



Institute for
**Public Safety
Crime and Justice**

**Community Sentence Treatment
Requirement Multisite Report
July 2020 – December 2023**

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About the Institute for Public Safety, Crime and Justice

Established in 2014, the Institute for Public Safety, Crime and Justice (IPSCJ) at the University of Northampton is a premier research, evaluation and consultancy organisation situated in the fields of public safety, crime, and justice. Positioned at the interface between practice, policy, and academia, the IPSCJ has delivered insight and innovation to enhance public service delivery models, organisational strategy, and service user outcomes. The IPSCJ collaborates with partner organisations at local, regional, national, and international scales to address key global challenges. The core mission of the IPSCJ is to support positive evidence-based policy and practice change for the benefit of society.

The IPSCJ has five research and evaluation portfolios:

Health and Justice: We explore intersections between health and justice, working with a wide range of partners and agencies in community and prison settings. Example projects include:

- Evaluation of Community Sentence Treatment Requirements in England across multiple sites, funded by NHS England and NHS Improvement and local CSTR Programme Boards
- Evaluation and progress review of Women's Health Services for Perinatal Female Offenders in HMP Peterborough, funded by NHS England and NHS Improvement

Children and Young People: We work with children and young people taking a child-centred and participatory approach to research and evaluation. Example projects include:

- Review of Police Scotland Youth Volunteer Programme, exploring volunteers' views and experiences, underpinned by a children's rights approach, and funded by Police Scotland
- National evaluations of the Mini Police and Volunteer Police Cadets, funded by the Home Office Police Transformation Fund
- Evaluating early intervention pilots in Northamptonshire with young people at risk of exclusion, funded by Northamptonshire Office of Police, Fire and Crime Commissioner

Citizens in Policing: We investigate the roles, functions, and contributions of volunteers within public safety and policing. Example projects include:

- Exploring synergies within volunteering in law enforcement and public safety in the UK and Japan, funded by the Economic and Social Research Council
- National programme of research in partnership with the NPCC portfolio for Citizens in Policing, funded by the Home Office Police Transformation Fund

Organisational Development: We support organisations to understand practices, structures, and cultures to improve efficiency and lead change. Example projects include:

- Organisational development programme with the East Midlands Specialist Operations Unit (EMSOU), funded by EMSOU
- Place-based leadership development in Kenya and Uganda, funded by the Danish Institute Against Torture
- Workforce engagement in Leicestershire Police and Northamptonshire Police, funded by Leicestershire Police and Northamptonshire Police

Equality, Vulnerability and Inclusion: We empower individuals and communities whose voices are not often heard to take part in research and evaluation. Example projects include:

- Evaluation of the use of The Good Loaf as an Out of Court Disposal Option for women who have offended, funded by the Northampton Office of Police, Fire and Crime Commissioner
- Review of the healthcare services provided to those aged 55 and over in East of England Prisons, funded by NHS England
- Supporting Vulnerable People and Addressing Class A Drug Use in Kettering: An Evaluation of #Citadel, funded by the Home Office

Executive Summary

The aim of the report is to provide a high-level overview across the participating sites, to complement local reports provided to each local CSTR programme Board to support local programme development.

Overview:

Demographics and Equality: In terms of demographics at point of assessment, there was an uneven split between Females (25%) and Males (75%), with most assessed individuals being aged 25-34 years (33%). Most assessments (85%) were completed with individuals whose ethnicity was White and 18% assessed had a neurodevelopmental disorder. The most frequent primary offence type was violence against the person followed by motoring offences. There were statistically significant differences between males and females, with females more likely to be assessed as suitable and more likely to be sentenced than males. Further statistically significant ethnicity differences were identified at point of completion, with non-White individuals being more likely to complete the intervention.

The Client's Journey:

Assessment Outcomes: Overall, assessments for MHTR have increased over time, however, there has been a dip in December 2023. Assessment psychometric scores show most individuals were identified as being in severe psychological distress, with 73% of individuals assessed as suitable for MHTR (Jul – Dec 23).

Sentencing: The number of sentences passed each month has increased over time, with 74% being passed within one month of assessment. The length of time between assessment and sentence was stable over time. Where sentences had been passed, 84% were sentenced to MHTR (inc. Dual Requirement) and 16% were declined.

Start of Intervention: Overall, there were 4,626 sentenced to an MHTR (or Dual Requirement) and there were 3,362 cases with an intervention start date. The number of intervention starts per month has increased over time, though was unevenly distributed across the sites. At the start of the intervention, the following psychometric scores were recorded:

- **CORE-34:** 19% severe psychological distress, 21% moderate-to-severe psychological distress, 24% moderate psychological distress, and 36% mild and below mild psychological distress.
- **GAD-7:** 46% severe anxiety, 27% moderate anxiety, and 27% mild and below mild anxiety.
- **PHQ-9:** 31% severe depression, 27% moderately severe depression, 22% moderate depression, and 21% mild or below mild depression.

Intervention Outcomes: There were 1,877 individuals who were recorded to have completed the intervention. Outcomes and change were:

- **CORE-34:** In the sample of 1,189, 75% (894) saw a 5 or more point reduction in their pre to post CORE-34 score. 12% (139) saw no reliable change (i.e. between -4 and +4) and the remaining 13% (155) saw a reliable worsening (5+).
- **GAD-7:** In the sample of 1,567, 58% (903) saw a 4 or more point reduction in their pre to post GAD-7 score. 37% (574) saw no reliable change (i.e. between -3 and +3) and the remaining 6% (90) saw a reliable worsening (4+); and
- **PHQ-9:** In the sample of 1,568, 50% (777) saw a 6 or more point reduction in the PHQ-9 score. 46% (727) saw no reliable change (i.e. between -5 and +5) and the remaining 4% (64) saw a reliable worsening (6+).

Observations:

Overall, the analysis and results presented in this report from 26 sites remains very positive. The analysis of 42 months data continues to demonstrate **how MHTR interventions are having a statistically significant benefit in terms of mental distress, anxiety and depression**. The analysis shows that:

- 75% experienced a positive reliable change in terms of global distress (CORE-34);
- 58% experienced positive reliable change in terms of anxiety (GAD-7); and
- 50% experienced a positive reliable change in terms of depression (PHQ-9).

Of those who completed the intervention and completed all psychometrics (CORE-34, GAD-7 and PHQ-9) (n=1146), 37% (424) experienced change across all three psychometrics measured at the start and end of intervention, 22% (254) experienced positive reliable change across 2 of the measures and 23% (268) experienced positive change in one of the measures. Therefore, for those who completed the intervention, **82% experienced a positive reliable change in at least one of the psychometrics measured**.

The analysis presents, however, significant variation between the sites which is investigated further and detailed in local reports.

Recommendations:

The data has remained relatively stable in the last 6 months with no immediate changes or reasons for concern. The number of assessments per site has continued to steadily increase over time, however there was a drop in assessments, from 375 in September to 243 assessments in December 2023. This drop is not unusual as a drop in assessments has also been seen in December 2020, 2021, and 2022.

A longstanding concern has been the low proportion of individuals recorded as non-White ethnicity (7%). This continues to be a concern as the proportion of White individuals being assessed is growing from 73% (July 22- December 22) to 82% (January 23- June 23) to now 85% (July 23- December 23). This means that in the last year, the proportion of White individuals being assessed has grown by 12% and as such, there is a low proportion of non-White individuals being assessed for the interventions.

R. It is recommended that this trend is examined to establish why the number of non-White individuals being assessed is so low.

It is recognised that many sites are experiencing high demand for interventions and as such this will influence the number of days between sentence and start date. However, as noted in previous reports the sentence to start date gap can be critical to intervention outcomes and only a few sites are seeing a decrease.

R. It is recommended that the sites which experience high volume and demand consider options to reduce this period.

Finally, it is noted that there have been improvements on the outcomes of those who have experienced positive reliable change. For example, in the last 6 months, those who have experienced a positive reliable change in GAD-7 has increased from 53% (Jan-Jun23) to 65% (Jul-Dec 23) and positive reliable change in CORE-34 has increased from 74% (Jan-Jun 23) to 88% (Jul-Dec23).¹

¹ It should be noted that the number of individuals who have completed the intervention in July-December 2023 is low, so these figures should be treated with caution.

Key Statistics

Overall



9,186

Cases Submitted



4,626

Sentenced to MHTR or Dual requirement.



1,877

Completed the intervention.

January – June 2023

1,701
Assessments

80% Suitable

83%
Sentenced

July – December 2023

1,953
Assessments

77% Suitable

84%
Sentenced



Of those assessed:

25% Female

15% 18-24

8% Non-White

18% Neurodiverse

In the Last 6 Months

Average of

60 days

between sentence and
intervention start date.



Average length of
intervention

93 days



993

Currently receiving
intervention.



569

Awaiting start of intervention.

75% CORE-34

58% GAD-7

50% PHQ-9

Outcomes – % of Positive Reliable Change



82%

Had a positive reliable
change in at least one
of the psychometrics
used.

37%

Had a positive reliable
change in all three of
the psychometrics
used.

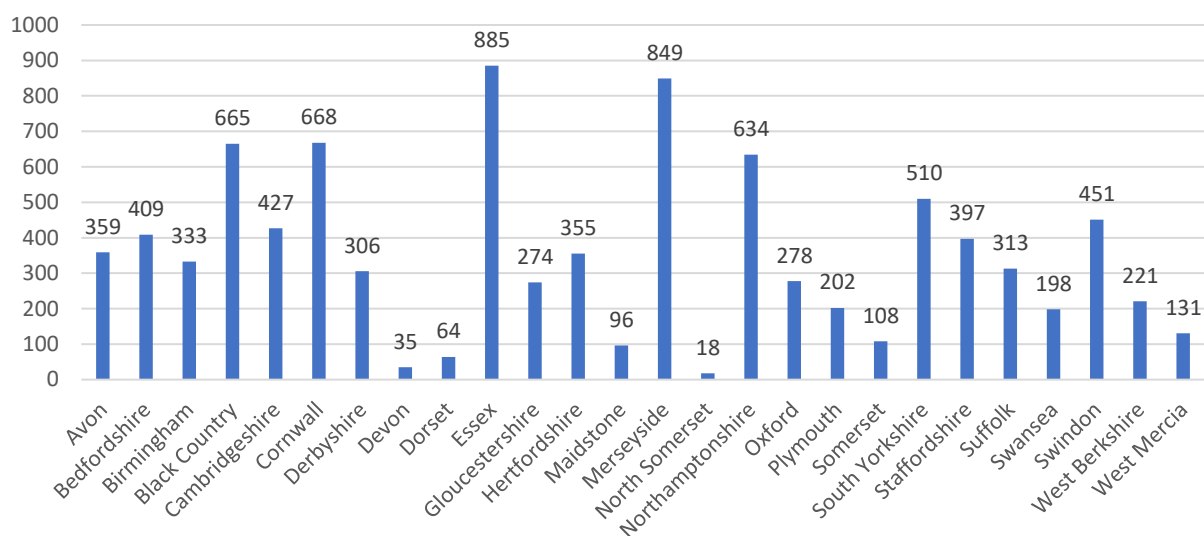
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1. Introduction

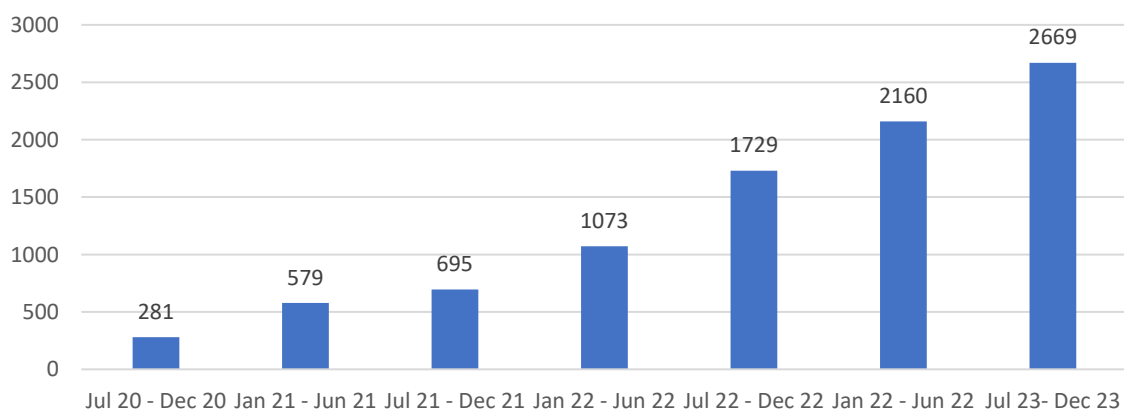
This report presents analysis from the Community Sentence Treatment Requirement Multisite Evaluation, completed by the Institute for Public Safety, Crime and Justice. Data were provided from Avon, Bedfordshire, Birmingham, Black Country, Cambridgeshire, Cornwall, Derbyshire, Devon, Dorset, Essex, Gloucestershire, Hertfordshire, Maidstone, Merseyside, North Somerset, Northamptonshire, Oxford, Plymouth, Somerset, South Yorkshire, Staffordshire, Suffolk, Swansea, Swindon, West Berkshire and West Mercia. This report relates to the period of July 2020 to December 2023, with data being provided for 9,186 cases.

