sufficient training to support service users with mental illness.
- Management oversight is effective.

- Arrangements for mental health learning and development are comprehensive and responsive.
- Staff are empowered to make effective decisions at key points through the justice process.

Is there a comprehensive range of high-quality services in place to meet the mental health needs of service users?

This includes the following expectations:

- Relationships with providers and other agencies are established, maintained and used effectively to deliver high-quality mental health services to service users.
- Suitable mental health services are provided, either in-house or through other agencies, to meet the identified needs and risks.
- Sentencers have a range of options to consider, including mental health treatment requirements.
- Diversity factors are sufficiently addressed in the range of mental health services provided.
- Mental health interventions are evidence-led and evaluated.
- There are sufficient and effective diversion services in place.

Is timely and relevant information available and appropriate facilities in place to support high-quality, personalised and responsive criminal justice and mental health services?

This includes the following expectations:

- The policies, guidance and information about services available enable staff to deliver a quality service, meeting the mental health needs of service users.
- There is a sufficiently comprehensive and up-to-date analysis of the profile of service users, which is used by the organisations to deliver well-targeted mental health services.
- There are clear and effective processes in place to ensure that cases and individual needs can be tracked and shared.
- There is a sufficient understanding of the quality of work being undertaken with service users who have mental health needs.
- The premises provide a safe environment for service users with mental health needs.
- The views of service users and other stakeholders are sought, analysed and used to review and improve the effectiveness of mental health services.
- Learning is communicated effectively.

Case supervision

In relation to case supervision, we expect that:

work carried out by practitioners supports both the criminal justice process and mental health needs of service users

This includes the following expectations:

- Pre-sentence information provided to the court sufficiently addresses the mental health needs of the service user to support the court's decision-making.
- The assessment is well-informed, analytical and personalised, actively involving the service user.

- Planning is well-informed, holistic and personalised and actively involves the service user.
- The delivery of work is well-focused, personalised and coordinated effectively, engaging the service user.
- For people with complex needs (e.g. dual diagnosis), there is a clear lead practitioner who coordinates their care.
- Reviewing of progress is well-informed, analytical and personalised and actively involves the service user.
- There is evidence of positive early outcomes, with a clear strategy for sustaining and building on these outcomes.

Are Through the Gate services personalised and coordinated effectively, addressing the service user's mental health needs?

This includes the following expectations:

- Resettlement planning focuses sufficiently on the service user's mental health needs.
- Resettlement activity focuses sufficiently on supporting the service user's mental health needs.
- There is effective coordination of mental health activity between custody and the community.
- Challenges in accessing mental health support in the community are addressed and overcome.



Reflection questions

Thinking about your practice as a leader and/or practitioner working with mental health:

1. How far does your work align with the standards and expectations above?
2. If there are any areas where these are not aligned, what actions could you take to address this?
3. Where they are aligned, how can you ensure you sustain this practice?

Learning from people on probation who experience mental health issues:

Penal Reform Solutions



Penal Reform Solutions (PRS), an expert lived experience organisation, was commissioned to undertake interviews as part of the mental health thematic inspection. They spoke with 67 individuals, who shared valuable insights about their experience as a defendant or convicted person as they progressed through the criminal justice system.

This work aimed to explore, through the lens of mental health, the experiences of those who have been in contact with the criminal justice system and to critically examine the impact that the criminal justice system has had on them.

We are grateful for the insights of these individuals, whose feedback we have used to inform our findings and recommendations in the thematic inspection report.

The key themes identified are set out below:



Relationships

It is important for people on probation to feel like someone understands their needs.

Relationships can support desistance. The people we spend the most time with will greatly influence our attitudes and our actions, so it is important to build good relationships with pro-social people. As relationships develop, familiarity builds trust but be patient as it can take time to build rapport, especially if someone has experienced trauma in their past.

People value being treated as an individual and feeling heard, as this encourages a sense of self-worth, thus increasing motivation.



Creating a safe space

Physical environments should feel safe; people also value safety from a psychological and relational perspective to reduce stress and ease tension. Some simple ways to do this include:

adhering to anticipated routines; communicating respectfully, with consistency and honesty; being impartial; acknowledging current and future responsibilities; being reliable; recognising progress; and being clear about expectations and the impact of non-compliance.



Trauma

It is important to be aware of the high levels of trauma in this group of people and to acknowledge that experiences within the criminal justice system can trigger individuals and add to their trauma.

Consequently, practitioners should be aware that behaviours exhibited could be a response to triggers from previous and/or ongoing trauma. It may be helpful to reflect on your own response to certain behaviours/individuals. Furthermore, practitioners should familiarise themselves with the core values of trauma-informed practice and embed these in their way of working.



Humanity

Small gestures of kindness are acts of humanity and can have disproportional effects, contributing to feelings of worth, confidence and hope.

Showing care and consideration alleviates stress and allows people to see a softer and more compassionate side to the CJS, which can bring comfort to some.



The need for certainty

Those interviewed valued regular meetings with professionals, who took the time to explain decisions and information about their sentence/order. Having a better understanding of the CJS and its processes significantly helps those with mental health issues.

This is particularly pertinent at points of transition, such as between prisons or between youth offending services and adult services.

Therefore, it is important that practitioners do not assume that people understand their sentence and the processes and language used, and that they help people to understand.



Faith in the criminal justice system

People value effective communication between agencies within the system as this engenders faith and trust in the system.



Hope and hopelessness

Instilling hope that things can be different can encourage people to think they are worthy and motivate them to implement changes and find a different path for their future.



In search of meaning

People value interventions and opportunities that are meaningful to their individual circumstances. This facilitates a sense of self-worth and promotes self-efficacy.

Finding meaning can bring purpose and motivation, supporting the process of desistance and transformation of identity.



Diversity and inclusion

Practitioners should have an appreciation of diversity and inclusion, illustrated through individualised assessments, plans, delivery and reviews.

Understanding how an individual experiences the world around them is important as they may experience their diversity needs differently from someone else.



[Themes from people on probation who experience mental health issues.](#)



The report from Penal Reform Solutions explains their methodology and findings in full: [Exploring the journey through the criminal justice system and its impact on mental health: a service user perspective.](#)



In addition, the team developed a podcast episode to share their findings and reflections in an accessible manner:

[Podcast episode \(25:06\) The impact of the CJS on mental health: A service user's perspective by Growth Uncut.](#)



Reflection questions

1. Do any of the themes surprise you? Why?
2. Consider each theme and think about how you demonstrate this within your practice.
3. What could you do differently to strengthen your approach to each of these themes?
4. Are there any barriers to addressing these themes in your practice? What actions can you put in place to overcome these barriers?
5. How do you ensure that you do not lose the voice of the individual in your interventions?
6. Given the importance of relationships, how can you make sure, where appropriate, that family members have an opportunity to input information into assessment, planning and reviewing of work?

The criminal justice system journey

While undertaking fieldwork, inspectors noted a number of key take-aways which, when implemented consistently, lead to effective work with people on probation who have mental health issues.



You can download the [key take-aways: mental health poster](#) here.

In the next part of this section, we explore specific examples of effectiveness identified in the thematic inspection at each point in the CJS journey.

- The pre-sentence assessment should be **well-informed, analytical and personalised**, **actively involving** the person being interviewed for a court report.
- **Gather information from all relevant sources**, including the outcomes of any previous **treatment/intervention**, **domestic abuse** and **safeguarding checks**, and **significant others**, such as family members and partners, and **verify** the information provided.
- Use the appropriate **screening tools** and, where appropriate, obtain a **specialist mental health assessment** and **clarify any comorbidity**.
- The advice should consider the relationship between mental health and risk of harm to others **and immediate risks to wellbeing and safety**.
- Consider people's **specific needs** and **protected characteristics** such as gender, age, maturity, experience of trauma and diversity. Think about how these **intersect** and **impact on their choices**.
- Explore the individual's **motivation, readiness to change, willingness to engage in treatment, views and lived experience**.
- If proposing a mental health treatment requirement, **ensure there is written consent** and that there is sufficient time to complete the suggested treatment within the sentence proposed.
- Frame proposals to court with **evidence** and an **individualised structured plan** with specific information about the presenting issues and links to risks and **how** treatment services will help to deliver the proposed sentence.
- **Maintain contact** with individuals throughout their sentence, directly and via partners, and **contribute** to assessments and sentence planning, as appropriate to help inform resettlement plans.
- **Liaise** with Through the Gate, the resettlement team and partner agencies regarding **referrals, outcomes and progress** during the sentence and, in particular, plans for release.
- **Engage** with mental health services in the community to ensure continuity of care.
- **Confirm reporting instructions for release** in line with any RECONNECT, partnership and/or Through the Gate services to ensure individuals receive appropriate treatment.
- **Explain** the requirements of supervision to the person on probation and **clarify** their understanding.
- Complete all **relevant risk registers and/or alerts** in accordance with your assessments (and maintain these throughout the duration of supervision).



