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Policy Brief: Exploring Gender-Based Differences in Primary Care MHTR Outcomes

Executive Summary

- This brief provides evidence on the factors effecting health outcomes specific to females who have completed a MHTR, in comparison to males.
- MHTRs have statistically significant benefits across measures of global distress, anxiety and depression.
- However, the benefit across all three measures appears to be greater on average for males than females.
- This evidence will help local programmes define important factors needed to build a bespoke female package as called for in the Female Offender Strategy Delivery Plan.

Introduction

Mental Health Treatment Requirements (MHTRs) sit alongside Drug Rehabilitation Requirement (DRR) and Alcohol Treatment Requirement (ATR) under the title of 'Community Sentence Treatment Requirements' (CSTR). The expansion of MHTR pathways enables all individuals who meet the criteria for intervention to address underlying mental health needs to be assessed for MHTR.

The Institute for Public Safety Crime and Justice (IPSCJ) began an independent evaluation of Primary Care MHTRs in several sites in England and Wales in July 2020. This paper provides an analysis of data from this evaluation, considering the differences in mental health outcomes of MHTRs for females as compared to males.

Female offenders are a cohort that stand to benefit significantly from the resurgence of MHTR pathways in England, given the significant mental health needs associated with offending behaviours[1]. Female offenders on average have a higher prevalence of complex needs and experience a range of different adversities than their male counterparts; being twice as likely to suffer from depression[2] and more than half (53%) having experienced emotional, physical or psychological abuse as a child[3]. It is argued that tailoring interventions to the specific criminogenic needs of women can be more effective than applying a non-gender specific approach.

Key Policy Insights

- Female offenders face the criminal justice system with a range of additional needs and vulnerabilities, and experience different mental health issues to males.
- Evidence supports that the MHTR as part of a Community Order is an effective means to reduce mental health issues within the female and male probation population.
- Females benefit from the MHTR programme to a lesser extent than males, potentially due to characteristics and obstacles prevalent in their cohort.
- The analysis presented in this paper shows key factors that programmes and pathways could focus on to support greater parity in outcomes.

Participants

The service users included in this paper are 308 females and 487 males who completed the MHTR intervention prior to February 2023 and who had their first assessment after the start of July 2020. Treatment was considered complete for the purpose of this study if both pre and post psychometric assessment scores were provided for the individual.

[1] Ministry of Justice (MoJ) (2023a)