Fig 1.1 Total number of cases per Site, July 2020 - December 2023, 26 Sites



When cases are organised into six-month periods, Figure 1.2 shows that the number of cases in the evaluation is increasing. It is noted that some sites are new and therefore no observations are made on the number of cases between sites.

Fig 1.2 Total Cases per Site - 6 Monthly, Jul 20 - Dec 23, 26 Sites



The aim of the report is to provide a high-level overview across the participating sites, to complement local reports provided to each local CSTR Programme Board to support local programme development, evidence and understanding of identified patterns across the wider dataset.

2. Demographics and Equality

Demographic data presented in this Chapter are comparing the current 6-month block (July-December 2023) to the previous one (January-June 2023).

Figure 2.1 illustrates gender of those assessed, showing higher proportions of men than women and this has remained stable over time.

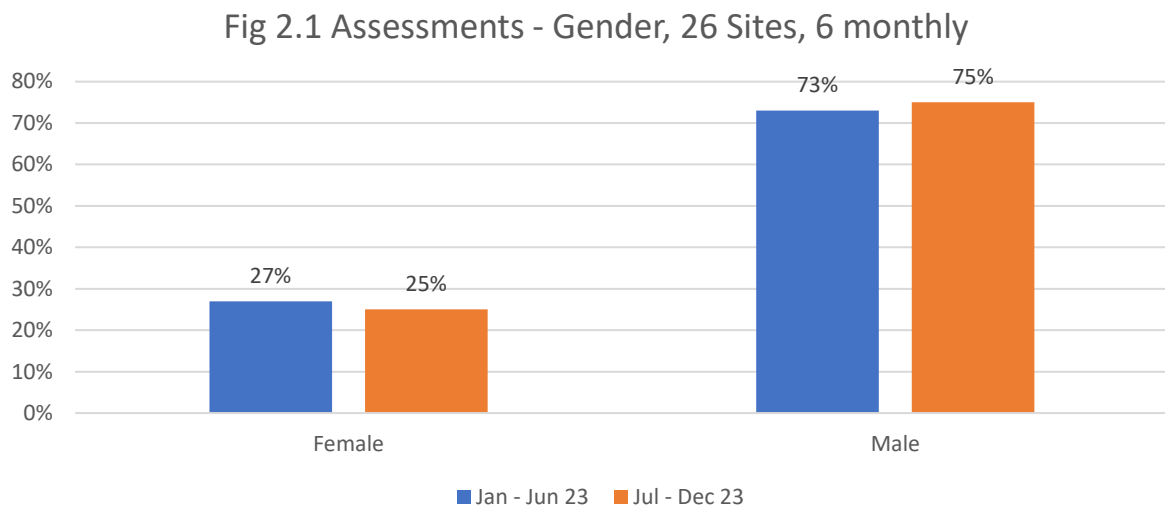


Figure 2.2 shows that most individuals assessed were aged between 25 and 34 years (33%), followed by 35 – 44 years (29%). It is evident that the age categories have remained relatively stable in the last six months.

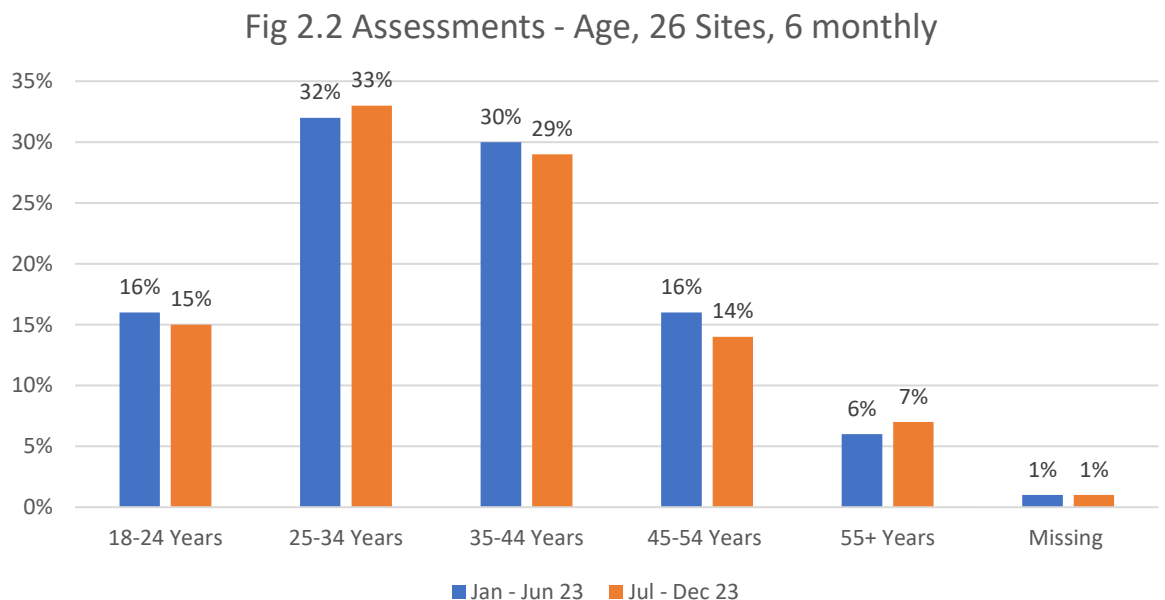


Figure 2.3 shows that most individuals assessed were White (85%). 7% of those assessed were from Asian, Black and Mixed ethnic groups.

Fig 2.3 Assessments - Ethnicity, 6 monthly, 26 Sites

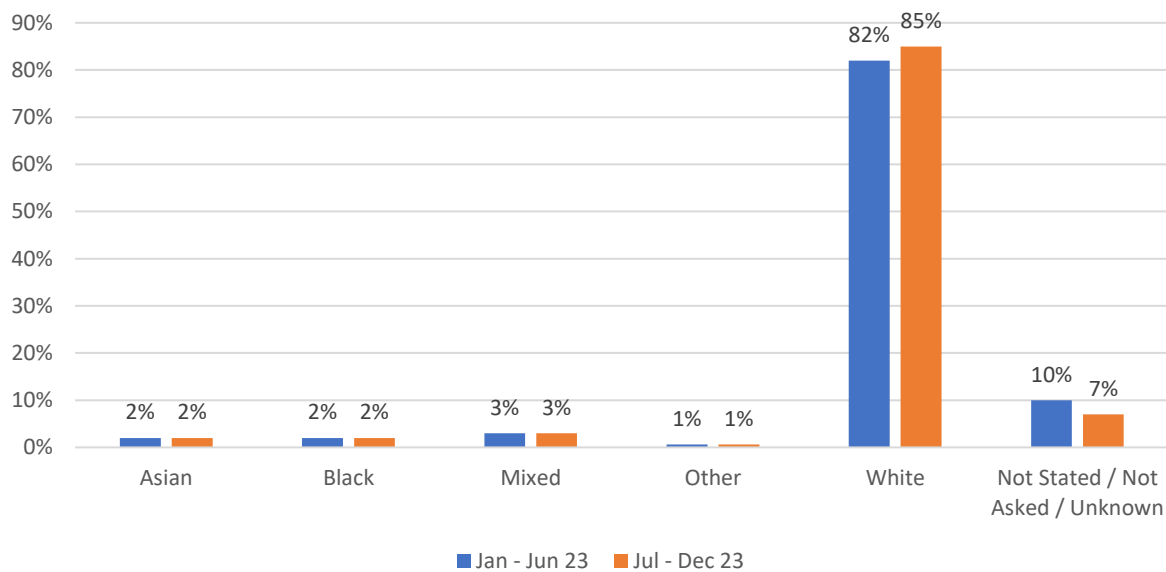
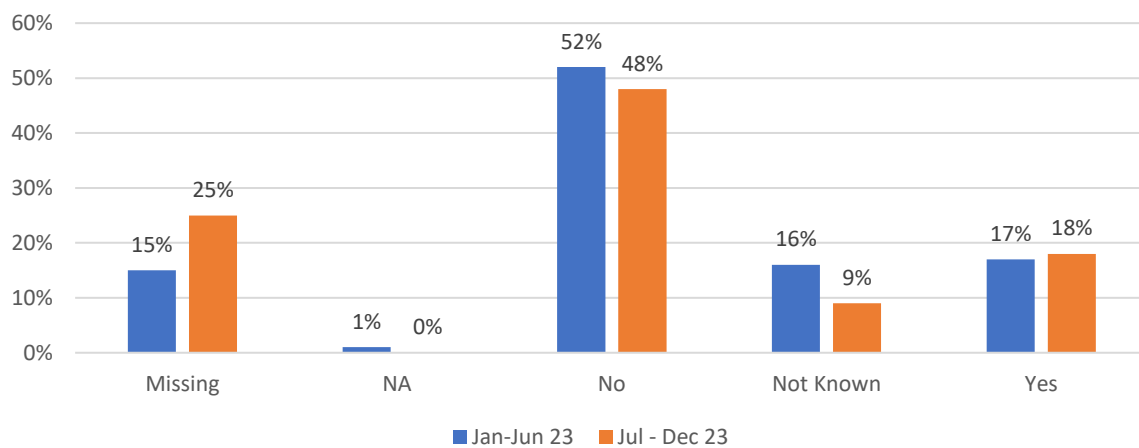


Figure 2.4 shows that 18% of individuals assessed had a neurodevelopmental disorder, however it should be noted that 25% of cases were missing.

Fig 2.4 Assessments- Neurodevelopmental Disorder, 6 Monthly, 26 Sites



There were a range of vulnerabilities identified during the assessment process, illustrating the diversity and complexity of needs, illustrated in Figure 2.5. Additional data surrounding vulnerabilities were collected through disabilities and neuro developmental disorder data. In total, 8,209 vulnerabilities were identified in the assessment, with the most frequent being anxiety and depression (3042), and neurodiversity (1489). It should be noted multiple vulnerabilities may be identified for individuals. Within the files, 86 (1.16%) individuals were identified as meeting perinatal criteria, with 55 being pregnant at the point of assessment. Of those assessed, 453 (6%) were sole carers and 136 (1.8%) had previously served in the armed forces.

Fig 2.5 Assessment - Vulnerabilities, 26 Sites

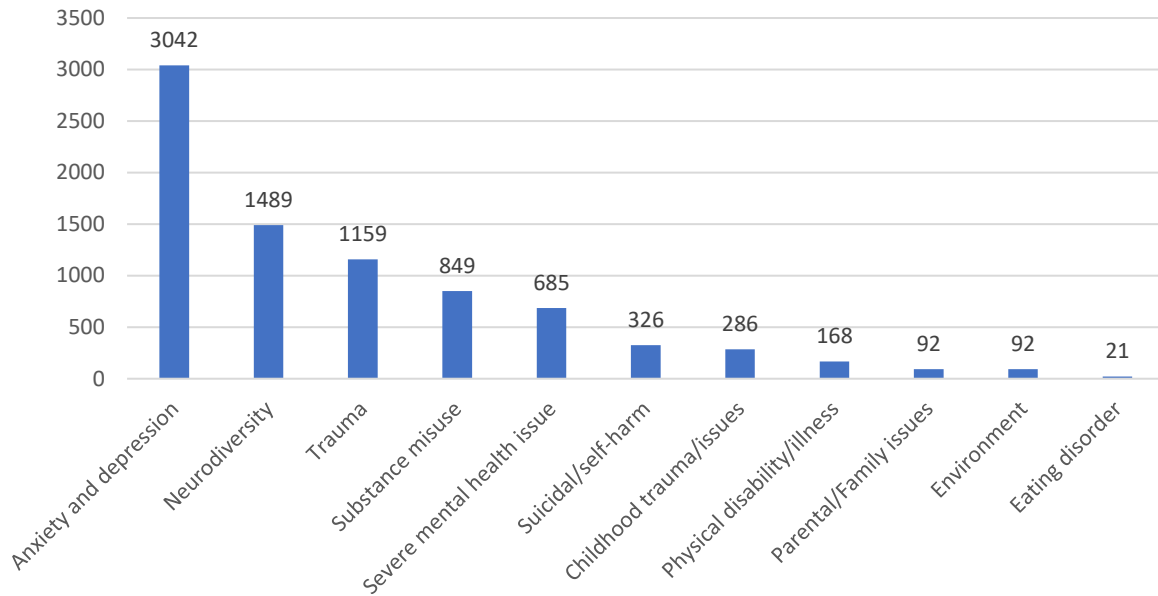


Figure 2.6 illustrates the documented Primary Offence Type of individuals assessed, showing that the most frequent offence type was violence against the person, representing 29% of primary offences. This was followed by motoring offences, representing 13% of offence types.

