

Exploring Health Outcomes from Primary Care Mental Health Treatment Requirements

Presentation to the Forensic Summer Symposium, Institute of Mental Health,
University of Nottingham

Professor Matthew Callender
21st September 2023



Institute for
Public Safety
Crime and Justice

What is the problem?

The proportion of Community Sentences Treatment Requirements (CSTRs), especially Mental Health Treatment Requirements (MHTRs), as part of Community Orders or Suspended Sentence Orders has been very low.

This coupled with significant mental health needs of offenders alongside rising concerns about the effectiveness of short-term sentences establishes the importance of offering a positive alternative to address underlying needs.

Mental Health Treatment Requirements

- Mental Health Treatment Requirements (MHTRs) sit alongside Drug Rehabilitation Requirement (DRR) and Alcohol Treatment Requirement (ATR) under the umbrella of 'Community Sentence Treatment Requirements' (CSTR).
- The MHTR is intended as a sentencing option for offenders who suffer from a low to medium level mental health problem which is assessed as being suitable for a mental health intervention in the community.



The Primary Care MHTR intervention involves 12, 50-minute sessions across the Community Order as specified by the Court, where the individual meets with the Primary Care MHTR Practitioner under supervision of the Clinical Lead



The interventions will be individually tailored to the needs of each client and therefore will vary within and between sites.

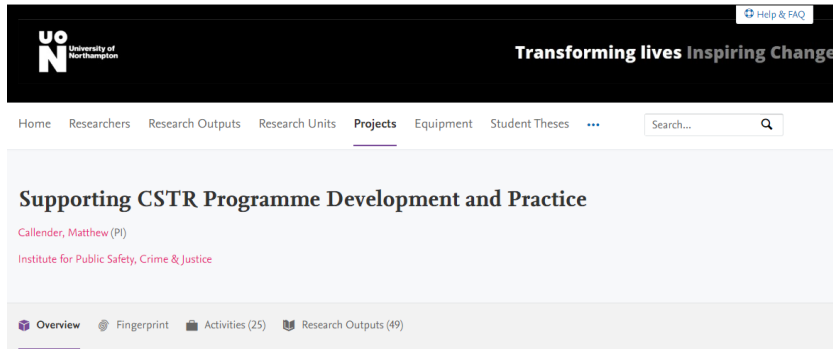


The intervention may typically involve skills and techniques from the following:

- Psycho education, breathing, mindfulness;
- Compassion focused therapy;
- DBT, CBT, behavioural activation;
- Acceptance and commitment therapy (ACT);
- Mindful practices; and
- Value based solution focused therapy.

Evaluation Approach

- Interviews with individuals who receive MH interventions
- Interviews with professionals working across MHTR pathway
- Secondary Data Analysis of Process Data



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Supporting CSTR Programme Development and Practice

Callender, Matthew (PI)
Institute for Public Safety, Crime & Justice

Overview Fingerprint Activities (25) Research Outputs (49)

Project Details

Description

Since 2017, the IPSCJ has been supporting the Community Sentence Treatment Requirement (CSTR) through local evaluation and the creation of practice documentation aimed at Clinical Leads and Primary Care Practitioners.

CSTR Programme Documentation

The documents available through this page support the development of Sites with the aim of increasing the use of Community Sentence Treatment Requirements (CSTR). These sites are focusing on reducing reoffending by increasing the use of the three treatment requirements which are available to the Judiciary at the point of sentence to a community order, these requirements include: Mental Health Treatment Requirements (MHTR), Drug Rehabilitation Requirement (DRR) and Alcohol Treatment Requirements (ATR).

Mental Health Treatment Requirement (MHTR) Operating and Commissioning Framework: This Framework supports the scale

Access Project

Mental Health Treatment Requirement (MHTR) Operating and Commissioning Framework
File: application/pdf, 777 KB
Type: Text

Guidance Paper: Supporting Access To Secondary Care Mental Health Treatment Requirements (MHTRs)
File: application/pdf, 399 KB
Type: Text

Executive Summary: Guidance Paper to support access to Secondary Mental Health



Institute for Public Safety Crime and Justice

Community Sentence Treatment Requirement Multisite Report July 2020 – July 2022

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University of Northampton

Community Sentence Treatment Requirement Multisite Evaluation July 2020 – July 2022