Pre-sentence:

Pre-release

Commencement

- **Actively engage** the person on probation so that the assessment and plan take account of their mental health, personal circumstances/protected characteristics, learning style, personality, motivation, background and experiences and any barriers to engagement.
- Ensure the individual understands what is required of them.
- Use **information from a range of sources**, for example treatment providers and case formulations, to **inform** assessments, planning, delivery of interventions and reviews.
- **Undertake appropriate checks**, such as domestic abuse and safeguarding, and consider referrals, where appropriate (including consideration of referrals to vulnerable adults).
- **Align treatment plans from partner agencies** and **sentence plans** in order to maximise positive outcomes.
- Give careful consideration to dual diagnosis or a comorbidity condition and the individual's experience of trauma and consider how this may impact on risk, needs and the sentence plan.
- Consider **protective factors** and **personal strengths**, including any support required to develop these factors/strengths
- Specifically identify how **mental health needs will be addressed**, including triggers and signs of deterioration, and contingency plans to address these.
- **Be clear** about **the roles and responsibilities** of all of those involved in supervision/treatment.

Initial assessment and sentence planning

- Support the person on probation to **register with a GP**, if they are not already able to access medical services.
- **Commence** interventions and work towards the objectives **promptly**.
- Coordinate and follow up work with partners in a timely manner.
- Be **trauma-informed**, where appropriate, and focus sufficiently on helping the person on probation to minimise any risk of harm to their health and wellbeing, reduce risk and work towards desistance.
- **Affirm progress** and **achievements** and **identify ongoing work** for further progress throughout the supervisory process.

Supervision

- Reviews should be **well-informed, analytical and personalised, address diversity needs and actively involve the person on probation**. They should not be completed as an administrative exercise.
- Risk is dynamic, so probation practitioners should **be pro-active when the circumstances of an individual they are supervising change**, including lapses in treatment, deterioration in mental health or periods of stability with sustained engagement.
- **Note progress** and **achievements** and celebrate to reinforce.
- Reviewing should **actively involve all relevant partners** and **the person on probation**, including allowing them the opportunity to reflect on their own vulnerabilities, risk and progress.
- Where appropriate, **verify progress/reviewing information** with those people who are significant in the person on probation's life, such as family members and partners.
- **Adjust plans**, following significant changes in circumstances.

Review

- **Actively involve** the person on probation in the termination review. Ask the person what they think/feel has been helpful/unhelpful to them while on supervision, what progress they think they have made, what they believe they still need to work on and how they plan to do this.
- Complete the **termination plan**, and update progress and the response to supervision. It is important we mark progress, reinforce changes and enable the person on probation to understand what will keep them and others safe in the future.
- Celebrate and note progress and achievements
- **Liaise with partner agencies** to update them on current circumstances, any progress, areas for ongoing development and any other pertinent information, and inform them that the statutory involvement is due to end.
- Ensure all **transitions** are done well to maximise continuity of care.
- Ensure the person on probation knows **who to contact** if they require any additional support.
- Complete relevant **risk registers/alerts**.

Termination

Key point of the CJS journey:

Pre-sentence – arrest and charge

Liaison and diversion (L&D) services, known as criminal justice liaison services in Wales, identify individuals who have mental health needs, learning disabilities, substance misuse issues or other vulnerabilities when they first come into contact with the CJS as suspects or defendants. The service then helps them through the early stages of their journey through the CJS, refers them to appropriate health or social care service or enables them to be diverted from the CJS to a more appropriate setting. L&D services are funded by the NHS and in 2020/2021 received over 110,000 adult referrals

L&D services try to **improve overall health outcomes for people** and to support them in reducing the likelihood that they will break the law in the future. They seek to **identify vulnerabilities early in the process** and make sure that the **right support** can be put in place from the start. The aim is to **reduce the prospect of someone reaching a crisis point**.

L&D practitioners are ordinarily based at a police station or in court and come from different occupations. They include nurses, paramedics, social workers and doctors. Referrals are made by the police, L&D teams or, in some cases, through self-referral. L&D staff carry out assessments to provide advice. This information is then shared in court and, where appropriate, people are given information about agencies that can support them.

Probation practitioners should be aware of this service and, where L&D services have been involved with an individual, should request access to information to inform effective assessments and future sentence planning.

Example of effectiveness: A personalised approach from the L&D team in Birmingham

People on probation with mental health issues who spoke to PRS highlighted the importance of a greater appreciation of **diversity and inclusion**. Without this, people tended to lack confidence in the support offered and as a result could deny their mental health issues to criminal justice professionals.

People felt judged on their characteristics, which was evident in these quotes:

“irrelevant”

[referring to an individual’s autism]

“lost cause”

[due to her age, history of offending and alcoholism]

Consequently, as per HM Inspectorate of Probation’s standards, it is important that services can provide **personalised treatment** and **interventions** that account for the **intersections of protected characteristics and the complexities of co-morbidity**, for instance across mental health needs, neurodiversity and drug use.

The benefits of doing so were clear for individuals, as noted in references within the PRS report:

"doing work for the community had a positive impact on her mental health and aligned to her cultural values of community."

"I was struggling and didn't know why. I thought there was no support for me and after having a conversation with my Imam he went and scheduled an appointment with a mental health nurse."

The inspectors identified the Birmingham L&D team's work as a good example of a personalised approach.

Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) has produced this YouTube video explaining liaison and diversion from a lived experience perspective. [Video \(YouTube, 6:57\) Liaison and Diversion \(BSMHFTMentalHealth\).](#)

You can read more about the service at its website [Criminal Justice Liaison and Diversion Team – Birmingham and Solihull Mental Health NHS Foundation Trust – bsmhft](#), which includes the 'changing minds changing lives' podcast series.



L&D: Interview with Jessica Dickens, liaison and diversion (L&D) practitioner

Interview with Jessica Dickens, L&D practitioner. The interview discusses the role of the L&D team, the importance of cultural awareness, and the challenges faced by the team. It highlights the need for a personalised approach and the role of the team in supporting individuals with mental health issues.

We interviewed Jessica Dickens, L&D practitioner, and Jeneen Niblett, the L&D action service manager/custody lead from the trust, to share some insight on their work.

- [Transcript of Jessica Dicken's interview.](#)
- [Transcript of Jeneen Niblett's interview.](#)

Inspectors identified that the strengths of the liaison and diversion team in Birmingham were:

- All individuals are screened, ethnicity data is collected, and information is evaluated to identify any trends in order to improve service delivery.
- Translation services are available and accessible to staff.
- Cultural awareness training is provided to ensure that the greatest sensitivity is shown to those with religious needs, for example around Ramadan and prayer times.
- Faith/culture-based charities, such as Salma Food Bank and Himaya Haven, which specifically support ethnic minority people, are regularly used.
- An 'inclusivity champion' is being allocated to the team to provide accountability. Their role is to ensure that diversity issues are considered in a detailed manner to embed learning.

Key take-aways from L&D:

- ✓ Stakeholders are essential partners and dedicated work must be put into nurturing effective partnerships and relationships.
- ✓ Commissioners should ensure providers are held to account, with regular review meetings providing the opportunity to discuss strengths, opportunities and concerns/issues.
- ✓ L&D teams should include staff from a range of disciplines.
- ✓ L&D practitioners should proactively identify all of those who require support.
- ✓ L&D should perform holistic, personalised assessments that take into account the full diversity needs of an individual; these should be available in a timely manner and provide clear, analytical information regarding mental health needs and disorders.
- ✓ Lived experience should inform responsive services.
- ✓ There should be effective information-sharing protocols and systems across multiple providers.
- ✓ There should be more joint training events with CJS partners.

The evidence:

Our standards highlight the importance of a personalised approach to working with people on probation. Such an approach requires practitioners to consider relevant personal circumstances,

protected characteristics, individual needs, acute and dynamic risks, strengths and expectations. A whole-person approach is required, recognising that overlapping needs are the norm for many people.

HM Inspectorate of Probation research team have provided an overview of the evidence base for probation services. There is a [page dedicated to working with specific sub-groups](#) of people on probation.



Reflection questions

1. What do you think are the benefits of early identification of mental health needs?
2. How do you ensure that you consider all available information in your assessments?
3. When making assessments to provide advice to court, either for sentencing or in the event of re-offending or non-compliance, how do you consider the individual's diversity and personal circumstances? How do you evidence that?
4. How do you consider the impact of the individual's protected characteristics and personal circumstances on their ability to comply and engage with service delivery?
5. Are there any people you find it more difficult to work with or reach? How do you feel about this? What can you do to address it?

Key point of the CJS journey: Court

An effective assessment is key to ensuring that people receive the most suitable sentence. Practitioners should actively engage the individual in the process and gather information from all relevant sources to inform pre-sentence reports.