[2] Light et al. 2013

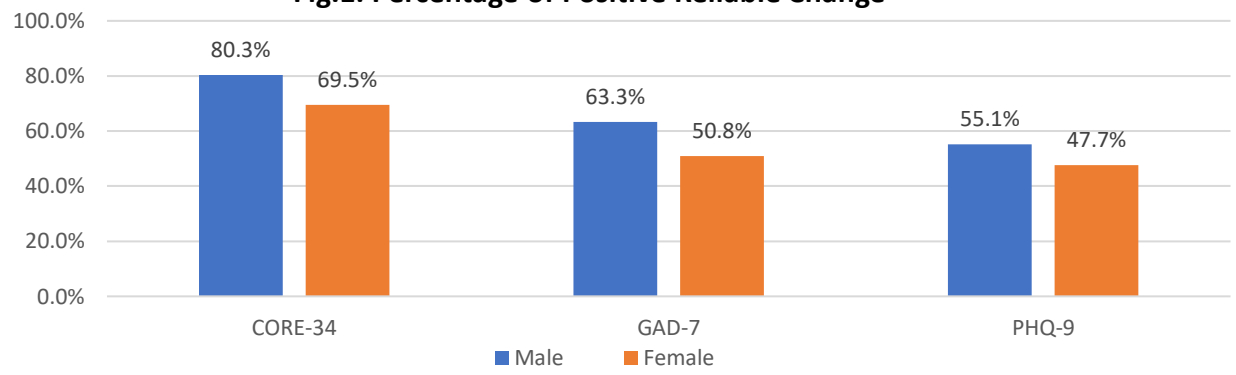
[3] Williams *et al.*, 2012

Existing Knowledge

The analysis of pre and post data for females and males shows that **MHTR has statistically significant benefits across all three measures** of global distress (CORE-OM), anxiety (GAD-7) and depression (PHQ-9). This demonstrates the efficacy of MHTRs as a viable and effective alternative to custody. However, **the benefit across all three measures was identified as greater on average for males than females**. This is illustrated in Figure 1 which shows how the **positive reliable change for females was lower across all three psychometrics** than for males.

This disparity between male and female outcomes raises a number of questions pertinent to the differences in needs of each cohort. Further analysis on the profiles of MHTR users, for example, would provide evidence on how the treatment could be better adapted to different cohorts to maximise outcomes. This paper now provides an analysis of the differences of male and female cohorts.

Fig.1. Percentage of Positive Reliable Change



Differences between Male and Female Cohorts

Females navigate the pathway differently to males:

- A higher proportion of females are found suitable after assessment (79% compared to 75% for males).
- A higher proportion of females get sentenced after being found suitable (85% compared to 78% for males).

The purpose of this policy brief was to explore this further to understand the variables effecting the differences in MHTR outcomes for females.

Following further analysis, factors ranging from vulnerabilities (**neurodiversity, trauma, severe mental health**) to treatment pathway (**length of intervention, days between assessment and start date** etc) were identified as significantly different between the female and male cohorts. In all cases, except for neurodiversity, females were found to have a positive relationship with the variables indicating statistically significant higher lengths of interventions, waiting times and higher likelihood to be identified with a range of vulnerabilities. It should be noted that these vulnerabilities were identified and collected by practitioners leading the intervention independent of diagnosis. The role of sole carer was also found to be significantly different with 17% of the female cohort identifying as a sole carer and only 1% of males.

	Female		*Male*	
	Number	*%*	*Number*	*%*
Anxiety & Depression	*123*	*40%*	*175*	*38%*
Neurodiversity	*33*	*11%*	*88*	*19%*
Trauma	*72*	*23%*	*48*	*10%*
Substance misuse	*47*	*15%*	*41*	*9%*
Severe mental health	*21*	*7%*	*26*	*6%*
Suicidal and/or self-harm	*16*	*5%*	*16*	*3%*

Differences in vulnerabilities

Treatment pathway	Female	Male
	Mean	Mean
Length of Intervention	165.5	151.2
Days between assessment and sentence	20.8	21.3
Days between assessment and start date	93.9	86.5
Days between sentence and start date	80.2	73.9

Differences in treatment pathway experience

The two cohorts therefore present distinct characteristics and experience the MHTR in unique ways. It appears to be the underlying conditions and additional obstacles affecting the female cohort that mediate the relationship between female and mental health outcomes, rather than gender specific characteristics. These variables however should not be assumed to necessarily correlate with negative outcomes.

Key Variables affecting Differences in Outcomes

Pathway

Length of time between sentence and intervention start date:

Across all three psychometrics a statistically significant positive relationship was found meaning longer waiting times between sentence and start date were associated with reduced intervention benefits. This was also found to be statistically significant for males. But days between sentence and start date was found to be a partial mediator of the relationship between gender and anxiety. Gender still has a direct effect on anxiety, but this is partially mediated by length of time between sentence and start date (β= 1.508, p=0.008). This relationship seems to suggest it is the underlying conditions affecting the female cohort that mediate the relationship between gender and mental health outcomes. It should be noted that the length of time between sentence and start date varied greatly depending on the site ranging from sites averaging 17 to 139 days. This suggest that the cohort characteristics of female offender vary significantly depending on the site resources and processes.