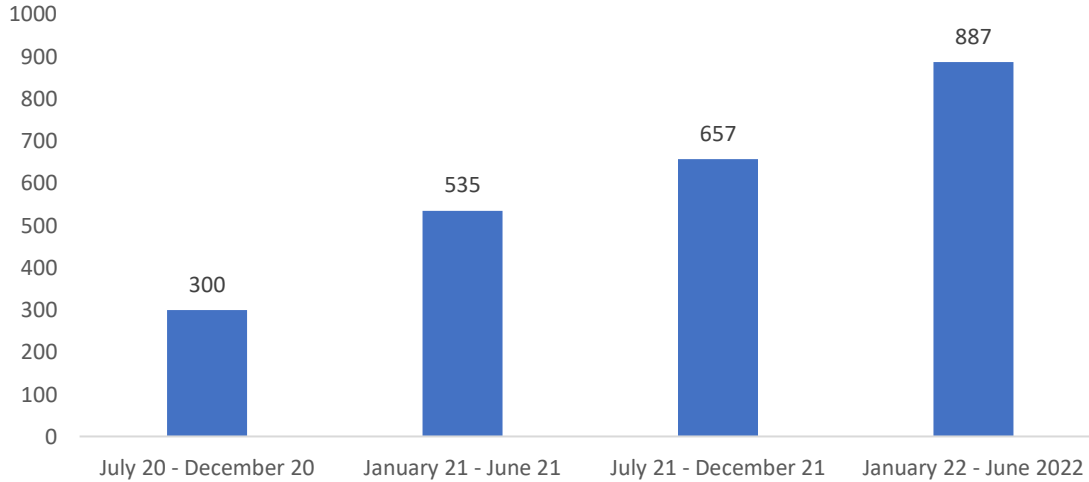
Presentation to Non-Custodial Partnership Advisory Group

Professor Matthew Callender
3rd October 2022

Institute for Public Safety Crime and Justice

<https://pure.northampton.ac.uk/en/projects/supporting-cstr-programme-development-and-practice>

Total Cases per Site - 6 Monthly, Jul 20 - Jul 22, 14 Sites



TP 1: August 2020 – December 2021

TP 3: August 2021 – December 2021

TP 5: August 2022 – December 2022

198 cases
6 sites

646 cases
6 sites

1,134 cases
8 sites

2,552 cases
14 sites

4,842 cases
21 sites

TP 2: January 2021 – July 2021

TP4: January 2022 – July 2022

Observations



2,249

- Service users were assessed between August 2020 and July 2022



1,749

- **77%** of those assessed were found suitable



1,403

- **89%** of individuals assessed and found suitable for an MHTR were sentence



491

- Of the **666** service users who ended the programme **491** (74%) completed it

Demographics



38% female, 60% male



78% white ethnicity



59% between 25 and 44 years old



201 were classed as neurodiverse

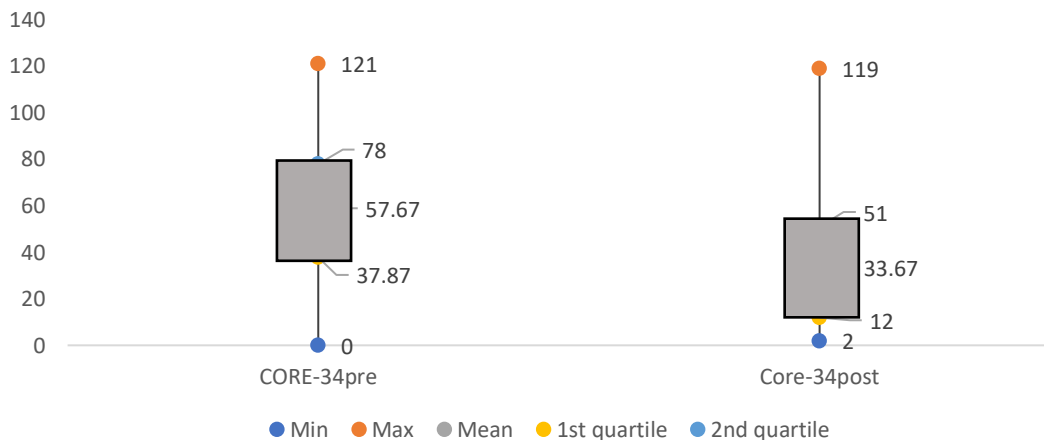


171 had severe mental health issues

CORE-34 Pre/Post Range and Mean, 14 Sites, Jul 20-Jul

22

(Grey = IQR Midspread)