Specialist screening tools and, where appropriate, specialist assessments should be sought to identify mental health needs and to link people with the support they need. Consideration should also be given to dual diagnosis or a comorbidity condition.

Proposals to court need to be clear, with probation and partners, such as mental health services and substance misuse providers, all working together to ensure that recommendations offer a robust and meaningful sentence to address risk factors, safety and wellbeing and support desistance.

Mental Health Treatment Requirements (MHTRs) are intended to be a sentencing option for probation practitioners to propose (where there has been a specialist assessment and consent), specifically for those who have a mental health need that is assessed as being treatable in the community and does not require secure in-patient treatment.

Example of effectiveness: Supporting the court with effective decision-making through Community Sentence Treatment Requirements (CSTRs)





Those people on probation with mental health issues who were interviewed by PRS were clear about a **need for certainty** in order to provide a sense of order and bolster wellbeing.

Inspectors felt that CSTRs provided a good example of this, as people were given **clarity** about the expectations of their sentence and **multiple agencies** worked together towards the goals of the individual to promote recovery and desistance, thus, promoting **faith** that the CJS works.

"I didn't really know what was going on until I met my probation officer, who explained everything."

The national Mental Health Treatment Requirements programme, part of the CSTR national partnership, is delivered by NHS England and NHS Improvement, who work in partnership with the Office of Health Disparities, the Department of Health and Social Care, Her Majesty's Prison and Probation Service and the Ministry of Justice.

The programme aims to:

-  reduce offending and reoffending, by improving health and wider social care outcomes through speedy access to [effective, individualised treatment orders](#)
-  reduce the number of short-term custodial sentences, by providing [access to treatment that addresses the underlying cause](#) of the offending behaviours
-  improve health outcomes by providing [evidence-based interventions](#), alongside [GP registration](#) and [supported access to community services](#), as necessary
-  enable access to [statutory community services](#) to support individuals, both during and after the community sentence, to reduce accident and emergency visits and out-of-hours use by providing [effective psychological treatments](#).



The purpose is summarised well in the clip provided by the Ministry of Justice UK. [Video \(Facebook, 0:36\): Community Sentence Treatment Requirements programme \(Ministry of Justice UK\).](#)

As of August 2021, the MHTR programme was operating on 15 sites (14 in England and one in Wales), with plans in place to scale up to 50 per cent of all courts in England by the end of 2022.



To find out more about CSTRs, watch the video from Sefton Magistrates' Court. [Video \(10:36\): Mersey Care – CSTR. Simplify your life \(Sefton Magistrates Court\).](#)



During the thematic inspection, the inspected areas shared a range of resources which may be useful for others implementing the service, including:

- [MHTR process map police custody](#)
- [MHTR process map court.](#)

Mignon French, NHS England and NHS Improvement MHTR programme manager, in partnership with the CSTR partners, shared the key ingredients for effective sentencing, in figure 3 below:

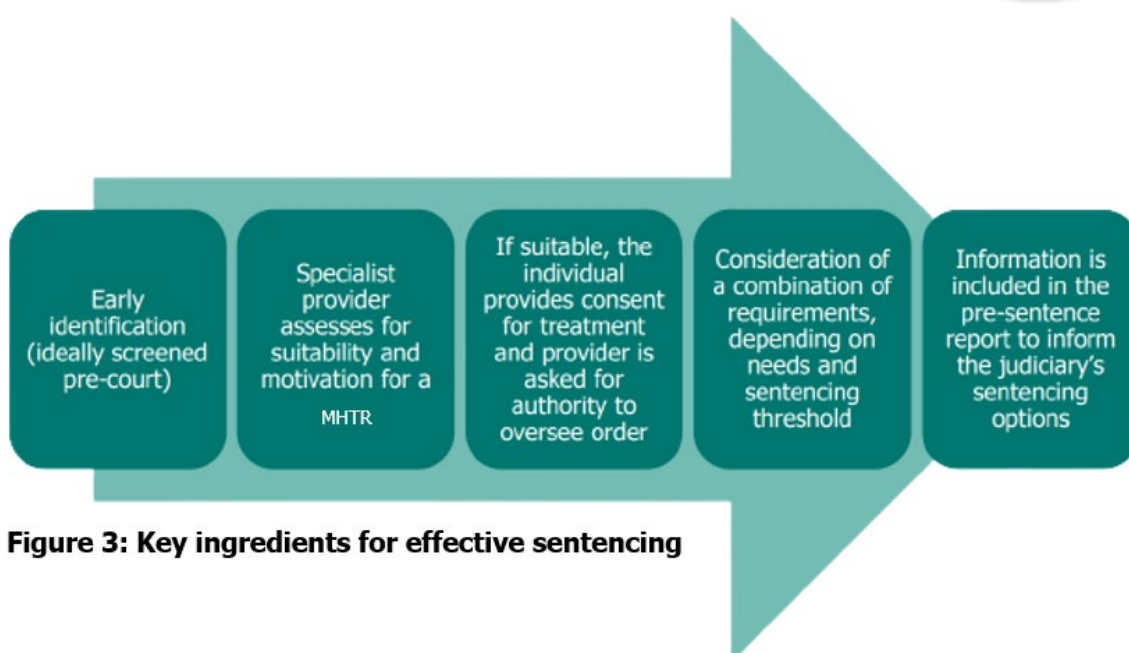


Figure 3: Key ingredients for effective sentencing

Given the high numbers of mental health issues in the female cohort, a number of the CSTR sites were specifically for females when they opened, although some have now expanded to include all adults. In 2019, Dr Matthew Callender and Valentina Lugli provided an overview of clients' perspectives on the CSTR pilot in Northamptonshire (which was originally just for females) for the Institute of Public Safety, Crime and Justice:

"The first steps of women in court were described by the women as a highly stressful experience accompanied by a sense of despair and disorientation to the point of feeling detached from reality and a lack of support from the personnel."

"The resistance women had to a mental ill-health diagnosis was often overcome after the first few meetings with the assistant psychologist, whose calming presence and listening skills fostered positive acceptance of the treatment."

They emphasised that good interagency work between the probation officer, psychologist and link worker is critical to achieving positive outcomes. They also speak of the impact of "nurturing change" and providing "positive coping strategies" to enable "change, giving women confidence to not make similar mistakes in the future".



[Summary infographic of client perspectives on the CSTR Pilot Northamptonshire.](#)



You can read the full [Institute for Public Safety, Crime and Justice 2019 client perspectives on the CSTR pilot in Northamptonshire](#) here.



This video shares one individual story of the impact of the CSTR programme provided by Ministry of Justice UK. [Video \(Facebook, 0:59\): Mental Health Treatment Requirement letter \(MoJ UK\)](#)

Inspectors identified the following strengths of the MHTR provision as a result of the CSTR programme:

- Practitioners reported that people on MHTRs were receiving tailored interventions that were helping them to improve their wellbeing.
- There was a strong emphasis on multi-agency working to bring about improved outcomes for those with enduring mental health needs.
- Sentencers are included in communications and briefed on the scheme.
- Several sites identify that engagement with services improves when mental health and substance misuse are considered and treated holistically, with sequenced requirements.
- The roll-out of CSTR sites has led to an encouraging increase in the number of Mental Health Treatment Requirement orders being made in courts.
- A structured approach to increasing the number of CSTRs allows for monitoring and evaluation.

Key take-aways from MHTRs:



Gather information from all relevant sources, including the outcomes of treatment in periods of custody.



Obtain a specialist mental health assessment that considers the person's previous experience of treatment and support services.



Consider risks to others and immediate risks to wellbeing and safety.

- ✓ Consider people's **specific needs** and **protected characteristics** such as gender, age, and diversity. Think about how these **intersect** and **impact on their choices**.
- ✓ Explore the person on probation's **motivation, readiness to change, views and lived experience**.
- ✓ Ensure that all MHTRs **have written consent**.
- ✓ Frame proposals to court with **evidence** and an **individualised structured plan** that includes specific information about **how** treatment services will help to deliver the proposed sentence

The evidence:

With specific reference to CSTRs, Dr Matthew Callender, from the Institute for Public Safety Crime and Justice, has produced a Preliminary Findings Policy Brief (July 2021), exploring health outcomes. The key messages from this are:

- The preliminary evidence shows mental health benefits for individuals who completed the mental health intervention as part of a CSTR.
- Assessment data were provided by local health teams for 493 individuals, of whom 208 had started the intervention and 105 had completed it. This policy paper focuses on health changes following intervention, and does not present breach rates or non-completion data.
- For cases where both pre-intervention and post-intervention data were provided, statistically significant positive change was identified for all measures, demonstrating efficacy and the importance of efforts to increase CSTRs nationally:
 - Global distress, measured using CORE-34, was scored 65.6 on average (moderate psychological distress) at the start of intervention and 40.0 (mild psychological distress) at the end.
 - Anxiety, measured using GAD-7, was scored 13.5 on average (moderate anxiety) at the start of intervention, and 8.7 (mild anxiety) at the end.
 - Depression, measured using PHQ-9, was scored 14.9 on average (moderate depression) at the start of intervention, and 9.6 (mild depression) at the end.
- Overall, the preliminary evidence demonstrates how most individuals experience a significant positive change following intervention, suggesting that MHTR programmes are very promising. As the evaluation progresses, links between such health gains and reoffending will be explored. However, the policy paper provides some evidence to support and consider further expansion of CSTR programmes nationally.