Vulnerabilities

Substance misuse:

The same method was applied with regards to reliable change in GAD-7 where factors found to have a statistically significant relationship with reliable change in anxiety included substance misuse (β=2.153, t=2.159, p=.032). Females identified with substance misuse (n=47, 15%) were associated with lower treatment benefits on levels of anxiety. Substance misuse was not statistically significant for males. It should be noted that of the 47 (15%) women who were identified as having substance misuse problems, 29 (9%) were sentenced to a Dual Requirement, where, in addition to an MHTR, 22 (7%) were sentenced to an ATR (Alcohol Treatment Requirement) and 6 (2%) were sentence to an DRR (Drug Rehabilitation Requirement). The fact that over half the women (62%) identified with substance misuse received a Dual Requirement is an index of an effective identification of this vulnerability. However, this also suggests that further attention should be awarded to factors affecting the outcomes of this cohort that relate to substance misuse, such as the ability to adequately engage with the programme.

Severe mental health:

A factor identified within the female cohort to have a statistically significant relationship with reliable change in depression included severe mental health. This categorisation includes mental health issues such as personality disorders, bipolar and psychosis. Interestingly, females identified with severe mental health benefitted from the programme to a greater extent than other cohorts. For males, severe mental health was not found to be statistically significant. This suggests that individuals with severe mental health issues are receiving positive benefits from the primary care intervention and that the programme can have positive effects on individuals with severe mental health conditions.

Trauma:

Although trauma was not identified as a statistically significant factor affecting outcomes, evident differences can be seen for anxiety and depression for people identified with trauma. For anxiety, 42% of women identified with trauma had a positive reliable change compared to 54% of the women who were not identified with the vulnerability. With regards to depression, 41% of women identified with past trauma had a positive reliable change compared to 50% of the women who were not. This sheds light on the need to unpack trauma and what is meant by it at distinct levels, identifying the levels of trauma which affect intervention outcomes. In this domain, increasing the understanding of practitioners could lead to more accurate diagnosis and tailored treatments for service users.

Discussion:

This paper provides evidence in support of the MHTRs as an effective pathway to reduce mental health issues among females. However, percentages of individuals with a positive reliable change were identified as being lower for females than for males.

With regards to vulnerabilities, this data highlights the advantageous nature of increasing training of staff to raise awareness of vulnerabilities and their inherent relation to mental health outcomes. Although the underlying mechanics are in place, further training could be beneficial to identify and develop bespoke practices to maximise mental health outcomes to all women engaging with the treatment. This could include the implementation of consistent measures and mitigations across all sites providing the intervention. The endorsement of recognised identifiers of vulnerabilities could improve triage and inform broader recommendations on factors affecting the outcomes of the intervention for women. Finally, collaborating in sharing and compiling information across sites could bridge the information gap strengthening the overall female offender strategy.

It must be recognised that there may be factors outside of the data collected for this study that impact the variation between males and females in outcomes. There are also great variations in difference between sites in terms of process, pathway, and outcomes.

Recommendations:

Given the differences between pathways across England and Wales, it is challenging to provide prescriptive recommendations for all. Nonetheless, it is recommended that:

1. Periods of time between sentence and start date are reduced where possible and these findings are considered when triaging access to interventions.
2. Mental Health Practitioners receive additional training on vulnerabilities identified in the paper to support good practice.
3. Steering groups review pathways for females locally and consider wider provisions as part of a holistic female pathway. This paper supports a richer understanding of factors impacting outcomes.

Contact the Researchers

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Links to evidence:

Callender, M., Sanna, G. A., & Cahalin, K. (2023). Mental health outcomes for those who have offended and have been given a Mental Health Treatment Requirement as part of a Community Order in England and Wales. *Criminal Behaviour & Mental Health*, 33(5), 386–396. https://doi.org/10.1002/cbm.2312

Callender, M., Sanna, G., & Cahalin, K. (2023). MHTRs and Female Offenders - Policy Brief. http://nectar.northampton.ac.uk/19670/1/Callender_et_al_2023_MHTRs_and_the_Female_Offenders_Policy_Brief.pdf