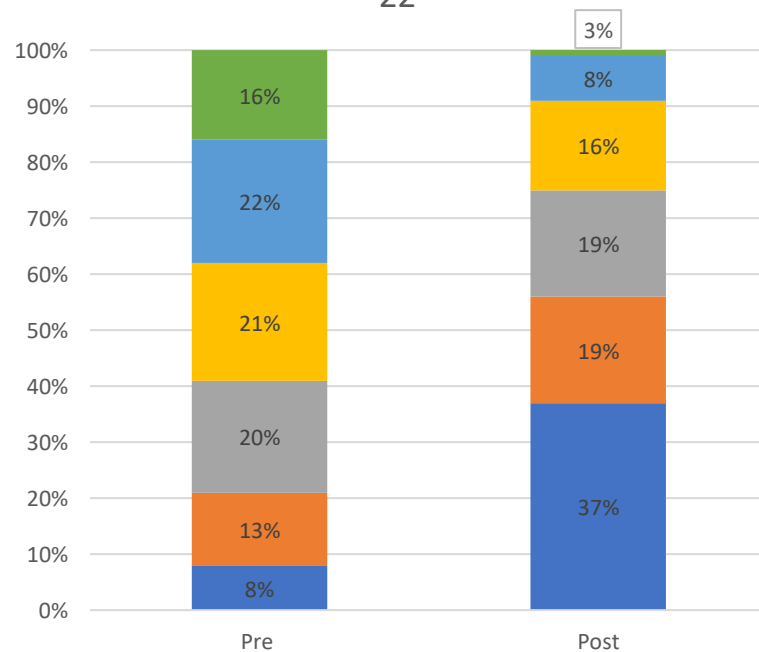


309 Individuals

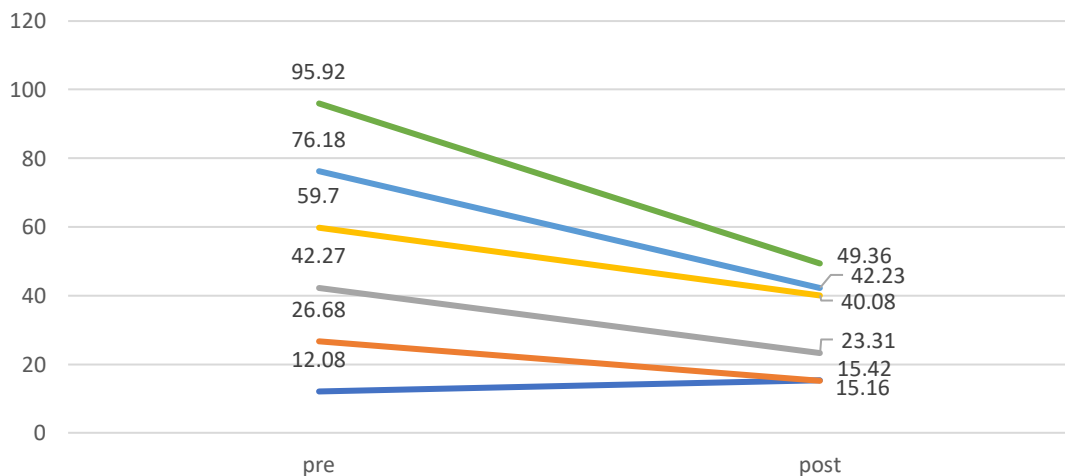
- 1-20 Likely to be well
- 21-33 Low Level Distress
- 34-50 Mild Distress
- 51-67 Moderate Distress
- 68-84 Moderate to Severe Distress
- 85+ Severe Distress

Percentage of different distress profiles before and after treatment, Jul 20 - Jul