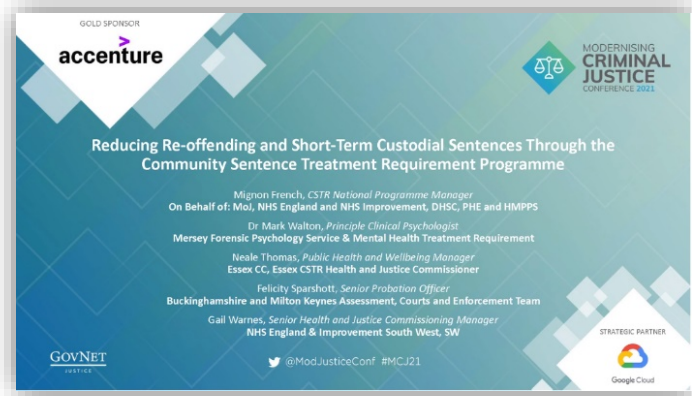
[Read the full Community Sentence Treatment Requirements – Exploring Health Outcomes Preliminary Findings Policy Brief – July 2021 document.](#)



[Video \(Vimeo, 26:35\): Modernising Criminal Justice Conference 2021, CSTR Panel. \(GovNet\)](#). This discusses *Reducing Re-offending and Short-Term Custodial Sentences Through the Community Sentence Treatment Requirement Programme*.

Hosted by CSTR National Programme Manager Mignon

French, the panel discussion featured experts from across the country, who provided an overview of the proposed service and how it is working in pilot areas.



The Academic Insights paper '[Needs assessment: risk, desistance and engagement](#)' from Wong and Horan (2021) recognises the importance of effective and robust assessment for planning and service delivery.



Reflection questions

1. When conducting pre-sentence report assessments, how do you determine whether the person has mental health needs?
2. What barriers are there to this and how can/have you overcome them?
3. How do you ensure you consider co-morbidity and address all underlying causes of behaviour in your assessments and proposals?
4. How would you explain an MHTR? On reflection, does this make all of the expectations clear?
5. How do you avoid professional jargon?
6. How do you explain the consequences of failing to engage?
7. How well do you communicate the sentence plan with partner agencies and coordinate it with any treatment plans? And how could you improve on this further?

Key point of the CJS journey:

Subject to case supervision

Inspectors assess the quality of case supervision by reviewing the case sample in accordance with the **ASPIRE** process: **A**ssessment, **S**entence **P**lanning, **I**mplementation, **R**eview and **E**valuate.

Robust analytical **assessments** are critical in supporting positive mental health outcomes for individuals. Probation practitioners should access a range of information, including CPS documents, court reports and historical case/treatment records, where available. These, combined with screening and assessment tools, enable practitioners to gain a comprehensive understanding of why the individual has offended.

Effective **planning** sets out a road map to help individuals address their assessed mental health and associated risks and needs, including safety and wellbeing needs. It is essential that probation plans are aligned with treatment plans held by other agencies in order to maximise positive outcomes. Practitioners should consider mental health and, where appropriate, substance misuse. Therefore, good partnership working and communication are needed across providers.

There must be a strong and seamless connection between planning and **implementation**, maintaining a personalised approach that fully engages the person on probation and takes their diversity needs into account. Work towards the objectives identified should begin promptly. Where plans are broken down into a number of 'steps', delivery should be tailored accordingly.

Reviewing of casework, carried out well, can greatly enhance service delivery and lead to improved mental health outcomes. Risk is dynamic, and probation practitioners need to be proactive in their responses when the circumstances of an individual they are supervising change. Circumstances for those with complex needs change frequently, as we found in the majority of cases we reviewed in the thematic inspection. Reviewing must not be seen as simply a task that needs to be completed but as an important tool to effect lasting change. The active involvement of individuals in the reviewing process is critical. This enables them, for example, to better understand what progress has been made, why progress has not been made and what more they need to do to turn their lives around.

Probation practitioners are not mental health experts, but they do need transferrable skills that they can use to help individuals turn their lives around. In Durham NPS, we found some excellent work to support newly qualified probation officers in developing their practice. Action learning was being used to broaden and widen the learning experience across a range of topics, including mental health.

Example of effectiveness: Responsive arrangements to learning and development in action learning sets for newly qualified officers in Durham.

People on probation with mental health issues were clear that they needed to have **faith** in the CJS. They wanted the belief that people could help to give them **hope** for their future and a **sense of meaning**.

"The arrest experience made me want to give up on life."

"After being arrested I was led to believe this was the end and I can no longer go on to achieve anything."

Practice that focuses on instilling hope, exploring a sense of meaning and giving faith make a significant impact on an individual's life:

"There are days when I am overcome with fear to leave the house and my probation officer is aware of this and caters to my needs to help me with my supervision."

"Once I was in prison, I managed to see a specialist for the first time and was diagnosed with bipolar. I was prescribed medication, and it was life changing."

These quotes illustrate that we can **instil** and **strengthen hope** by providing the **right supportive authority**, demonstrating a belief in the **individual's capacity** and **willingness to change**, and seeing people as individuals, building a greater understanding of the person and allowing for a tailored approach.

It is important that staff are **empowered to make effective decisions** when working with people with mental health needs.

Inspectors concluded that the action learning sets delivered to newly qualified officers in Durham provided a **safe space** for staff to develop their skills. The action learning provides an opportunity for staff to support their own learning and development through insightful questioning and challenges to reflect on specific situations, including a better understanding of mental health needs.

Action learning is an approach to problem-solving. It involves **taking action** and **reflecting on the results**. This helps improve the problem-solving process and simplify the solutions developed by those participating in the activity. Reflection is a key tool for analysing problems. Set members ask open questions to help the presenter widen and broaden their understanding to achieve better outcomes.

Inspectors said that action learning and reflective practice would be beneficial to all practitioners. It would help them to continuously improve their skills in working with a range of people on probation, including those with mental health issues.

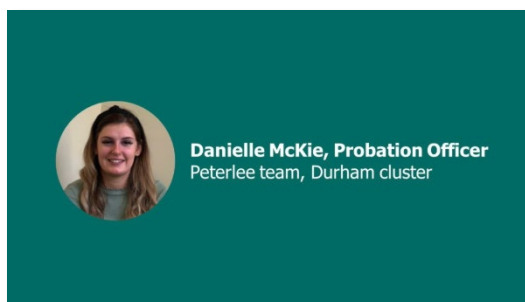
We interviewed two newly qualified officers and the probation learning lead for Durham about how action learning has helped them to develop case supervision skills in mental health.

Top: Wendy Capes (probation learning lead, North East Region HMPPS Learning and Development Team). Left: Jane Buckingham (Probation Officer, South West Durham). Right: Danielle McKie (Probation Officer, Peterlee Team, Durham Cluster).



In this video, Danielle McKie, probation officer, shares the benefits of action learning for her practice. She shares an example of a man in his late 20s with high mental health needs, and notes it was:

"Quite challenging, as I never really worked with [a person like this] before, so I took the case to the group [action learning set] ... I got a lot of information as to their own experience with similar cases, with similar mental health needs which really benefited both me and that individual, and helped develop our relationship as I had a better understanding of him."



[Video \(YouTube, 3:15\): Learning from stakeholders: Danielle McKie \(HM Inspectorate of Probation\).](#)

Jane Buckingham, probation officer, also shared how helpful this work has been for her practice (you can read the full interview below):

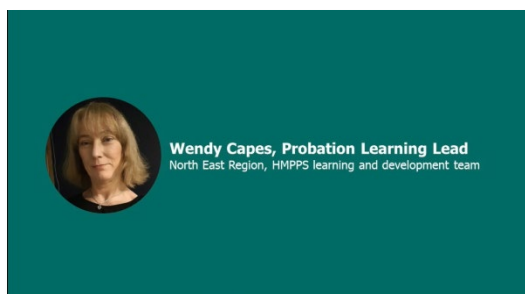
"I have no doubt whatsoever that the space provided in action learning has supported the development of my reflective practice. The office environment can be chaotic and designated time to reflect enhances practice. I have gained transferrable skills, have been able to use these in my casework and have become more confident in the decisions I am making. The first six months after the PQiP programme is critical and action learning has helped me to embed good practice."