Fig 2.6 Assessments - Offence Types, 26 Sites

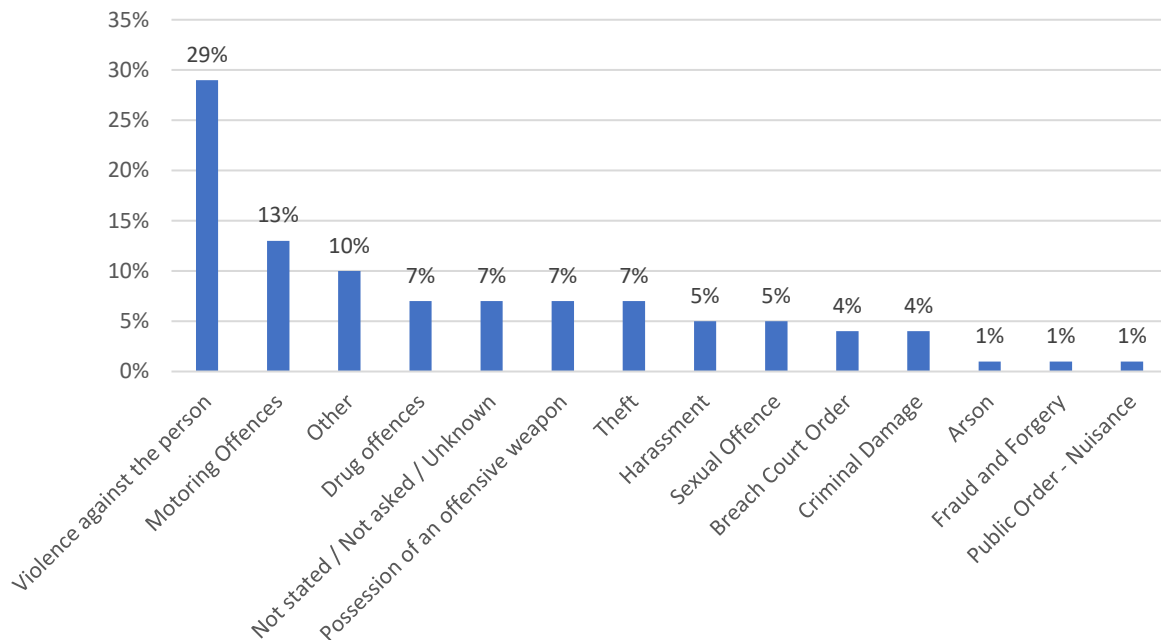


Figure 2.7 shows the gender differences throughout the process. There is a statistical significance in two stages of the process, meaning that females are more likely to be assessed as suitable and more likely to be sentenced than males.

Fig. 2.7 Cohort Tracking, Male vs Female

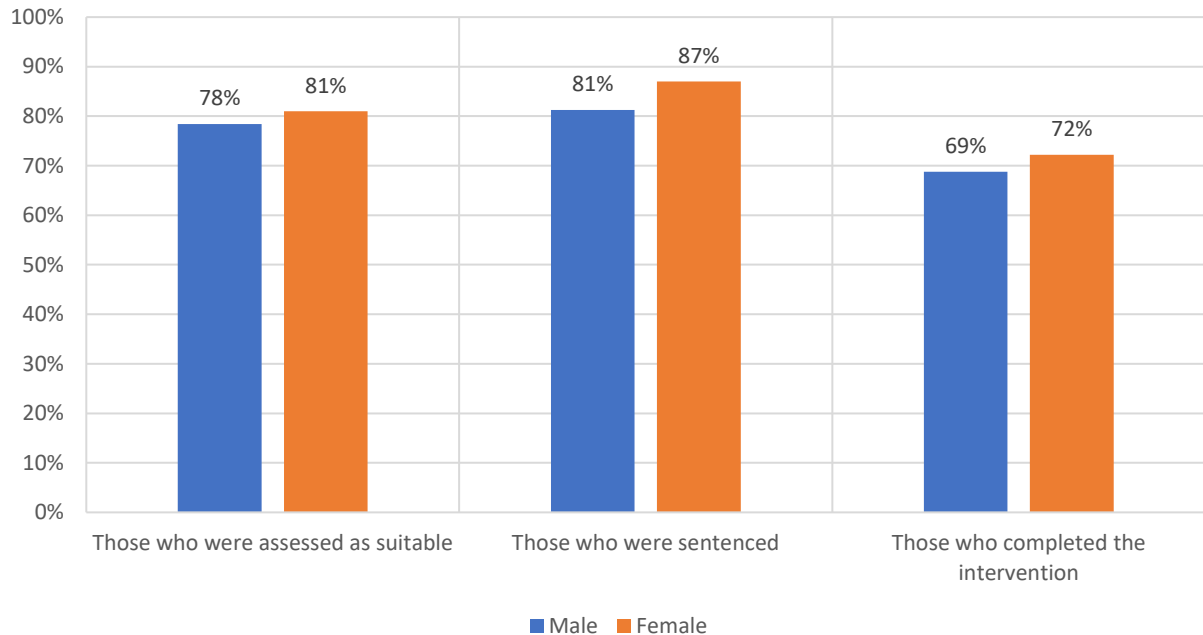


Figure 2.8 shows the differences of proportions of White and non-White individuals through the process. There is a statistical significance in the differences of those who complete the intervention, showing that those who are non-white are more likely to complete the intervention than those who are white.

Fig. 2.8 Cohort Tracking, White vs Non-White

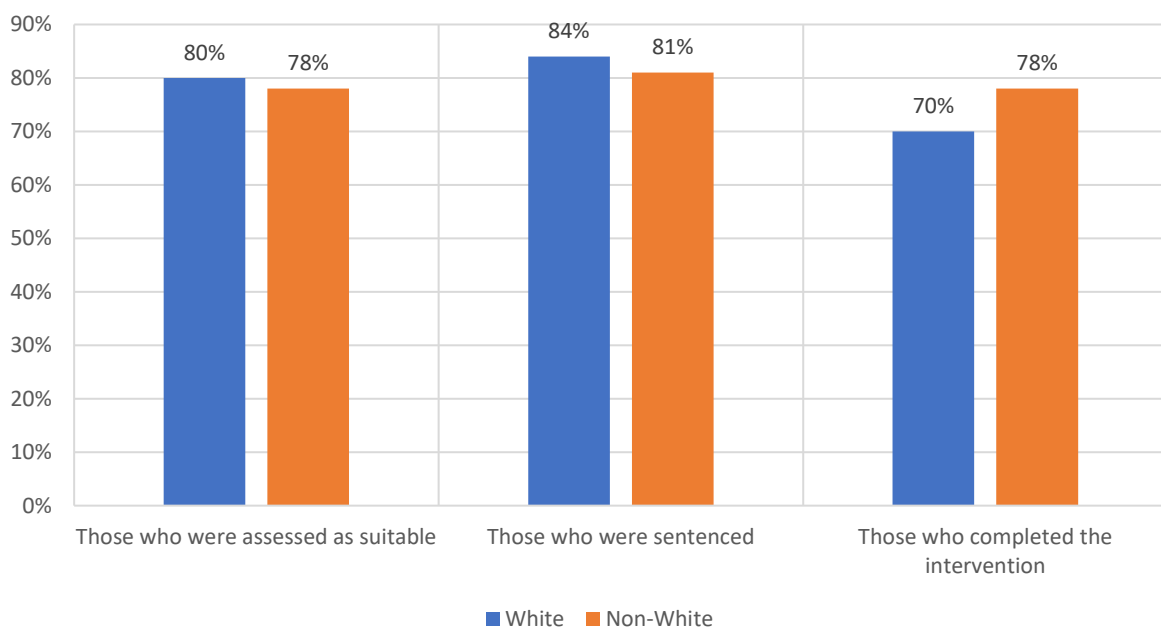


Figure 2.9 shows the differences in age groups throughout the process. There is no statistical significance between the groups in any stage of the process.

Fig. 2.9 Cohort Tracking, 18-24 vs 25+

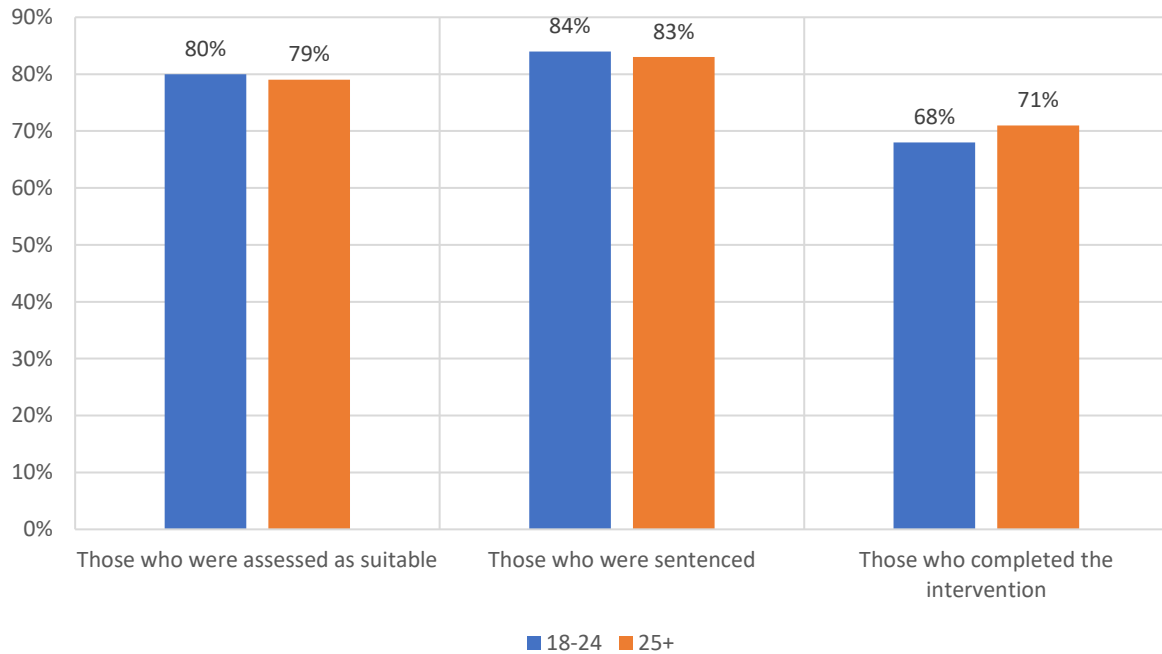
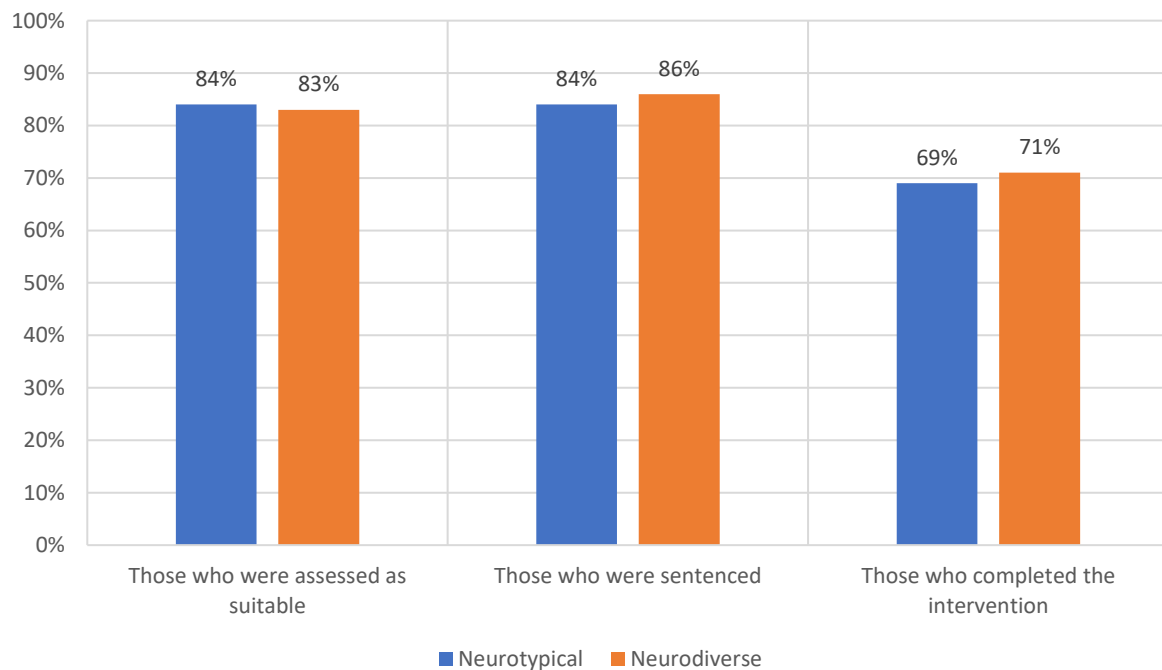


Figure 2.10 shows the differences neurotypical and neurodiverse individuals throughout the process. There is no statistical significance between the groups in any stage of the process.