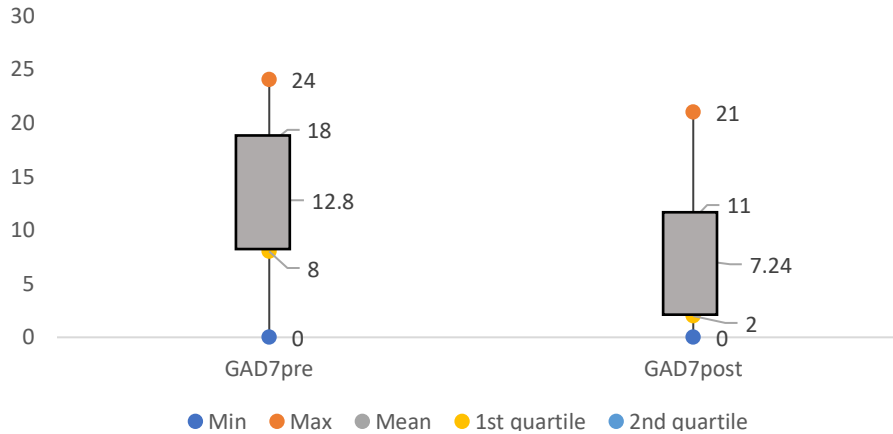
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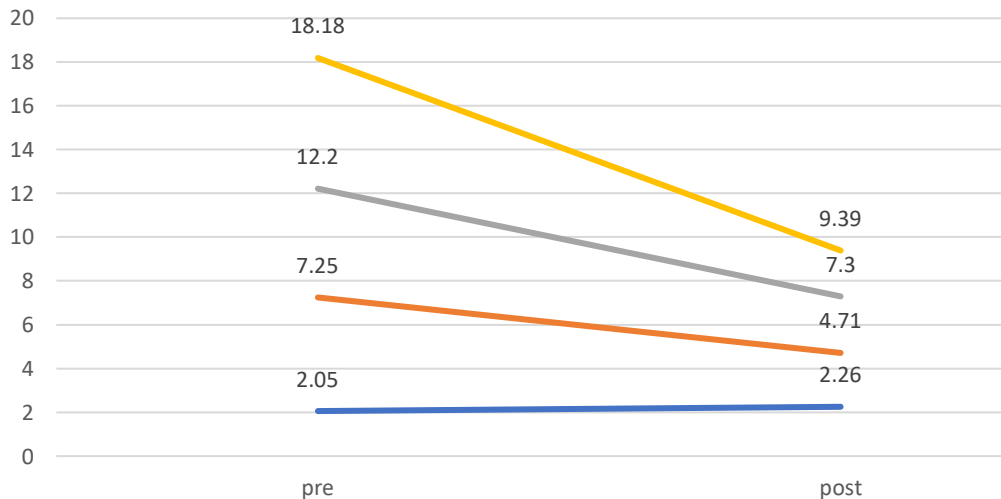
Mean level of distress before and after treatment for different distress profiles, 14 Sites, Jul 20 - Jul 22



GAD-7 Pre/Post Range and Mean, 14 Sites, Jul 20 - Jul 22
(Grey = IQR Midspread)



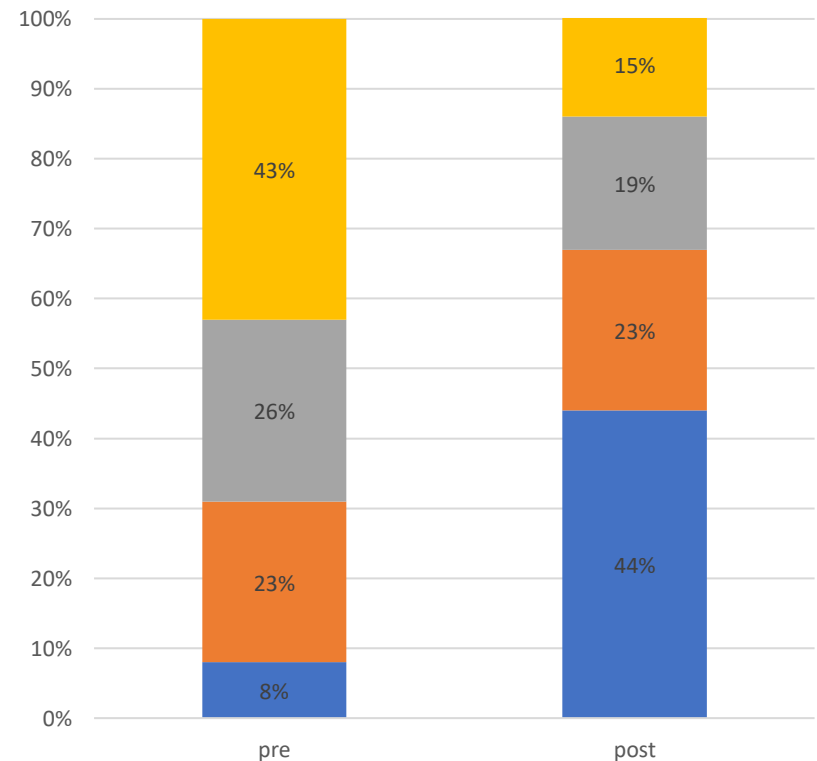
Mean level of distress before and after treatment for different general anxiety profiles, 14 Sites, Jul 20 - Jul 22