[Interview with Jane Buckingham, probation officer, South West Durham.](#)

In the second video, Wendy Capes, probation learning lead, highlights the positives of action learning for mental health in particular:

"Mental health is a topic where you need a lot of different disciplines to support you... just understanding how some of those networks develop and support our work can make a huge difference to the service users we are working with."



Video (Youtube, 4:10): Learning from stakeholders: Wendy Capes (HM Inspectorate of Probation).

Inspectors identified the following strengths of the action learning sets:

- They provide a **safe environment** to develop skills and knowledge.
- Learners are **empowered** to identify solutions.
- Action learning sets support **continuous professional development**.
- Participants **learn together**.
- Action learning sets are **equally effective** in person and virtually.

Key take-aways from action learning

- ✓ Action learning builds **reflective practice**, which increases self-awareness of skills and areas for development.
- ✓ Practitioners can use action learning to **test out** what others in the group think about their intended course of action with a case before implementing it in real life.
- ✓ Action learning provides **safe challenge**.
- ✓ It helps everyone to **think**, act and **react** differently by gathering a range of viewpoints on a specific situation.
- ✓ Practitioners develop **professional curiosity** by using action learning as an opportunity to think about and understand practices from different perspectives, consider future actions and responses, and refine them.

The evidence:

For further information on the ASPIRE model (as described above), please access [HM Inspectorate of Probation's research page – supervision of people on probation](#).

For information specifically about mental health, please access [HM Inspectorate of Probation's research page: specific areas of delivery – mental health](#).



HM Inspectorate of Probation's [Academic Insights paper – maximising positive mental health outcomes for people under probation supervision](#) by C Sirdifield and C Brooker (2020).

This highlights the importance of maximising positive mental health outcomes for people under probation supervision – both for the individuals themselves and in terms of wider societal benefits.



Reflection questions

1. When you meet with someone who has mental health needs, how do you engage this person? What assumptions do you make? How might your responses be based on biases and stereotypes? And what can you do to address this?
2. What skills are the most important in your practice with people on probation with mental health needs and why do you think this?
3. How do you maintain a balance between managing risk and supporting desistance with people on probation with mental health needs?
4. How would you work with an individual who does not want to talk about their mental health? Where would you seek advice if this did not work?
5. Are there times when you are unsure of how to respond to those you are supervising? How do you deal with this? How do you get clarity on actions to take?
6. How can you maximise opportunities to reflect on your practice with colleagues? And how might this benefit your future practice?

As noted above, robust screening tools and specialist assessments should inform sentencing, planning, implementation and delivery.

For some individuals, this will result in structured treatment through mental health services directly or via an MHTR; for other individuals, it may result in them being screened into the offender personality disorder (OPD) pathway. This pathway takes a triage approach to those screened in, 'including the development of a formulation following consultation, and the option to consider direct contact with an individual in the form of short-term joint casework' (HMPPS, 2021)¹². For some people on probation, notably those with a turbulent history of engagement who present with ongoing concerns about their risk and have outstanding support needs, this pathway may highlight the need for more specialist services, and they will be considered for the Intensive Intervention and Risk Management Service (IIRMS). Suitability is assessed via screening, formulation and consultation and psychologically informed sentence planning.

Further information regarding entry criteria be found in the [guidance for implementing the intensive intervention and risk management service \(IIRMS\)](#).

¹² HMPPS (2021). Principles and practice guidance for implementing IIRMS.

Example of effectiveness: Delivering a well-informed, analytical and personalised service with Exeter IIRMS

Those interviewed by PRS were clear that **trauma** had been a feature in their lives, both historically and currently.

"They are expecting a lot from me, there is no point bringing up shit from when I was a kid ... this causes mental health problems."

"got accustomed to witnessing self-harm"

"It's only reflecting back I realised how bad it was ... It traumatised me for a long time, how I was handled [in the police station] and treated ... I was disassociated, detached and suffering psychosis and anxiety. How they didn't notice ... they interviewed me anyway. For months after I've had panic attacks and nightmares."

As a result, it is important practitioners follow a trauma-informed approach; notably, people on probation spoke of **creating a safe space** and being treated with **humanity**. They explained *"small gestures of kindness ... and acts of humanity ... had disproportional effects"*, contributing to feelings of worth, confidence and hope. Safe spaces were seen as important from a relational perspective, routine and with regard to the physical environment.

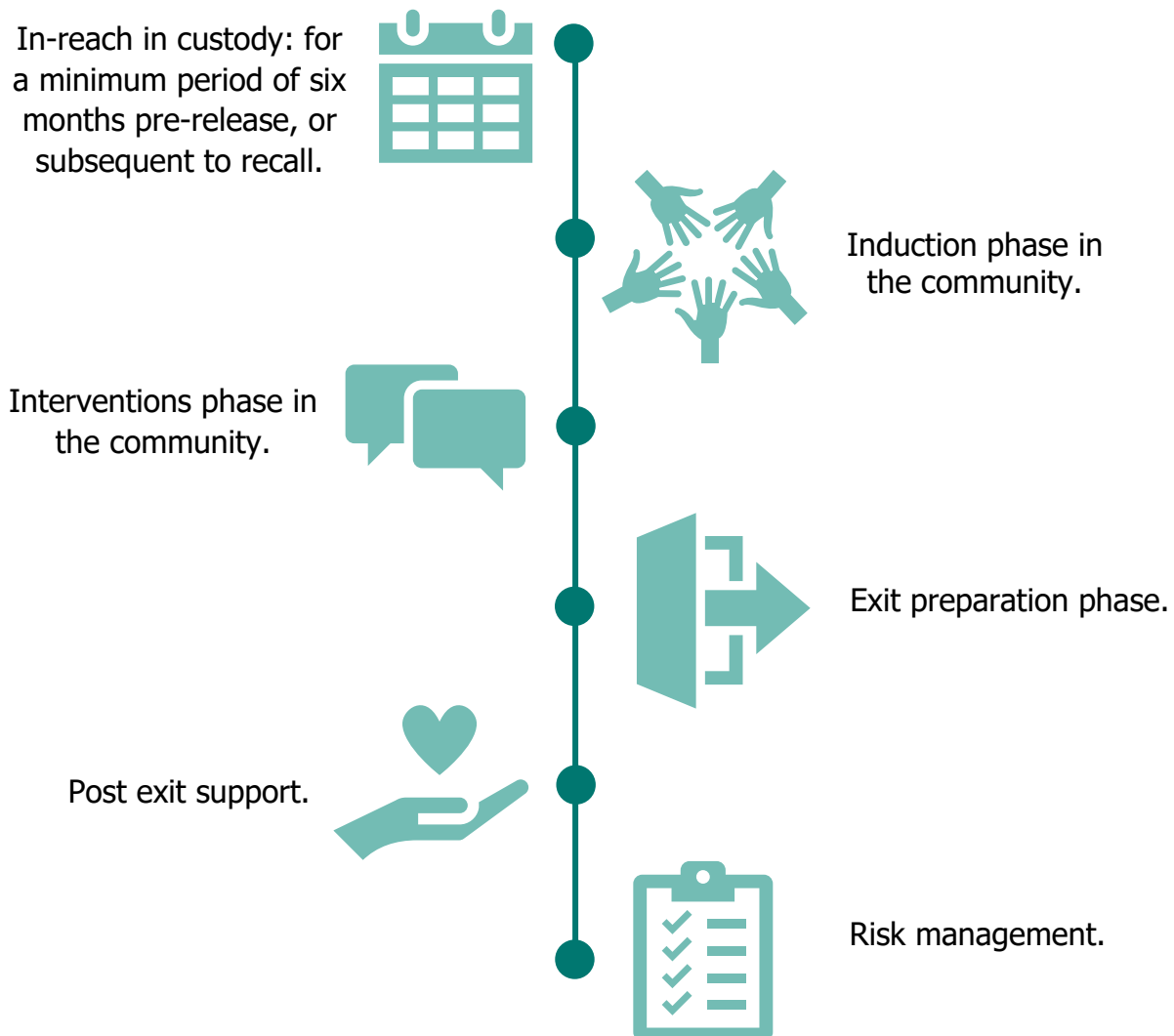
Understanding the underlying causes of the individual's behaviour had a powerful impact:

"Probation knew my struggles with drink and have played a key part in helping me stay sober and finding a healthier way to deal with my mental health."

Inspectors found the IIRMS service **exemplified a psychologically informed approach**, addressing a number of the themes identified by PRS, including trauma-informed practice, creating safe spaces, relationships, faith and instilling hope.





IIRMS is jointly commissioned by NHS England and HMPPS and delivered via an integrated multi-disciplinary team, including health and criminal justice partners as a minimum, although it is likely to be complemented by other providers, for example from the voluntary sector.