Fig. 2.10 Cohort Tracking, Neurotypical vs Neurodiverse



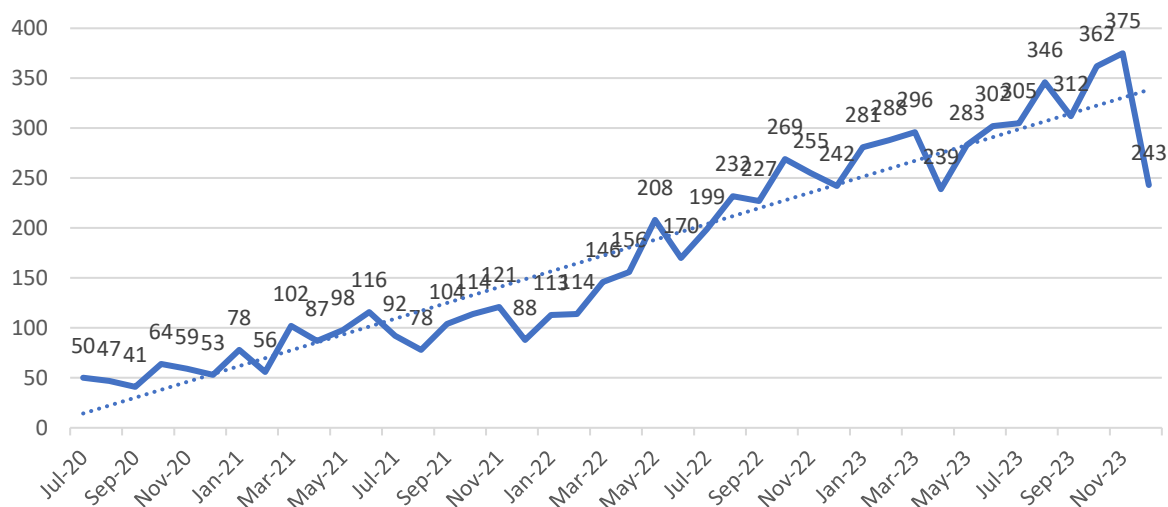
3. Process- The Client’s Journey

This section provides an overview of the processes and the client’s journey. This will include assessment outcomes, sentencing and start of intervention assessment outcomes during the period of July 2020 to December 2023.

3.1 Assessment Outcomes

Figure 3.1 shows that assessments per month are gradually increasing, there was a drop in assessments, from 375 in September to 243 assessments in December 2023. However, this drop is not unusual as a drop in assessments has also been seen in December 2020, 2021, and 2022.

Fig 3.1 Assessments by Month, 26 Sites, Jul 20 - Dec 23



The process and tools used to assess suitability for an MHTR differ between sites. This variability presents a challenge at interpreting effectiveness of assessment processes and later outcomes, though will allow for comparison between areas.

Table 3.1: Assessment Tool by Site

Site	K10	CORE-10	CORE-34	GAD-7	PHQ-9
Avon					
Bedfordshire					
Birmingham					
Black Country					
Cambridgeshire					
Cornwall					
Derbyshire					
Devon					
Dorset					
Essex					
Gloucestershire					
Hertfordshire					

Maidstone					
Merseyside					
North Somerset					
Northamptonshire					
Oxford					
Plymouth					
Somerset					
South Yorkshire					
Staffordshire					
Suffolk					
Swansea					
Swindon					
West Berkshire					
Wiltshire					

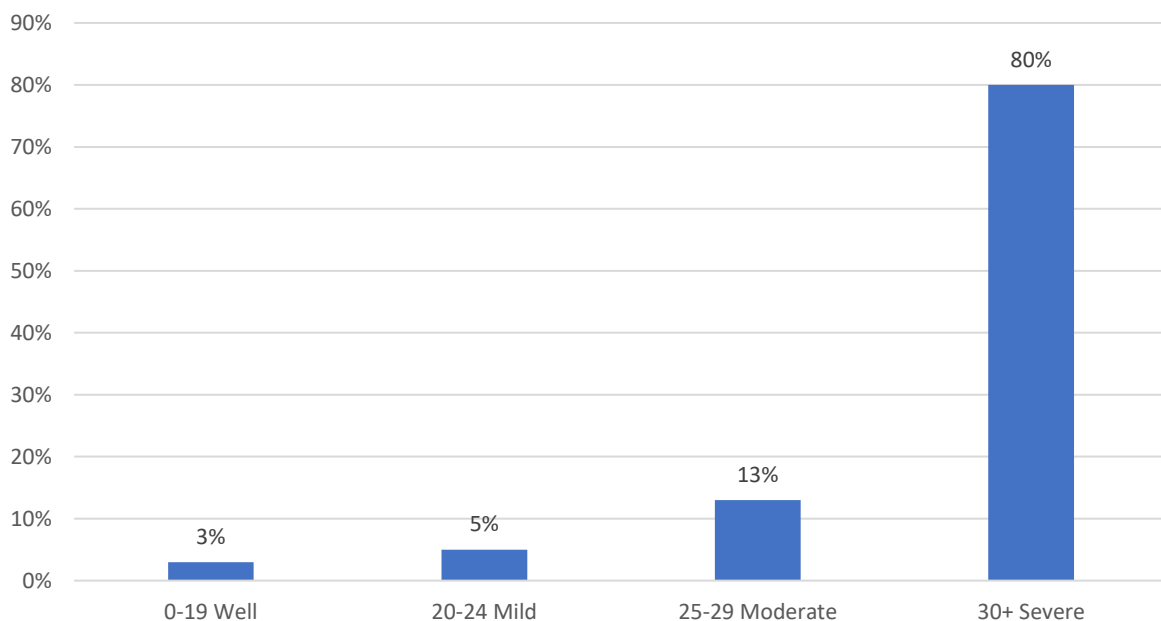
K10 Scores

The K10 was used in 15 sites. The K10 (Kessler-10) is a self-report 10-item questionnaire to assess anxiety and depressive symptoms in the previous 4 weeks. Scores range from 10-50 and is interpreted in the following levels:

- Scores under 20 are likely to be well;
- Scores 20-24 are likely to have a mild mental disorder;
- Scores 25-29 are likely to have a moderate mental disorder; and
- Scores over 30 are likely to have a severe mental disorder.

Of 2,908 individuals (Avon: 349; Beds: 7; BC: 20; Cambs: 428; Corn: 456; Devon: 25; Dorset: 12; Essex: 283; Herts: 193; Maids; 94; Oxf: 291; Plym: 79; Suffolk: 340; Swin/Wilt: 105; West Berks: 226) assessed using K10, most individuals were identified as being in severe level of distress (80%).

Fig 3.2 Assessment - K10, 15 Sites



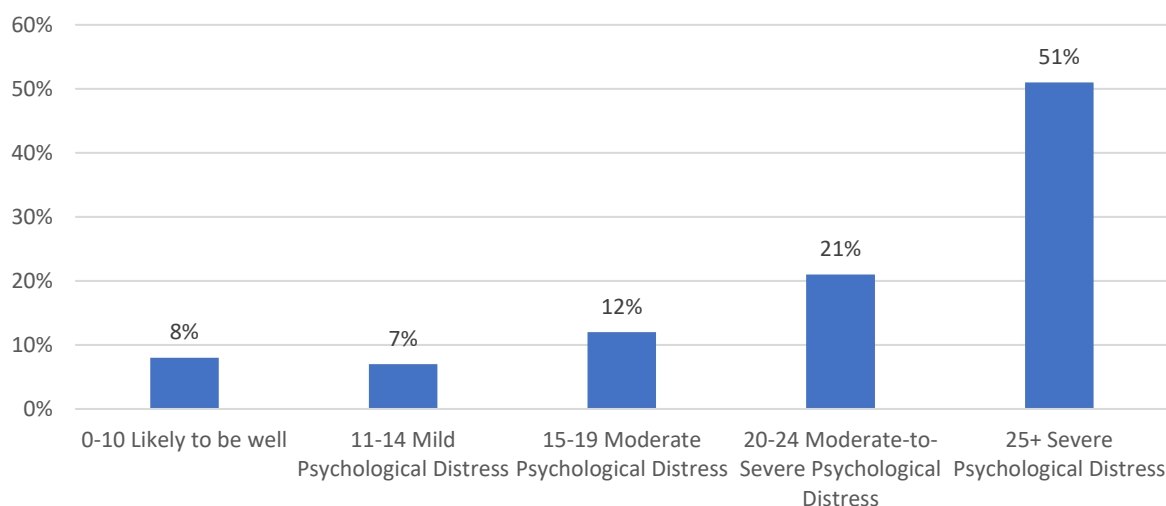
CORE-10 Scores

The CORE-10 (used by 11 sites) is a shortened version of the CORE-34, with items covering anxiety, depression, trauma, physical problems, functioning and risk to self. Higher scores indicate higher levels of general psychological distress. Scores range from 0 – 40 and is interpreted in the following levels:

- Scores under 10 are likely to be well;
- Scores 11-14 are likely to have mild psychological distress;
- Scores 15-19 are likely to have moderate psychological distress;
- Scores 20-24 are likely to have moderate-to-severe psychological distress; and
- Scores over 25 are likely to have severe psychological distress.

Of 1,623 individuals (Birm: 166; BC: 168; Corn: 563; Derby: 69; Dorset: 13; Glou: 21; Mers: 94; Staff: 359; Swin/Wilt: 87 and WM: 81) assessed using CORE-10, most individuals were identified as being in severe psychological distress (51%).

Fig 3.3 Assessment Outcome for CORE-10 across 11 Sites



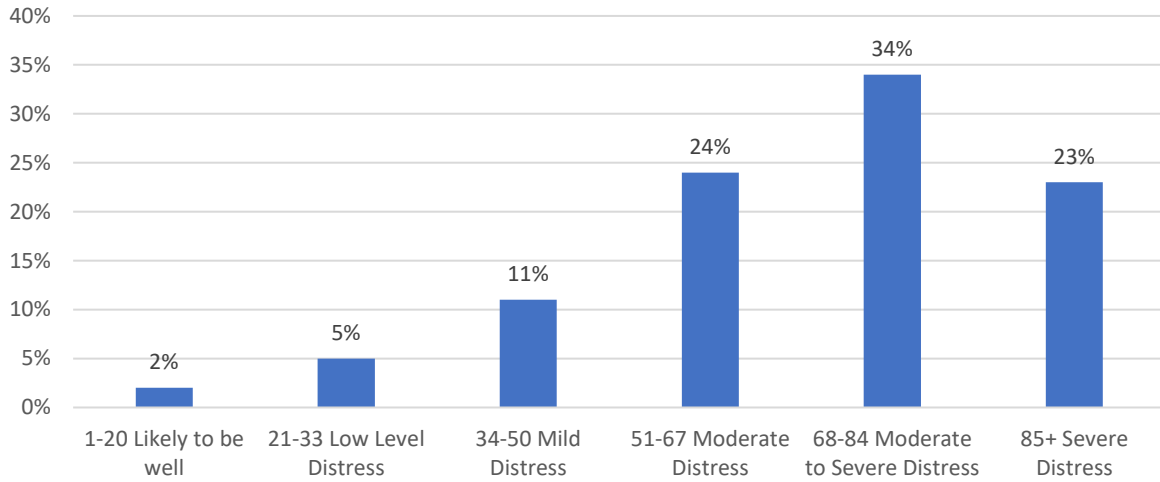
CORE-34

The CORE-34 (used by 17 sites) is a generic measure of psychological distress across four domains: wellbeing (4 items); problems/symptoms (12 items); life functioning (12 items) and risk (6 items). Higher scores indicate higher levels of general psychological distress. Scores can be interpreted into the following levels:

- Scores 1-20 are likely to be healthy;
- Scores 21-33 are likely to be low level psychological distress;
- Scores 34-50 are likely to be mild psychological distress;
- Scores 51-67 are likely to be moderate psychological distress;
- Scores 68-84 are likely to be moderate-to-severe psychological distress; and
- Score 85+ are likely to be severe psychological distress

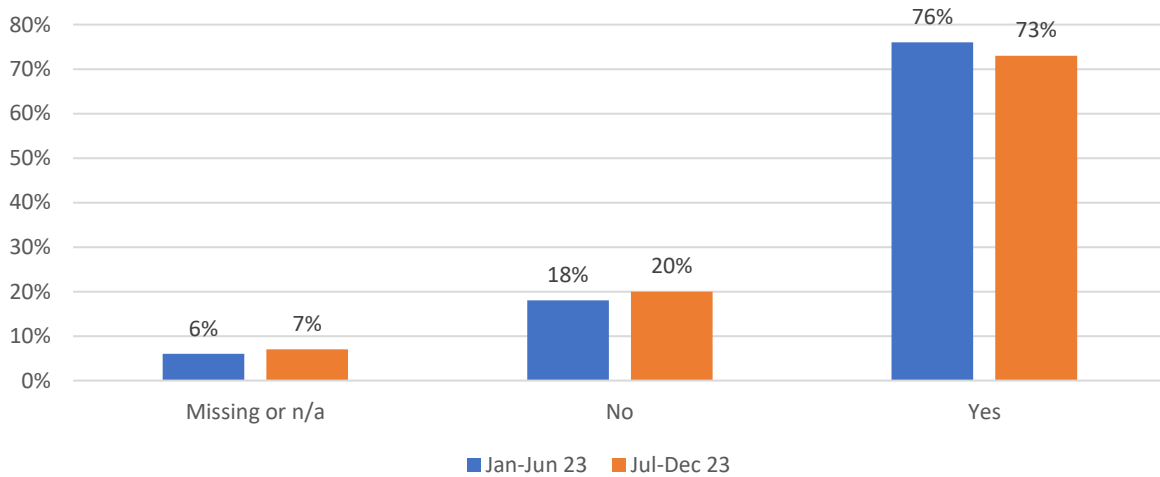
Of 1093 individuals (Avon: 83; Birm: 4; BC: 7; Corn: 16; Derby: 55; Dors: 22; Glou: 88; Hert: 10; Mers: 13; North: 117; North Some: 15; Plym: 10; South York: 147; Swan: 172; Swin/Wilt: 302 and WB: 1) assessed using CORE-34, 34% were assessed to be moderate to severely distressed and 23% were severely distressed.

Fig 3.4 Assessment Outcome for CORE-34 across 17 Sites



In total, following assessment, 5,829 (73%) individuals were identified as being suitable for MHTR intervention. Suitability has slightly decreased in the last 6 months, with 20% of individuals being found unsuitable during July – December 2023.

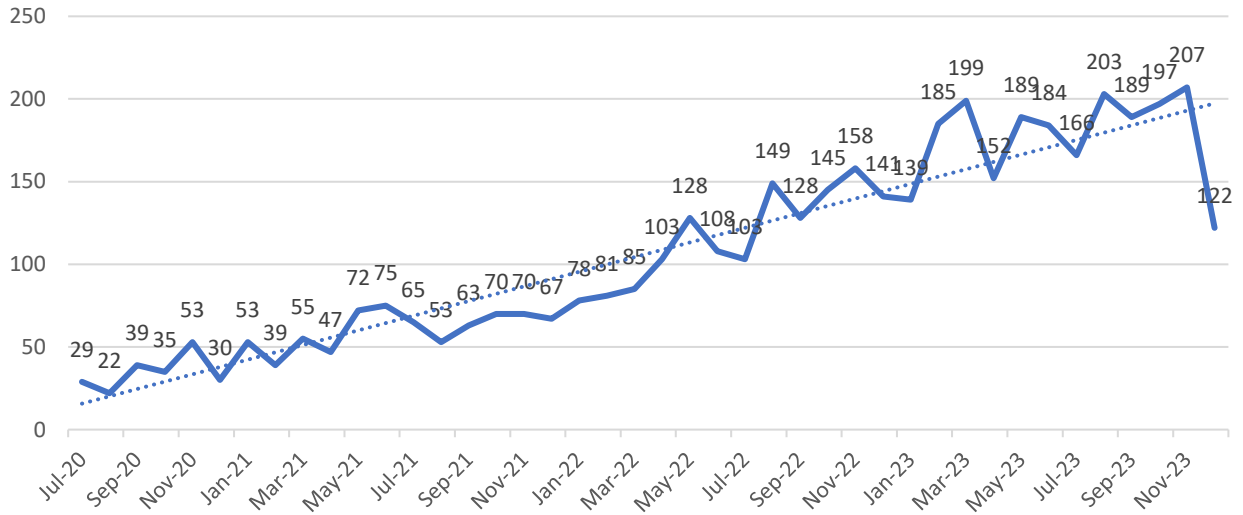
Fig 3.5 Assessment - Suitability, 20 Sites, 6 Monthly, Jan 23 - Dec 23



3.2 Sentencing

Figure 3.6 shows sentence date by month, illustrating an increase in sentences over time. Again, sentences have dipped in December 2023, however this is not surprising because, as previously noted, the number of assessments also dropped in December 2023.

Fig 3.6 Sentence Date by Month for those sentenced to an MHTR or Dual Requirement, 26 Sites, Jul 20 - Dec 23



The gap between assessment and sentencing has remained fairly consistent over time. In the last 6 months, most cases were assessed and sentenced within one month, with 11% sentenced on the same day. Less than 2% of cases had a gap between assessment and sentencing over 3 months, however, 15% of the data is missing.

Fig 3.7 Assessment to Sentence Gap (Days) - 6-Monthly, Jan 22 - Dec 23.

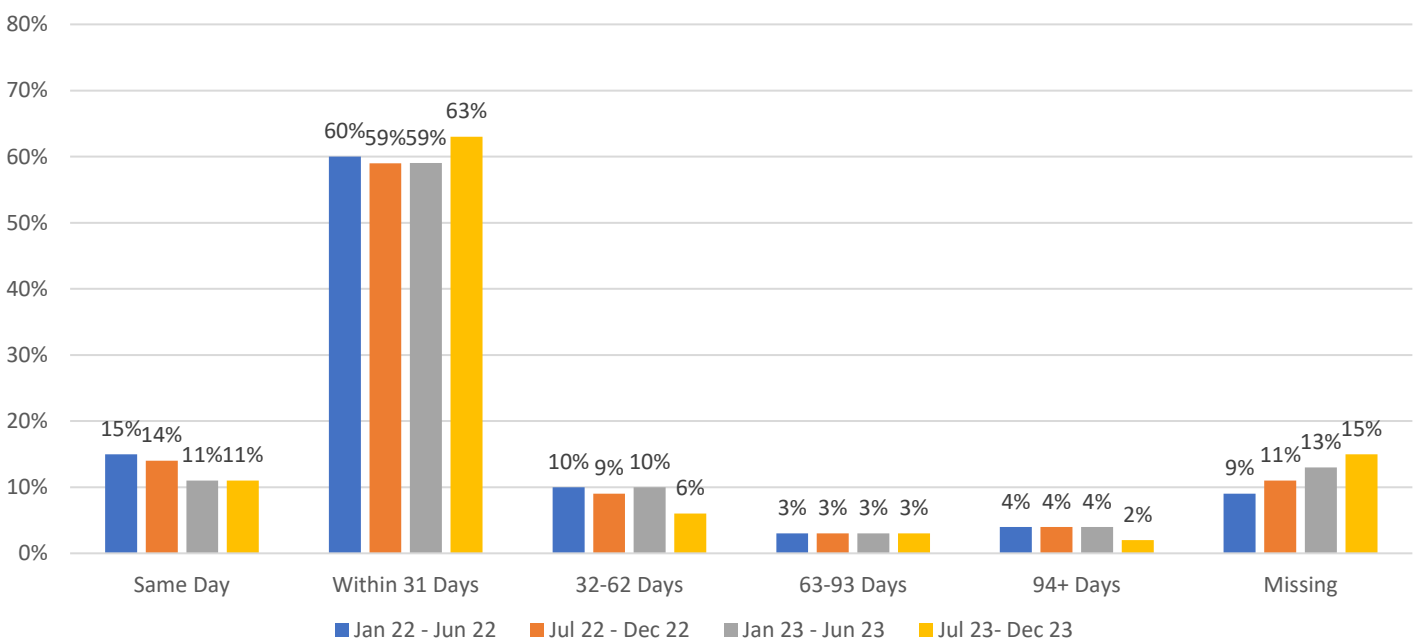
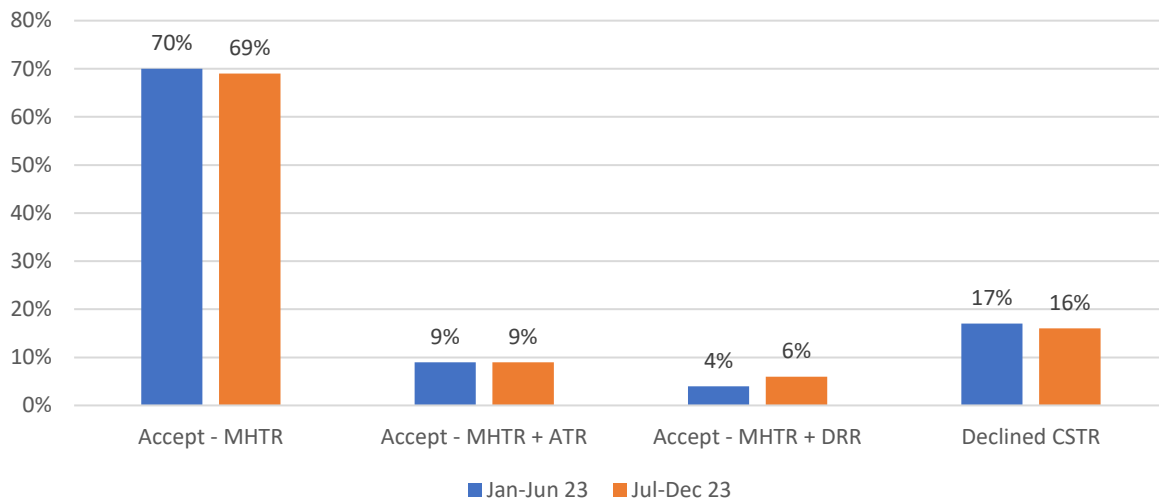


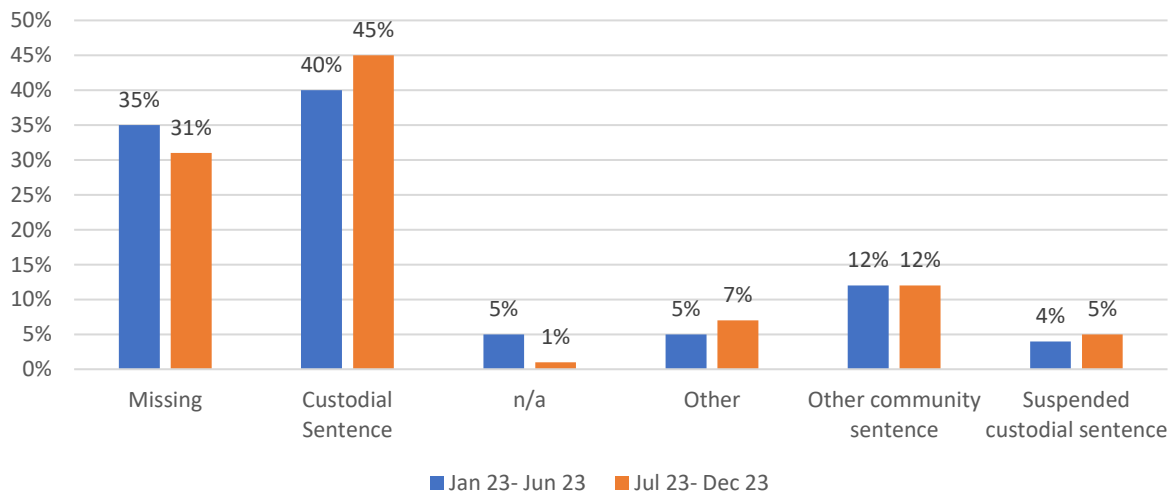
Figure 3.8 shows cases where individuals were considered suitable for an MHTR (n = 5,829). Most individuals assessed and recommended as suitable for an MHTR were sentenced to an MHTR (69%). There were 16% of cases where the recommendation for an MHTR was declined.

Fig 3.8 Sentence Outcome, 26 Sites, 6 Monthly, Jan - Dec 23



In the 761 cases where MHTR was declined, Figure 3.9 shows what sentences were passed. Most frequently, (45%) custodial sentences were passed where MHTR was recommended.