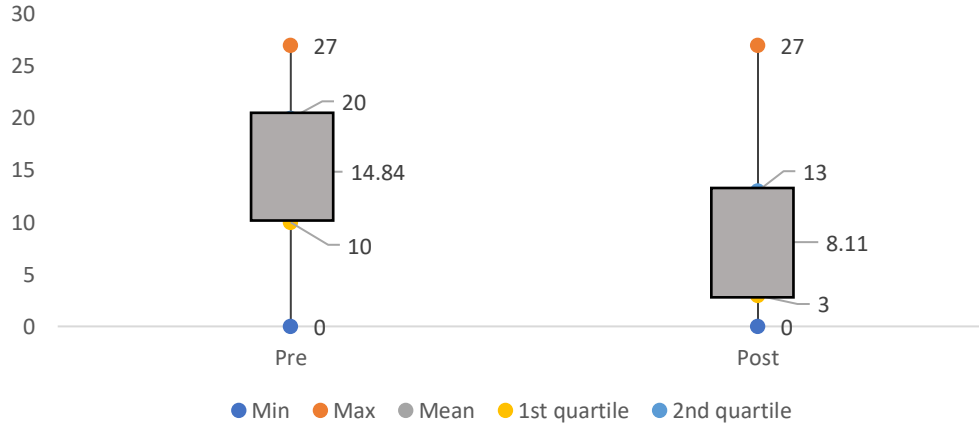
447 Individuals

- 0-4 Below Mild Anxiety
- 5-9 Mild Anxiety
- 10-14 Moderate Anxiety
- 15+ Severe Anxiety

Percentage of different anxiety profiled before and after treatment, Jul 20 - Jul 22



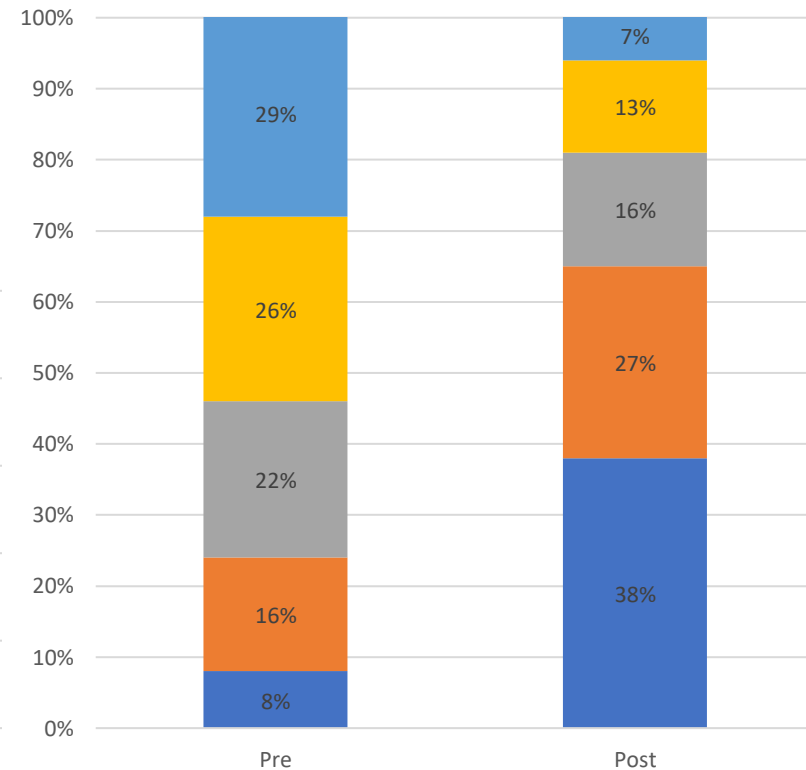
PHQ-9 Pre/Post Range and Mean, 14 Sites, Jul 20 - Jul 22
 (Grey = IQR Midspread)