The service model focuses on progression through key parts of the journey:



The IIRMS is designed to support the outcomes of the OPD pathway by providing a **community-based service** that delivers **individually tailored** and **psychologically informed interventions** directly to people on probation. It aims to **enhance** the **management of risk of serious harm to others** and **reduce re-offending** and develop **psychological wellbeing and social engagement**. This service operates consistently with other OPD services in custody, community and health settings.

The four high-level outcomes for the OPD pathway are:

-  For men, a reduction in repeat serious sexual and/or violent offending, and for women, a reduction in repeat offending of specified offences
-  Improved psychological health, wellbeing, pro-social behaviour and relational outcomes
-  Improved competence, confidence and attitudes of staff working with complex people on probation who are likely to have severe personality disorder
-  Increased efficiency, cost-effectiveness and quality of OPD pathway services.

The high-level expectations of the IIRMS service are as follows:

Quality of the interventions, as part of the pathway

- Appropriate individuals are identified against the entry criteria for the service (including the pathway).
- Individual risk and need are understood and responded to.
- Therapeutic relationships form a critical component of service delivery.
- The pathway is sensitive and responsive to individual characteristics.
- Individuals move through a pathway of connected services that are identified in their pathway/sentence plan.
- The intervention is delivered according to the specification of the pathway and is evidence-based or has a clearly developed model of change that is being tested.



Workforce, training and supervision

- Staff are trained to deliver their role with a clear understanding of the service and wider pathway.
- There is a sustained focus on staff wellbeing within OPD services.



Operating conditions

- The physical environment is fit for purpose and used appropriately.
- Staffing of the service is appropriate to deliver the specification.
- Funding is used to provide the service as per the specification.



Partnership working

- Appropriate information governance is in place and adhered to.
- Partnership governance is in place and adhered to.



Involvement

- The service promotes and facilitates authentic involvement throughout system design and delivery.
- Approaches to involvement actively consider the impact on service beneficiaries.



Enabling environment

- The environment in which the service is delivered is enabling i.e. there is a focus on creating a positive and effective social environment, where healthy relationships are seen as the key to success.



Data, research and evaluation

- Data is collected and recorded accurately, and stored securely.
- The service undertakes research and evaluation to explore and demonstrate its effectiveness and impact on OPD outcomes.



Commissioning (for OPD central team)

- The OPD programme is appropriately resourced and effectively managed to enable the delivery of OPD programme outcomes.
- Contractual and financial arrangements are in place to protect and deliver OPD services.



[Standards framework 2019-2020](#) explains the expectations, required elements, measurements, reporting method, information required and outcomes in detail.



The [relational environment](#) is an important part of service delivery. The photos below were given to inspectors as evidence for the thematic inspection, and show an example of a safe space. Soft furnishings have been added, suggesting a sense of comfort. The service has also considered the colour scheme; for example, we know that blue, green and purple have a calming effect. They have added plants, which are known to reduce stress and promote a sense of peace, and the art on the walls creates a visual distraction, which can be beneficial in stressful environments.

Inspectors identified the following strengths of IIRMS:

- A [comprehensive case formulation](#) was produced to [inform](#) assessments, planning, interventions, delivery and reviews.
- The pathway was [flexible](#), to be responsive to the individual's circumstances, capacity and capabilities to engage at any given time in their journey.
- There was a [trauma-informed approach](#), and a [range of theoretical frameworks](#) were [used](#), depending on the individual's needs and risks.
- Staff involved in delivering the service were [well trained](#), and had a [clear understanding](#) of the range of approaches needed to effect change.

Key take-aways from IIRMS:

- ✓ [Case formulations](#) should be completed in a [timely fashion](#), and [used to inform](#) assessments, sentence and treatment plans, delivery of services and reviews.
- ✓ Services should be [integrated](#) and take a [whole-system approach](#).

- ✓ Services should be **flexible in responding to the needs of the individual** at any given time, and responsive to reductions and increases in the level of risk.
- ✓ Effective work is built on the following components of a person-centred approach:
hope, engagement and choice, problem-solving, trauma-informed practice, diversity-informed practice and connection with the practitioners.
- ✓ All interactions are **authentic** and **meaningful**.

The evidence:

IIRMS-specific: As identified in the [Guidance for implementing the intensive intervention and risk management service \(IIRMS\)](#), no one theoretical model is prioritised over another.

However, in line with the publication *Working with Offenders with Personality Disorder* and the known evidence base for this cohort of individuals, all IIRMS services adhere to the four theoretical domains outlined in figure 5.

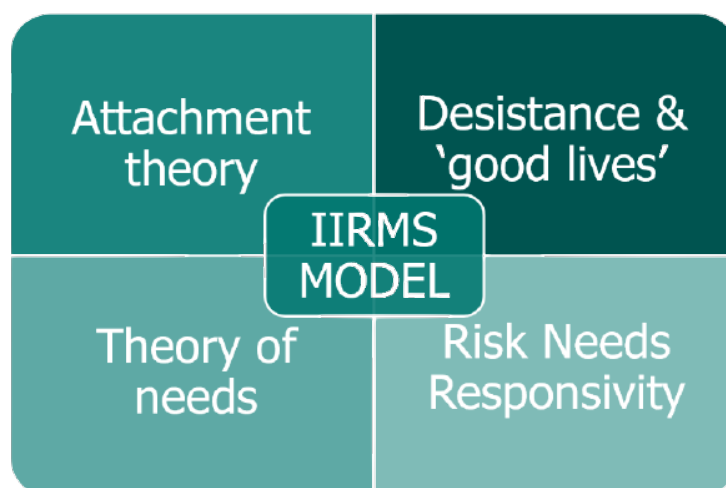


Figure 5: The four theoretical domains of the IIRMS model



You can read more about these in the guidance document linked to above and in the [HM Inspectorate of Probation evidence base](#) on the research page.

The IIRMS guidance goes on to state that:

Although the evaluation of IIRMS is in its infancy, the reflections of experienced leads of the IIRMS that have been established for five or more years suggest that the following elements are key to success:



Adopting a relational approach that is unconditional and persists over time, 'sticking with it' despite repeated setbacks.



Practical support – the cup of tea or the assistance with housing – that provides tangible evidence of care.



Accessing meaningful social capital that is characterised by opportunities for relationships with non-professionals who offer reciprocally valued connections. This could include new relationships, family members, employers and volunteers; often, less professionally trained staff are able, under supervision, to provide a more valued service than that offered by senior staff.



Integrating risk management and care needs as closely as possible to each other and to the formulation in order to reduce splits in decision-making.



[‘IIRMS three years on’ article](#) from Jackie Craissati, Jo Ramsden, Sue Ryan, Nicole Webster and Laura West. This explores the reflections of clinical leads within well-established IIRMS services.

Trauma-informed approaches realise the widespread impact of trauma and understand potential paths for recovery; recognise the signs and symptoms of trauma in individuals, families, staff, and others involved with the system; respond by fully integrating knowledge about trauma into policies, procedures, and practices; and seek to actively resist re-traumatisation.

Practitioners should work in a manner that upholds the core values of trauma-informed practice, including:

Safety – Ensure the physical and emotional safety of the individual.

Choice – provide choices where possible, for example of appointment times and locations. Provide clear and appropriate messages about rights and responsibilities and consequences to enable the individual to make informed choices.

Collaboration – maximise opportunities for collaboration and sharing of power; for example, ensure that the individual takes an active part in their assessment, planning and reviewing/evaluation. As part of implementation and delivery, encourage collaboration with other services and positive role models, supporting the concept of social capital.

Trustworthiness – Make tasks clear and maintain appropriate boundaries, being respectful and professional. Be consistent and follow through with what you say you are going to do, if you are able to inform the child/parent/carer, and explain why.

Empowerment – Prioritise empowerment and building skills, and provide opportunities for the individual to practise the skills they have developed so that you can bear witness to and acknowledge their progress and positively reinforce it. Promote an increase in personal responsibility and self-belief in ability to change.



Reflection questions

1. What barriers are present in society for those who disclose symptoms or mental health needs? How do you think this affects people on probation with mental health needs? What can you do to address this?
2. What are the different types of trauma people on probation face? With this in mind, how do you create a sense of safety for those you work with?
3. What are some of the strategies you use to implement the core values of a trauma-informed approach, on a practical basis?
4. How do you maintain engagement with the person on probation and see behind the behaviour they present? What are the barriers to this and how do you overcome them?
5. If you have used the IIRMS pathway, how have you incorporated learning from case formulations into your assessments, sentence plans, delivery and reviews?

Key point of the CJS journey:

Preparation for release/resettlement

For some individuals, their progress through the CJS results in a period of imprisonment. Some will enter prison with existing mental ill-health, while others may develop mental health issues during their sentence.