Figure 3.9 If CSTR declined, what was outcome? 6 monthly, Jan - Dec 23



3.3 Start of Intervention

Figure 3.10a shows the mean number of days between sentence and start date where the dotted green line illustrates the 8-week cut off after which outcomes seem to be affected by this gap.

Fig 3.10a Mean number of days between sentence and start date per site 6 monthly, 25 site, Jan 23 - Dec 23

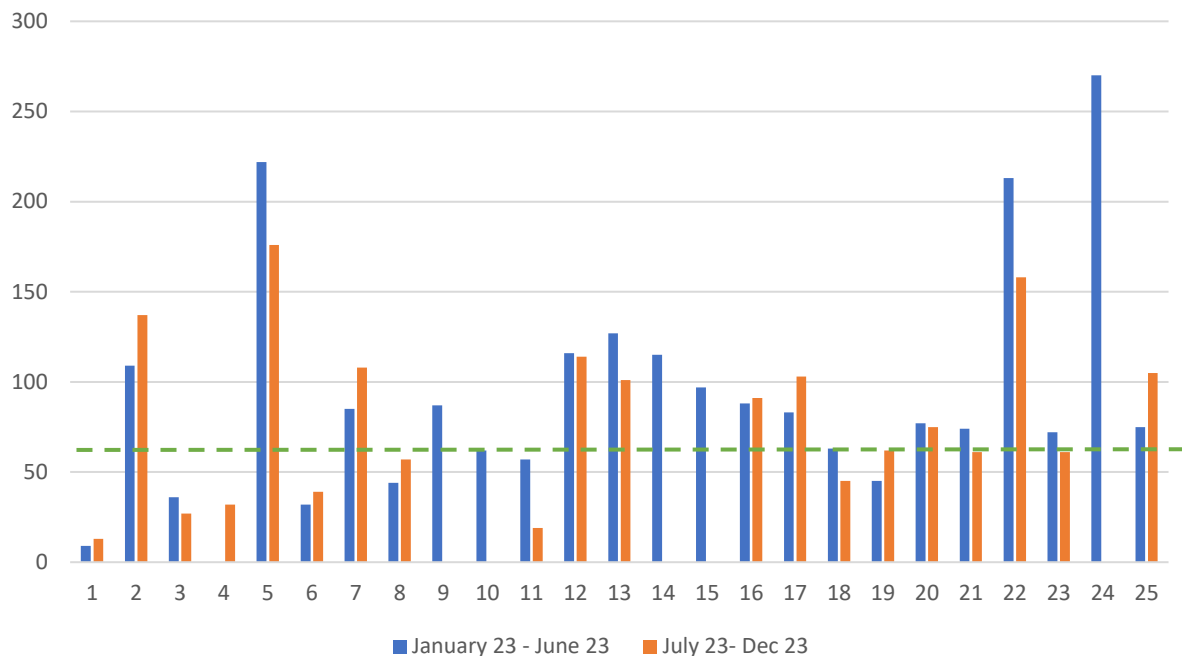
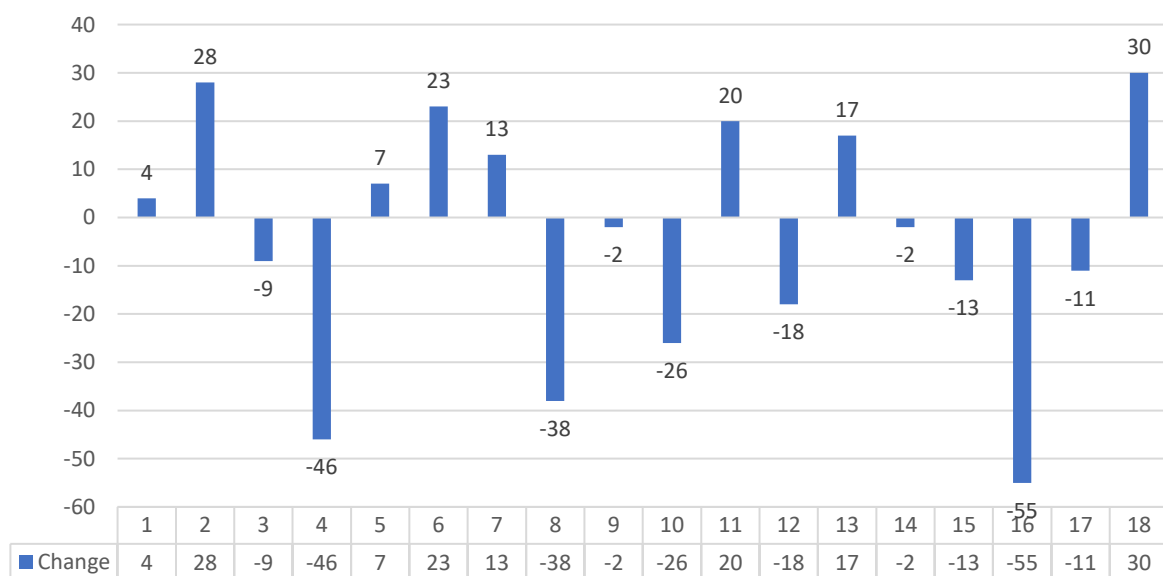


Figure 3.10b shows the 6 monthly change in mean number of days between sentence and start date. Those sites with a negative number have therefore decreased their sentence and start date gap and those with a positive number have an increased gap.

Fig. 3.10b Change in mean number of days between sentence and start date per site 6 monthly, Jan 23 - Dec 23



The graph below shows the difference in days of the journey of completers and non-completers in days from July 2020 to December 2023. The graph shows that on average, those who do not complete the intervention have 20 days longer waiting between sentence and start date (105 days), whereas in comparison, those who complete the intervention wait on average 85 days.

Fig. 3.11a Client Journey, Completers vs Non-Completers in Days, Jul 20 - Dec 23

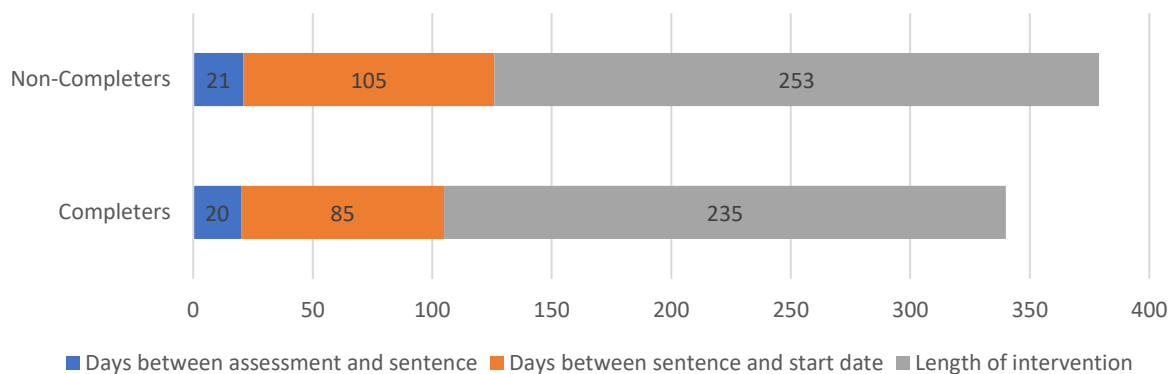
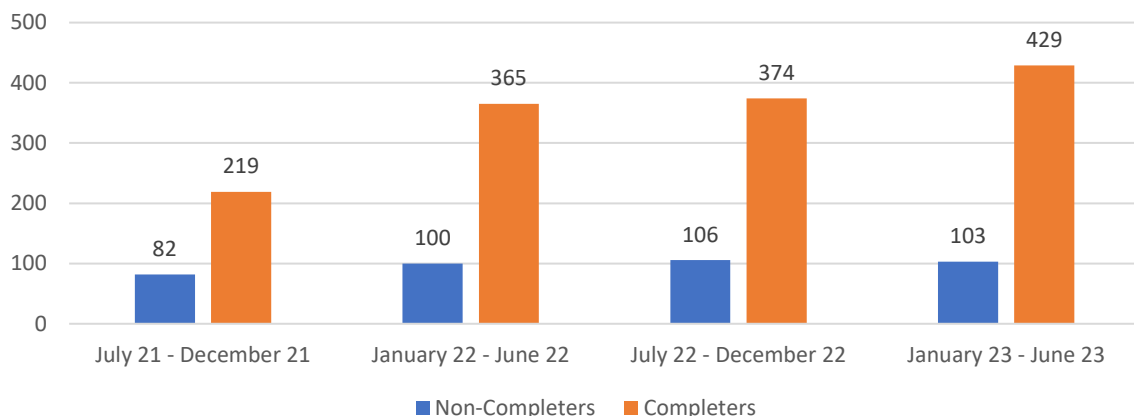


Fig. 3.11b Number of completers and non-completers, 6 monthly by intervention start date, Jul 21 - Jun 23



In the first session, individuals complete psychometric measures to assess severity of distress, including: CORE-34, GAD-7, and PHQ-9.

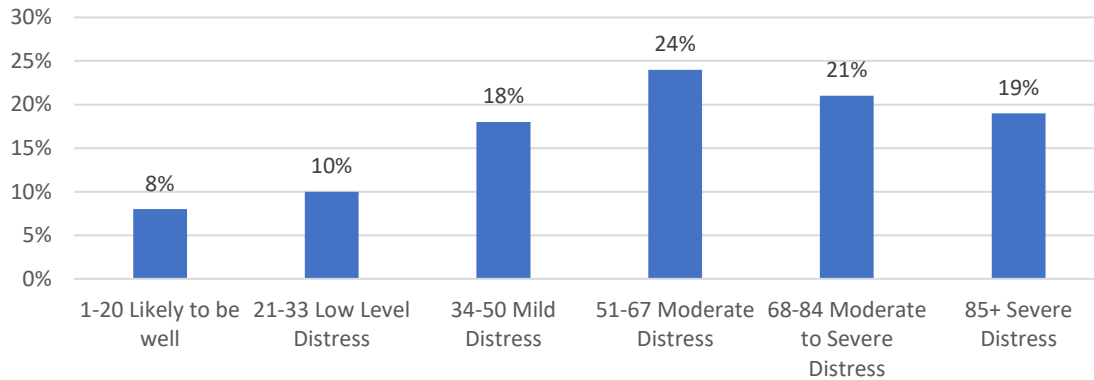
CORE-34

There were 2,256 individuals who were assessed at the start of the intervention using CORE-34. Scores can be interpreted into the following levels:

- Scores 1-20 are likely to be healthy;
- Scores 21-33 are likely to be low level psychological distress;
- Scores 34-50 are likely to be mild psychological distress;
- Scores 51-67 are likely to be moderate psychological distress;
- Scores 68-84 are likely to be moderate-to-severe psychological distress; and
- Score 85+ are likely to be severe psychological distress.

The CORE-34 scores in the first session show how recorded distress scores for most individuals were assessed to have moderate (24%) or moderate-to-severe distress (21%).

Fig 3.12 Start of Intervention - CORE-34, 26 Sites, Jun 20 - Dec 23



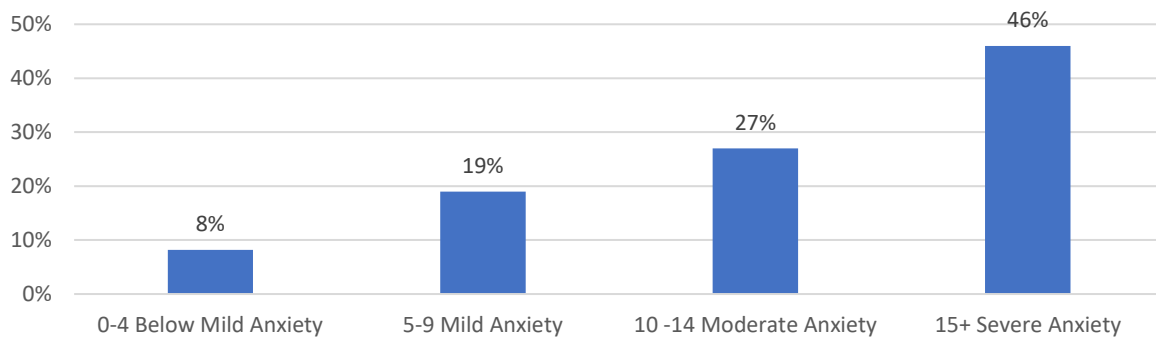
GAD-7

The next measure is the GAD-7, which measures generalised anxiety disorder (GAD). Scores for each measure are assessed between 0-3 and overall results are interpreted into the following levels:

- Score 0-4 Below Mild Anxiety;
- Scores 5-9 Mild Anxiety;
- Scores 10-14 Moderate Anxiety; and
- Scores 15+ Severe Anxiety.