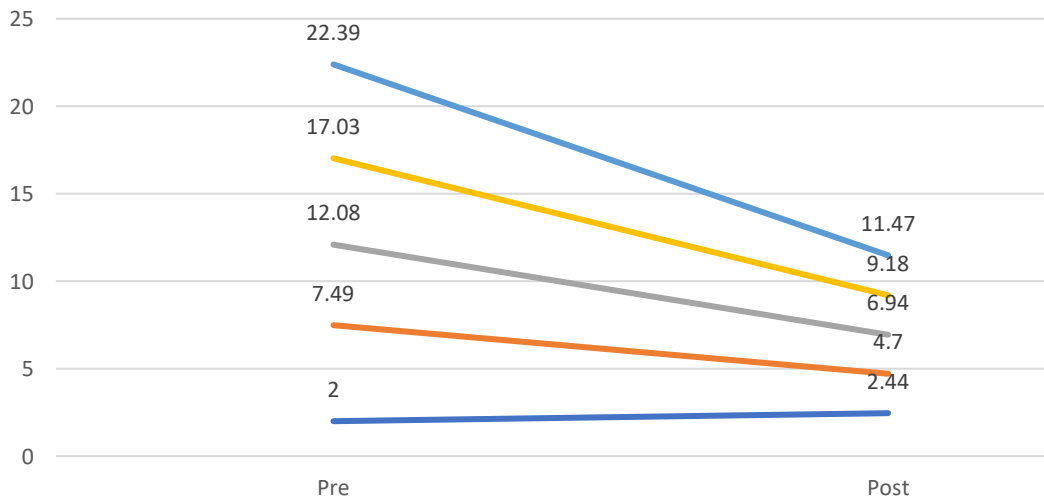
446 Individuals

- 0 – 4 No Depression
- 5 – 9 Mild Depression
- 10 – 14 Moderate Depression
- 15 – 19 Moderately Severe Depression
- 20+ Severe Depression

Percentage of different depression profiles before and after treatment, Jul 20 - Jul 22



Mean level of depression before and after treatment for different depression profiles, 14 Sites, Jul 20 - Jul 22



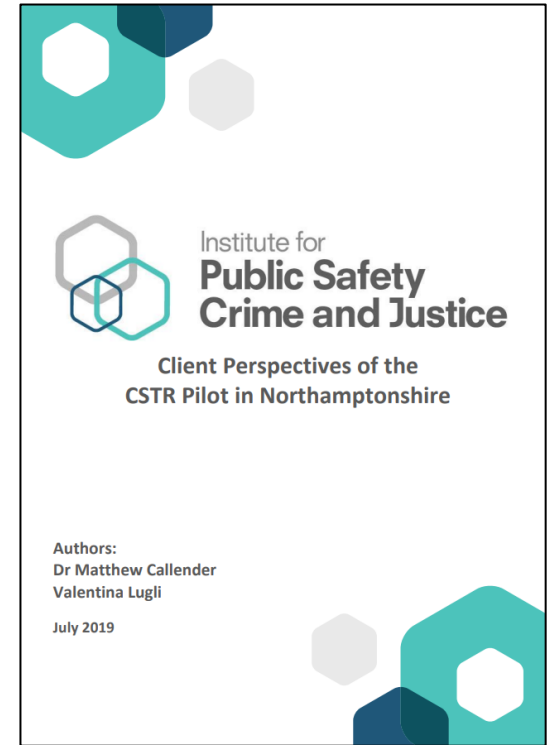
Overall, participants were very positive and thankful for being given an opportunity to address underlying mental ill-health, as well as for having learned positive coping strategies to better deal with future adversities. Four key theme identified:

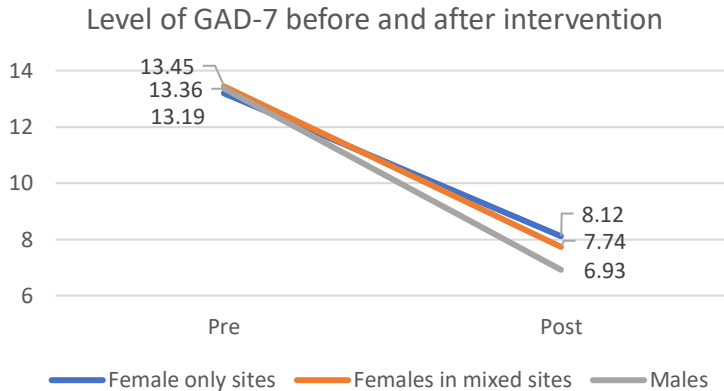
- **Theme 1:** Circumstances, Adversities and Choices
- **Theme 2:** First Steps and Breaking Barriers
- **Theme 3:** Nurturing Change
- **Theme 4:** New Horizons

“I had received little to no help in the past. I have major depressive disorder, anxiety and an adjustment disorder. I was drinking heavily to ease the symptoms and this led to a drink drive offence.”

“When I went through my second appointment, I just go out of it feeling a bit better. And then I slowly started to be grateful to be on this.”

“They make you feel like you are not a criminal and you are not ill. They make you feel like you just need a bit of help.”