Some individuals will have had contact with community mental health teams, inpatient mental health facilities and L&D services in police or court custody, before their arrival. Crucial information about an individual's mental health is recorded during these assessments. It is vitally important that, when these assessments have been undertaken, this information is shared with the prison mental health service.

Health providers in prison are expected to undertake initial and secondary health screening of the individual; this includes a mental health assessment, as well as physical health, substance misuse and social care assessments, to assess the individual's vulnerability and the risk they may pose to themselves and to inform assessments and sentence planning. Referrals to mental health services should follow where needed.

Most prisoners will be released back into the community, and resettlement services play a key role at this point. Resettlement services work with the individual to prepare them for release. They liaise with providers in the community about future treatment and with probation practitioners about risk management plans, including relevant licence conditions and sentence planning.

Effective information-sharing is essential if the continuity of care is to be maintained. Inspectors felt the RECONNECT service in Birmingham and Durham illustrated this well.

Example of effectiveness: Personalised and effectively coordinated Through the Gate services illustrated by Birmingham and Durham RECONNECT navigators

Relationships were significant for people on probation with mental health issues; this was the strongest theme to emerge from the PRS findings.

People on probation stated that being treated as an individual and feeling heard were important. They also acknowledged that kindness and care were powerful in supporting people with their mental health issues, as this brought a sense of worth and motivation.

The significance of this can be seen in some of the quotes shared:

"My probation officer is my rock ... her honesty and respect lifted me."

"The mental health team were fantastic, brought over a food package in spite of the distance ... they were terrific, so, so kind ... They didn't know me from Adam."

"just having a trained officer to chat to for five minutes to ask how you are doing and to talk to, really does make a big difference. It doesn't have to be someone from the mental health team even."

"she [my practitioner] has taken into consideration my view and has given me the feeling that I have a voice ... [this] impacted massively on my mental health."

Inspectors concluded that the RECONNECT service provided a good example of **ensuring continuity of service** and **building relationships**.

While the probation service has a **duty of care** to support those with mental health needs who have been released from custody, it can be a significant challenge, as the **transition** for many can be stressful and anxiety-provoking, and can represent a **crisis point**, especially for those released at short notice.

Many individuals are leaving the stability of a known routine in a secure environment where their basic needs are met, and facing a sense of uncertainty, and the unknown, where they are now responsible for themselves. For those with mental health needs, there are additional concerns about the continuity of their care plan. This is often exacerbated by their **previous experiences of authority, lived experience of treatment** (both substance use and mental health) and the **stigma** associated with mental ill-health.

This was echoed in the National Audit Office report on prison mental health services in 2017, which stated:

"Prisoners do not routinely receive continuity of care on release, making successful rehabilitation more challenging. It is important that prisoners have good continuity of care between prison and the community."

The RECONNECT programme is currently being rolled out, funded as part of the NHS Long Term Plan. It was developed in consultation with those with lived experience and voluntary sector organisations.

The RECONNECT services include **pre-release engagement**, **Through the Gate** support, and **time-limited tailored support** for several weeks after release, which includes the help of care navigators. It aims to support a **seamless transition** from custody and detention in immigration centres to **safeguard the health gains** made.

RECONNECT navigators work with people in prison who are coming up to the end of their sentence, **holistically** addressing their needs in relation to physical health, substance misuse and mental health, as relevant to the individual.

Eleven pathfinder RECONNECT schemes are currently operating in England. A formal evaluation of the scheme and outcomes is planned but has not yet been undertaken, as it was halted due to Covid-19 and the impact of the pandemic. A further 18 sites are to be rolled out and the intention is for 100 per cent coverage of the scheme across England by 2024.

Delivery of the scheme post-custody is **informed by the individual service user** and their needs, with the length of time the RECONNECT navigator works with an individual varying according to need. The service is delivered using a **multi-disciplinary approach**, which can involve the third sector, as well as statutory agencies and the NHS.

On this inspection we found two effective practice examples of the scheme working well, in prisons in Durham and in Birmingham. Inspectors commented:

"Birmingham prison had introduced a 'one stop shop' partnership healthcare approach based on a 'departure lounge' model, so that prisoners had services set up in advance of being released from custody. This multi-agency partnership approach allowed staff employed and managed by health care providers in prison to work alongside primary health care colleagues."

"In Durham Prison, the navigator was new in post and had worked to establish links with other prisons in the north-east area and local services at Holme House and Kirklevington. This proactive approach supported the navigator to build up their local knowledge and supported the building of trusted relationships with service users."

Inspectors identified the following strengths of RECONNECT:

- There are **effective joint partnership** arrangements in place at a strategic level to support the delivery of a **joined-up service** to support the needs of all service users.
- There is **effective coordination** of mental health activity between custody and community.
- It provides an **individually tailored, wrap-around** approach that supports the individual from custody to the community.
- Individuals can be **met at the prison gate** to support immediate need.
- Practitioners often have **lived experiences**, and this gives the individual being released additional confidence.

Key take-aways from the RECONNECT service:

- ✓ Practitioners should **maintain contact** with individuals throughout the sentence, directly and via partners and contribute to assessments and sentence planning, as appropriate.
- ✓ They should **liaise** with the Through the Gate and the resettlement team about **referrals, outcomes and progress** during the sentence and, in particular, plans for release.
- ✓ The **diversity needs** of individuals must remain central.
- ✓ Practitioners must have an **informed** understanding of the **trauma** individuals go through in their lives and how this may impact on engagement with services to plan accordingly.
- ✓ **Effective engagement** with health services in the community is essential to ensure continuity of care.
- ✓ Practitioners should **confirm reporting instructions for release** in line with any RECONNECT, partnership and/or Through the Gate services to ensure individuals receive appropriate treatment.

The evidence:

As noted above, an evaluation of the RECONNECT service is planned, but is not yet complete.

Research does confirm the benefits of community support, which is illustrated in HM Inspectorate of Probation's Academic Insights reports below:



[Social capital building supporting the desistance process](#) by Albertson (2021) summarises the concept of social capital and how increases in the strength, range and quality of bonding, bridging and linking opportunities can be beneficial in supporting the desistance process.

[Mentoring and peer mentoring](#) by Buck (2021) summarises the evidence base in relation to mentoring and peer mentoring, with a focus on its potential for supporting and empowering individuals to desist from offending.



Reflection questions

1. What information or knowledge are you assuming people on probation have when they meet you for the first time on release? How do you react when they do not appear to have this knowledge? How can you address this?
2. How do you support those on your caseload transition smoothly from custody to the community?
3. How do you ensure you capture all agencies' roles and responsibilities in supporting people on probation in your assessments, sentence plans and case records?
4. What do you see as the benefits of the navigator role? How can this role support you in engaging people on probation and supporting desistance, and help you to keep people safe?
5. What does social capital mean to you? How would you enable a person on probation to build this?
6. What factors are key to building positive, pro-social and supportive relationships?
7. What are the barriers? How would you support individuals in overcoming these?

Case studies: the themes in action

Advice to court

Effective practice case

Lauren is a 23-year-old white female, who appeared in court for an offence of assault occasioning actual bodily harm and assault police constable. She had no previous convictions.

The assault occurred within the context of an attempted suicide in which the victims had intervened. While her case was originally adjourned for a fast delivery report, to be completed on the day, the author requested a further adjournment to allow additional enquiries to be made regarding Lauren's mental health.

The assessor liaised with the affective disorders team, who confirmed that Lauren had historical involvement with the child and adolescent mental health service (CAMHS) and had previously received cognitive behavioural and dialectical behaviour therapy. The call also confirmed that there were concerns about self-harm and suicidal ideation. They advised that Lauren needed to be referred to services in the area where she was temporarily residing. This was immediately pursued by the report author, and it was arranged for the case to be adjourned for a psychiatric report to inform sentencing.

The psychiatric report identified that Lauren was experiencing a mixed anxiety and depressive disorder, with traits of emotionally unstable disorder. The report clarified that Lauren was not suitable for a hospital order or Mental Health Treatment Requirement, but work should be conducted with the community mental health team.

As a result, the report author was able to make an informed proposal for a community sentence with a Rehabilitation Activity Requirement, to focus on interventions provided through liaison with the community mental health team.

Furthermore, the proposal outlined the identified risks should Lauren receive a custodial sentence, verified by the medical professionals, and based on her history of self-harm and previous experience during a period on remand. The author asked that, should she receive a prison sentence, the receiving establishment be made aware of these risks.

Outcome: Lauren received a 24-month suspended sentence order with 40 days Rehabilitation Activity Requirement.

An inspector commented:

"The report provided a comprehensive analysis of Lauren's behaviour in the context of her personal and social circumstances.

"It was clear Lauren had been actively engaged in the assessment, and when she raised concerns regarding her emotional health, the practitioner was responsive to the concerns and contacted Durham crisis team, requested an adjournment and arranged for a specialist assessment to ensure there was a comprehensive assessment of mental health needs to ensure the most effective way forward."