There were 2,865 individuals who were assessed at the start of the intervention using GAD-7. The GAD-7 scores in the first session show most individuals (46%) have severe anxiety.

Figure 3.13 Start of Intervention - GAD-7, 26 Sites, Jun 20 - Dec 23



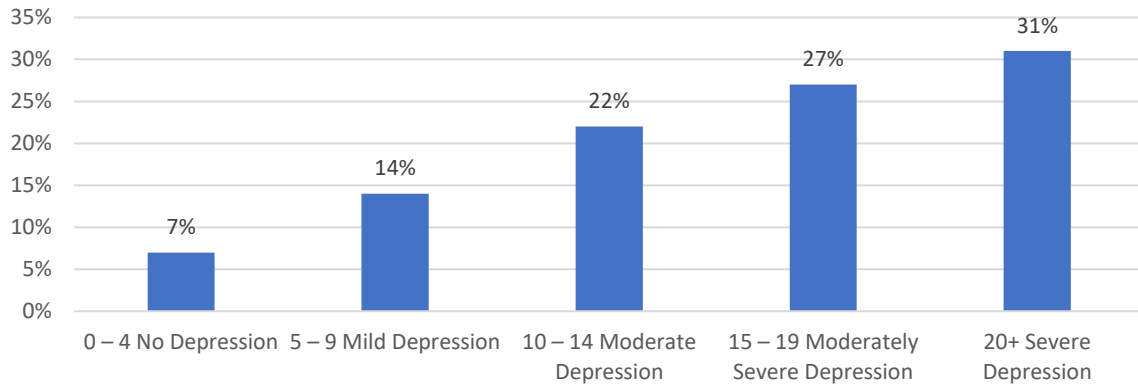
PHQ-9

The next measure used was the PHQ-9 - Patient Health Questionnaire. The PHQ-9 is a brief depression severity measure, where scores for measure are assessed between 0 - 3, with higher scores indicating higher severity of depression. Scores are interpreted into the following levels:

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

There were 2,868 individuals assessed using PHQ-9 at the start of the intervention. Most individuals were assessed as having severe depression (31%) or moderately severe depression (27%).

Figure 3.14 Start of Intervention - PHQ-9, 26 Sites, Jun 20 - Dec 23



As previously stated, 4,578 individuals were sentenced to an MHTR, of which 3,353 had a start date of intervention. Of those who were sentenced, 1,912 individuals were either awaiting to start the intervention, currently completing the intervention or their client status was not provided. This section will analyse the remaining 2,666 service users who were divided into programme completers (1,876) and non-completers (799).

Figure 3.15 shows the percentage of individuals who did not complete the intervention during intervals of 6 months. This data evaluates only individuals who either have completed the programme or have been categorised under non-completed status. It appears that in the last year, non-completion rates have decreased from 34% in Jan 21- Jun 21 to 25% in Jan 23 – Jun 23. The most recent 6-month block has not been included because many individuals will still be receiving or waiting to receive the intervention.

Fig 3.15 Engagement - Percentage of non-completers, 6 monthly, 26 Sites, Jul 20 - Jun 23

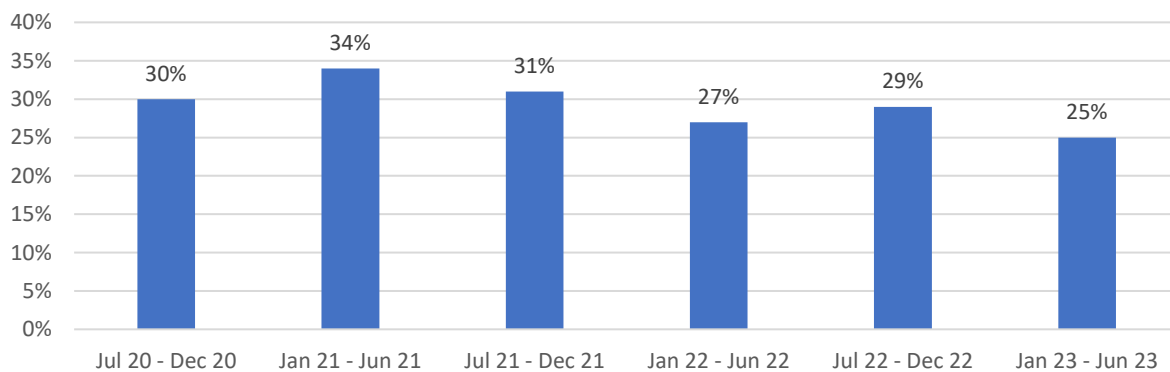
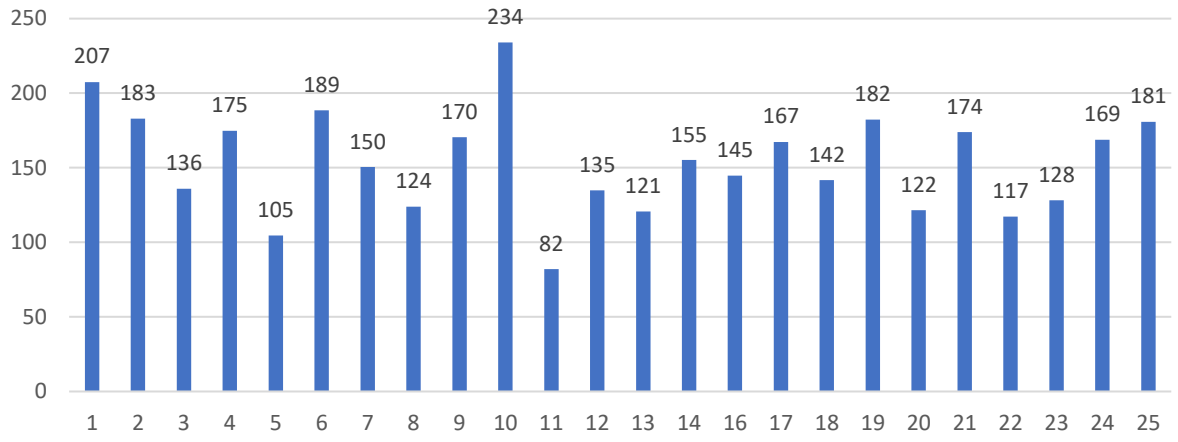


Figure 3.16 shows the mean length of intervention in days for treatment completers for all sites in the evaluation for whom that data was available.

Fig 3.16 Mean length of intervention for treatment completers only excluding Dual Requirements, 25 Sites, Jul 20 - Dec 23



4. Intervention Outcomes

This section concerns the recorded outcomes for individuals who completed the intervention and what change was measured in the psychometric measures. Data is not presented on individuals who did not complete the intervention, as levels of missing data restrict insight.

Out of the individuals that completed the treatment, 3 (0.2%) were recorded as having no sessions and 56 (3%) had no recorded sessions. The average number of sessions attended was 11.07. 52% (975) of the sample had 12 sessions, 31% (557) had 6-11 sessions, 4% (69) had 1-5 sessions and 12% (220) had more than 12 sessions.

Out of 1,877 individuals who completed the intervention and for whom the number of missing sessions was provided, 1,234 (66%) had one missed session or more. The average number of missed sessions, for those that did miss a session, was 2.8 sessions. It is noted that frequencies of missed sessions are likely to have been influenced by Covid restrictions.

CORE-34

There were 1,189 individuals with pre and post CORE-34 scores. The average pre-score was 59.4 (in the mid-range of moderate psychological distress). The average post score was 36.8 (which is at the lower end of mild psychological distress). The average reduction was -22.1 and this difference was statistically significant $t(1188) = 29.9, p < 0.01$.

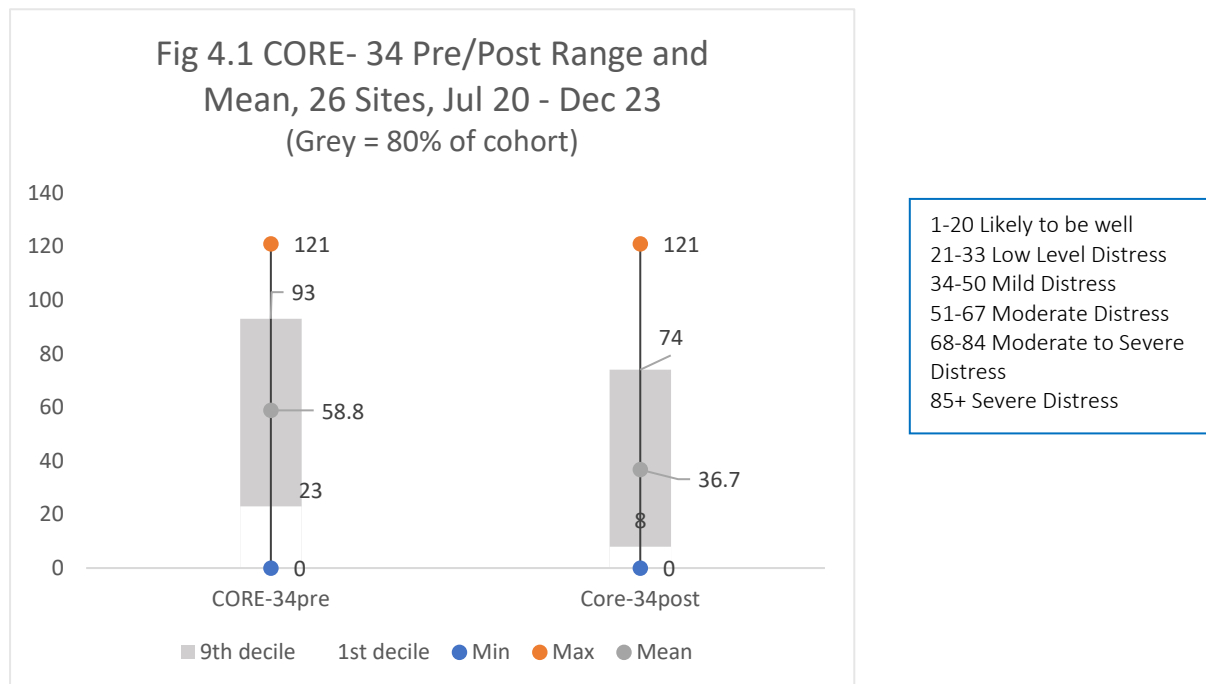
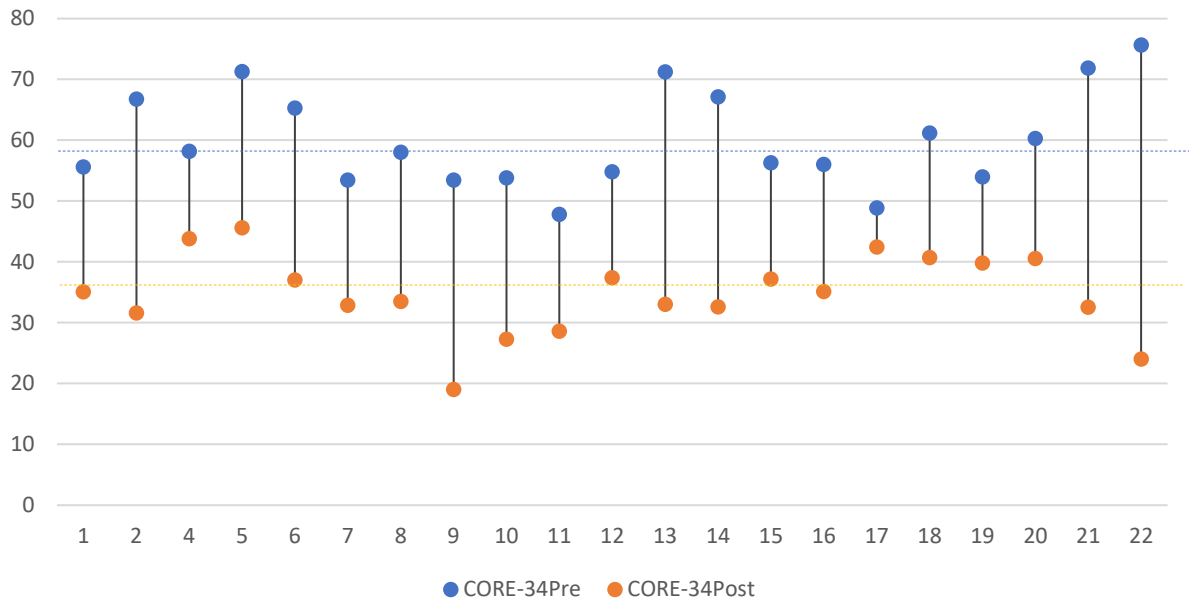


Figure 4.2 shows the mean CORE-34 score before and after the intervention for 22 sites for which the data was available. This graph highlights that although the reduction of global distress is present in all sites, there was variability when it comes to the magnitude of the intervention's impact across sites.