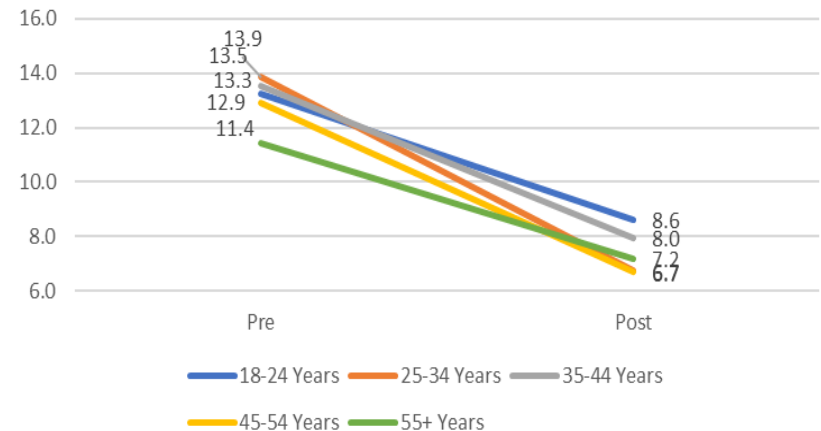




A significant relationship was found between gender and GAD-7 ($F=6.677$ $p=.01$) with females exiting the mental health intervention with lower reductions in anxiety compared to males.

The relationship between age and GAD-7 ($p=.04$) as well as PHQ-9 ($p=.02$) was found to be statistically significant with **older individuals having better mental health outcomes.**

Mean GAD-7 before and after intervention for different age groups



The relationship between *neurodiversity* and completion rates was found to be strongly statistically significant ($F=7.487$, $p=.007$) with **neurodiverse service users less likely to complete.**

Completion rates for Neurodiverse and neurotypical service users

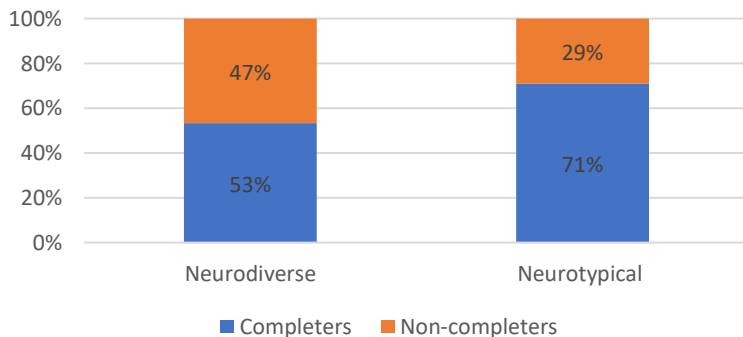
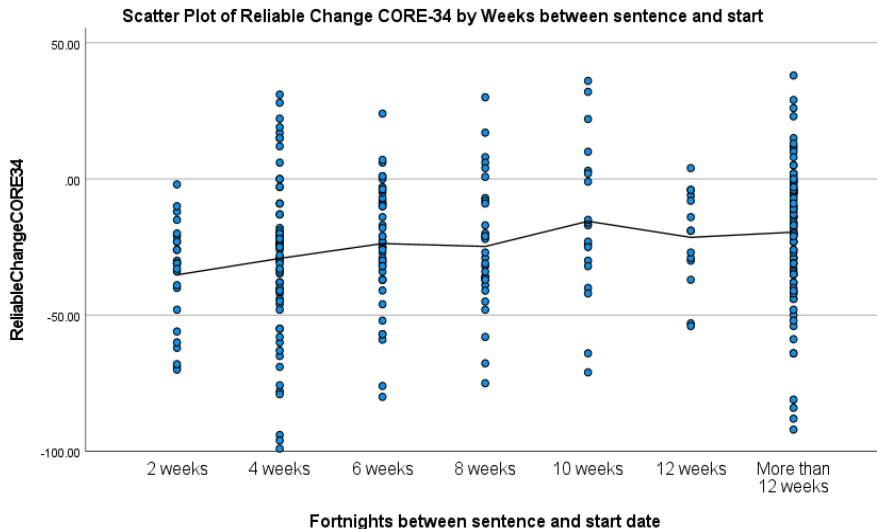
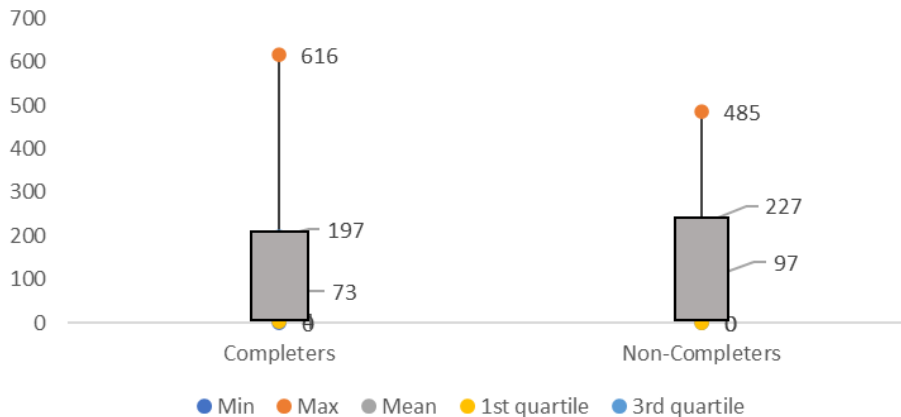