ASPIRE (assessment, sentence planning, implementation and delivery, review and evaluation)

Effective practice case

Kim is a 27-year-old woman. She attended a voluntary interview with police, as she was suspected of assaulting two people outside a shop. At this point, mental health concerns were identified and flagged. As a result, while detained, she was seen by liaison and diversion and healthcare professionals.

The paperwork sent from the police to court detailed the mental health concerns and history of offending and drug/alcohol issues, thus informing the court process. Consequently, her fitness to plead was raised at the first hearing, and a psychiatric report was requested.

The psychiatric report found no diagnosis of a mental illness as defined by the Mental Health Act. However, the information in the report did inform the pre-sentence report (PSR).

The court officer had completed documentation flagging risk of self-harm; this was correctly entered on the probation case management system, thus notifying the PSR author.

The PSR assessment identified longstanding psychiatric issues involving hospital and community mental health care. Kim was receiving support from a community psychiatric nurse and acknowledged using illicit drugs. Her mental health appeared to have been exacerbated by bereavement, after her father committed suicide.

Kim was convicted of two offences of wounding to unknown victims, by biting. The assessment clearly identified the potential victims and under what circumstances the risk would occur, in addition to the underlying needs of Kim.

At the time Kim had been living in a tent, which was assessed as a risk factor linked to her chaotic lifestyle and barriers to accessing treatment consistently. At the time she was busking in order to earn additional money, which would often be used to purchase illicit drugs to self-medicate for some of her mental health needs.

During Kim's order, she was supported into housing; there was active liaison between professionals, which enabled her to sustain her tenancy. For example, the practitioner advocated on her behalf when she fell behind with rent payments. In addition, funding was secured to enable her to access an art and design course. This allowed her to make constructive use of her time and build a positive social network, and gave her a sense of accomplishment.

There was good liaison with the community psychiatric nurse, and the practitioner was persistent in advocating for an improved service, as Kim was not receiving all she was entitled to.

There was also good evidence of verifying information, for example actively seeking police intelligence and using professional curiosity when witnessing a male at Kim's home address during a doorstep visit, to ascertain if there were any domestic abuse concerns.

Kim's order was transferred to a different practitioner. There was excellent use of joint remote meetings to support said transfer, which meant that Kim did not have to repeat/retell her story.

Outcomes: Kim remains subject to a community order and is actively engaging.

An inspector commented:

"This was a very-well managed case with many good aspects. The frequency of contact kept and offered was good; the practitioner had worked hard to form a good working relationship; the use of motivational interviewing was exceptional; the quality of recording was detailed, and the reviewing of progress was dynamic.

"Contact was meaningful, with an excellent focus on mental health and good liaison with all agencies involved in her support."

Effective practice case

Nick is a 25-year-old white male who was subject to an eight-month licence for an offence of threatening behaviour in front of his then-partner and children.

After sentencing, when he arrived at the receiving prison, there was evidence of a health screening in reception, which identified issues with depression and anxiety. As a result, Nick was appropriately referred to primary care mental health, for psychologically informed treatment.

After some weeks on the waiting list, the healthcare service sent a letter to Nick explaining there were delays to treatment caused by Covid-19 and advised him how he could access day-to-day support if he felt his mental health was deteriorating. Given the length of his wait, this was also followed up with a welfare check call to his cell by mental health services.

Nick was seen immediately before his release. He was screened in relation to the need for community follow-up and to ensure he had his medication in place.

The case was co-worked by a probation officer and a probation service officer, which was communicated well to Nick. There was evidence of engagement before release, to establish the relationship.

On his release from custody, it was evident that Nick had failed to understand his post-sentence supervision licence, including the expectations, conditions and consequences of breach. Therefore, the practitioner took their time to explain what it meant and asked Nick to clarify his understanding to confirm. The practitioner also explored any potential barriers to engagement and was particularly alert to those arising from Nick's mental health and ADHD, assisted by their knowledge of his personal circumstances from their established relationship.

Formal assessments were comprehensive, identifying Nick's complex issues, including ADHD, substance misuse, anxiety and depression and active self-harming. The records clearly indicated information from previous assessments and a range of sources were drawn on and analysed to inform supervision and the management of licence conditions.

The assessment also clearly documented a high risk of serious harm to Nick's former partner and children.

The risk management plan is clear regarding who is at risk, of what, the imminence of the risk and how it will be managed. The practitioner also considers Nick's mental health needs, learning disability and own vulnerabilities. This includes active engagement with children's social care, which then further informs supervision and ongoing assessments.

Specialist personality disorder services were consulted, and the case formulation received informed Nick's assessments and service delivery. This was evident in the records. Nick was referred to and engaged with the local facility for mental health treatment in the

community. He also received support with substance misuse. Children's social care services were kept informed and engaged, given the potential risk to his family.

Outcomes: The interventions stated were delivered and Nick engaged with a range of services. There was no evidence of further offending, and reported improvements in mental health and wellbeing. Nick maintained engagement with the substance misuse service, mental health services and probation and retained contact with his children and former partner, with supervision from children's social care. Nick appreciated the support given and reflected on the progress made and the positive changes in himself.

His case was reviewed, which led to him being reduced from a high to a medium risk. There was evidence of clear management oversight in place to support this.

Nick's case was transferred to a new practitioner as a result. The handover was managed well, with clear involvement from Nick.

An inspector commented:

"This was a well managed case at each stage of the individual's journey through the prison system to the community. Robust assessments analysed the individual's mental health needs, and this led to planning that was meaningful and most likely to achieve positive outcomes. Information-sharing with partner agencies was good. Safety, wellbeing and risks to others were robustly considered, with relevant controls and surveillance being put in place.

"A prison visit prior to release supported resettlement needs and provided the individual with clear information about the expectations of the supervisory licence. Risk management work ensured that the individual's mental health needs were met, the right services were delivered, and he was able to maintain safe contact with his children and former partner."

Conclusion:

Overall, we identified that our standards are delivered effectively in relation to mental health service delivery when there is:

-  **Dynamic leadership** and an **unambiguous national strategy** that leads to making a difference at a local level
-  **Robust information-exchange** agreements and protocols between criminal justice partners
-  **Multi-agency ownership** and **responsibility** in contributing to the assessment, planning, delivery and review of interventions to support positive mental health
-  Evidence of **trauma-informed approaches** to working with individuals
-  Full consideration of **diversity needs** and subsequent **personalised** activity to meet these needs
-  A **vigorous analysis** and **use of management information and data** to inform service delivery
-  **Effective interaction** with **sentencers** to promote the sentence most likely to bring about lasting change
-  An **accurate identification** of the severity of the mental health need, followed by a **robust assessment** and a **comprehensive plan** to address this need
-  **Suitable** and **specialist assessment** of mental health needs, which supports motivation for treatment
-  An **effective learning** and **development** offer to help practitioners better understand how best to work with vulnerable people who have mental health needs
-  A **skilled practitioner group** that can meaningfully **support lapses** in behaviour and **advocate persistently** for the right services, as they are capable and confident
-  A **system** that **learns** and **shares this learning** so that individuals and their families can flourish

We encourage the reader to think of these as guiding principles, and to reflect and consider how they may improve their practice as a result of reading this guide.

We encourage readers to provide feedback on this guide, including its impact and any suggested improvements.

Please send your comments and ideas to Tammie.Burroughs@hmiprobation.gov.uk

Further reading and resources

HM Inspectorate of Probation publications

Thematic review: [A joint thematic inspection of the criminal justice journey for individuals with mental health needs and disorders](#)



[Launch event: The criminal justice journey for people with mental health needs – YouTube](#)



[Launch event: PowerPoint Presentation](#)

Academic insights:



[Risk and Desistance: A Blended Approach to Risk Management \(PDF, 289 kB\)](#)

Hazel Kemshall | 25 June 2021

This report explores a blended approach that combines practice to manage risk with practice to enhance desistance.

Tools and resources



Websites with information relating to mental illness:

- [We are Rethink Mental Illness](#)
- [Home | Mind, the mental health charity – help for mental health problems](#)



[The Race Equality Foundation](#) website explores evidence of discrimination and disadvantage, and uses that knowledge to help overcome barriers and promote race equality in public services, including health, housing and social care.



[NPS Health and Social Care Strategy 2019-2022](#)



[Mental Health Treatment Requirements Guidance on Supporting Integrated Delivery.pdf](#)



[HMPPS Seven-minute briefing: Mentally Disordered Offenders](#)



[Psychologically informed quick reference guide: Severe mental health problems and offending-behaviour: implications for risk management in the community](#)



[Psychologically informed quick reference guide: instrumental aggression](#)



[Practitioner guide: Working with people in the Criminal Justice System showing Personality Difficulties - Third edition](#)

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