Fig. 2 Mean number of days between sentence and start date (Grey = 80% of cohort)



A statistically significant relationship was found between completion rates and time **between sentence and start date** ($t=-2.903$ $p=.004$) with reduced delays being associated with higher completion rates;

A moderately statistical relationship was found between global distress and the amount of time between sentence and start date ($t=2.153$, $p=.032$), where **longer waiting times were associated with lower mental health outcomes.**

Subdivided in fortnights, **CORE-34 outcomes are sensitive to delays post sentence** with a sharper reduction in mental health outcomes observed for those with a waiting time between sentence and start of intervention longer than 8 weeks.

	Completers	Non-completers
MHTR Only	69%	31%
MHTR + ATR	69%	31%
MHTR + DRR	43%	58%

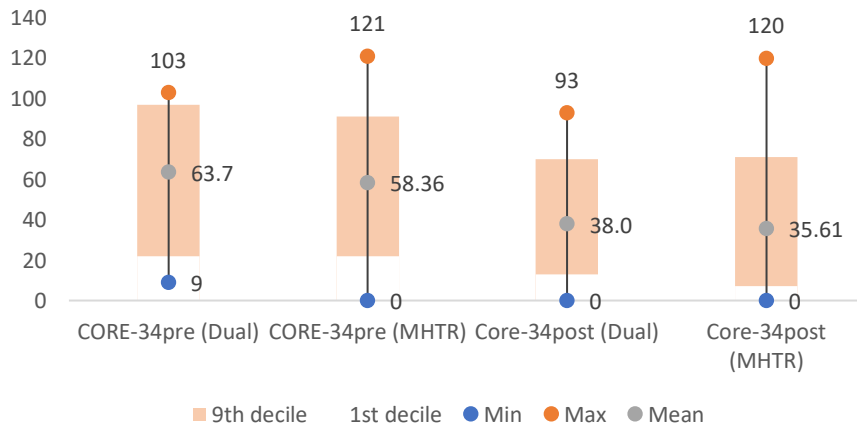
Individuals engaging in an **MHTR/DRR Dual Requirement** are **less likely to complete** than those on an MHTR only or MHTR/ATR.

Process delays reduced the mental health benefits

The length of MHTR intervention did not affect mental health outcomes

Dual Requirements provide mental health benefits to individuals at a **comparable rate** to those engaging with an MHTR only

Fig 3. CORE-34 Pre/Post Range and Mean, Dual Orders VS MHTR, Jul 20-Jan 23 (Orange = 80% of cohort)





Across site variation



Risk vs. Complexity



Passive vs. Assertive



Profile of Service Provision



Overall, the analysis and results presented from across the 14 sites are very positive.

Based on the analysis of 24 months data, the evidence demonstrates how MHTR interventions are having a statistically significant benefit in terms of mental distress, anxiety and depression.

When considering the overall distress profiles of cohorts of individuals starting the intervention alongside the cohorts completing the intervention, with the proportions of the cohort being identified as having either severe or moderate-to-severe distress by **CORE-34 (38% to 11%), GAD-7 (43% to 15%), and PHQ-9 (55% to 20%) reduces significantly.**

An important line of future enquiry will be offending outcomes for individuals who have completed mental health intervention, with insufficient evidence available at present. However, existing evidence suggests that improved health outcomes should lead to lower recidivism

- The length of time passed from both date of assessment and/or date of sentence to date of intervention start may have an impact on likelihood of intervention completion.
- individuals identified as neurodiverse were less likely to complete the intervention and had on average longer waiting times between sentence and start of intervention.
- Young adults (18-24) have a higher percentage of non-completers compared to older cohorts



Cultural engagement in MH via MHTR



Holistic Pathway (Joined up) (Secondary)



Profiles – bespoke pathways and partnerships



Assessing and measuring engagement

Thank you

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