Fig 4.2 Mean CORE-34 before and after intervention per site, 22 Sites, Jun 20 - Dec 23

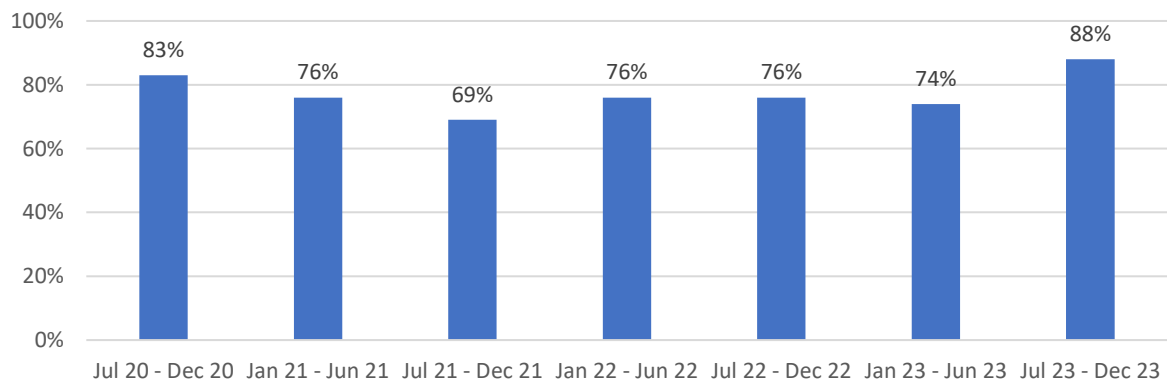


Reliable change for the CORE-34 is change that exceeds that which might be expected by chance alone or measurement error and for the CORE-OM is represented by a change of 5 or more in the clinical score.

In the sample of 1,189, 75% (894) saw a 5 or more point reduction in their pre to post CORE-34 score. 12% (139) saw no reliable change (i.e. between -4 and +4) and the remaining 13% (155) saw a reliable worsening (5+).

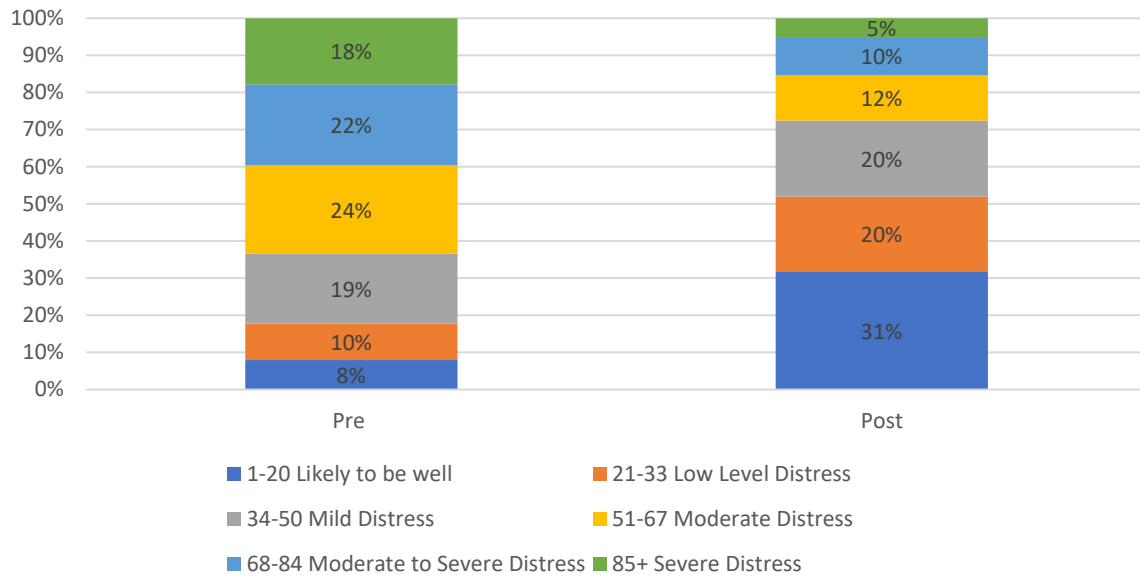
For those within the group that saw a reliable change the mean pre-score was 63.71 (this would be categorised as moderate psychological distress) whereas for those with no reliable change the mean pre-score was 45.94 (this would be categorised as mild psychological distress). Therefore, those that saw a positive change were on average starting 17.77 points higher on the CORE-34 scale than those that did not. For those that did see a positive reliable change the average mean post score was 31.46 (therefore on average a -32.25 point reduction in their pre to post score).

Fig 4.3 Percentage of positive reliable change CORE-34, 6 monthly, Jul 20 - Dec 23



The graph below illustrates 6 different cohorts presenting different levels of distress at the start of the intervention. It is clear the proportion of individuals who are in severe distress significantly decreases.

Fig 4.4 Percentage of different distress profiles before and after treatment, Jul 20 - Dec 23



GAD-7

There were 1,567 individuals with pre and post GAD-7 scores. The average pre-GAD-7 score for this group was 13.0 (Mid moderate anxiety) and the average post score was 7.8 (Mid mild anxiety). Therefore, the average reduction was -5.2 and this difference was statistically significant $t(1566) = 33.49$ and $p < 0.01$.

Fig 4.5 GAD-7 Pre/Post Range and Mean, 26 Sites, Jul 20 - Dec 23 (Grey = 80% of cohort)

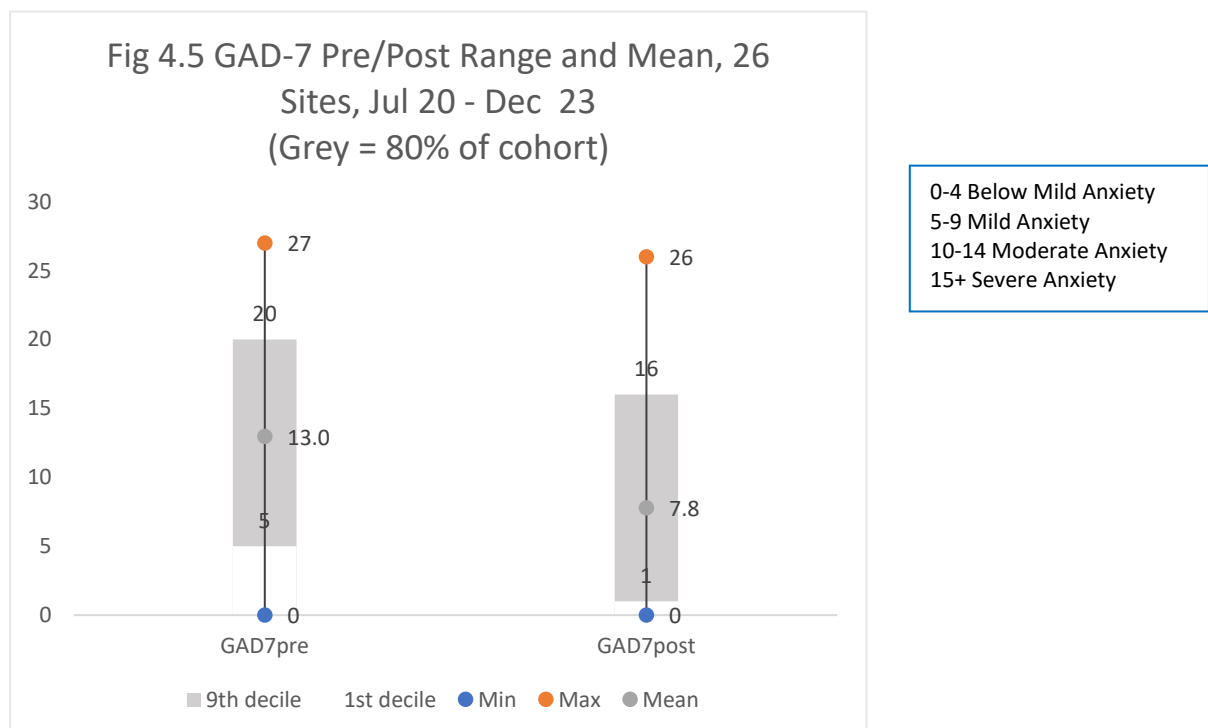
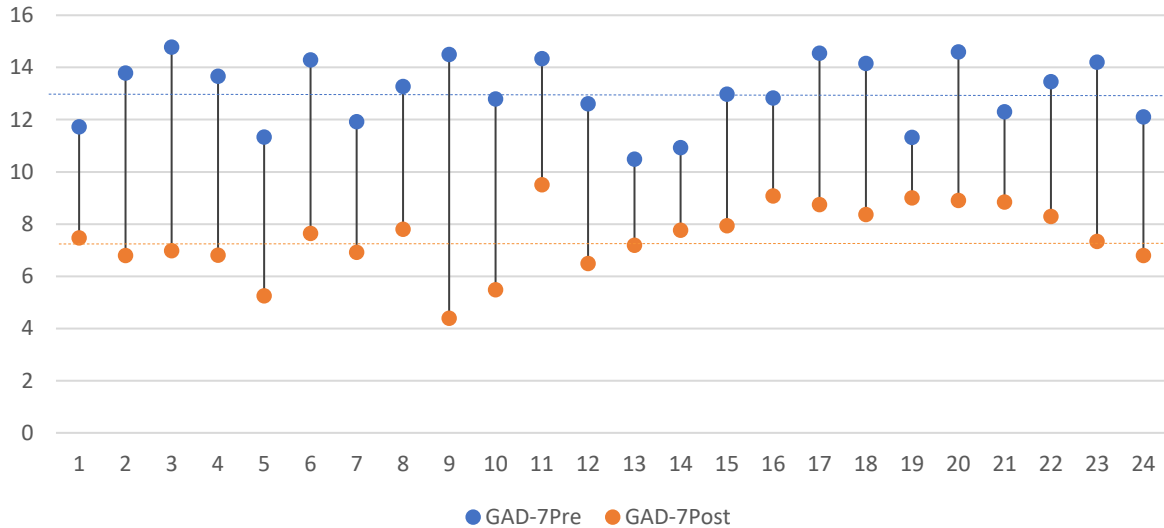


Figure 4.6 shows the mean GAD-7 score before and after the intervention for 22 sites for which the data was available.

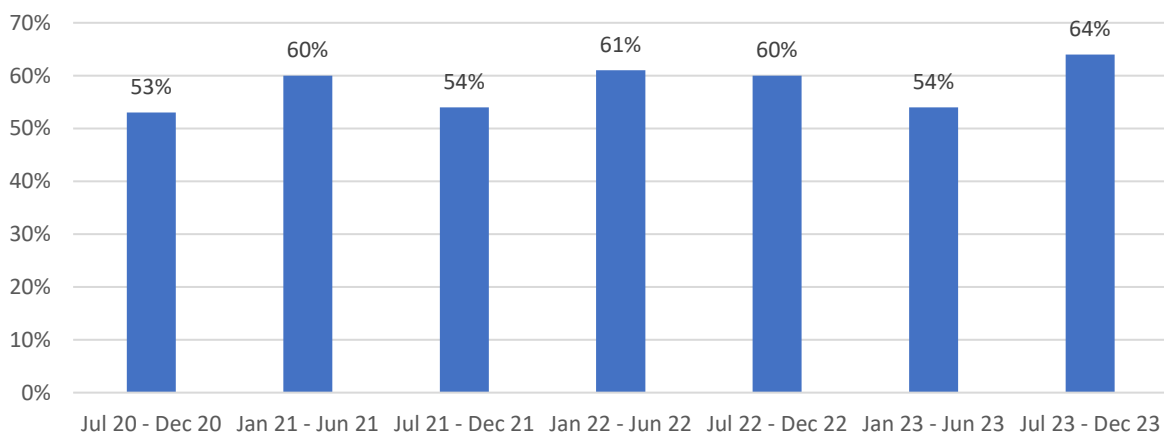
Fig 4.6 Mean GAD-7 before and after intervention per site, 24 Sites, Jul 20 - Dec 23



Reliable change for the GAD-7 is change that exceeds that which might be expected by chance alone or measurement error and for the GAD-7 is represented by a change of 4 or more in the clinical score. In the sample of 1,567, 58% (903) saw a 4 or more point reduction in their pre to post GAD-7 score. 37% (574) saw no reliable change (i.e. between -3 and +3) and the remaining 6% (90) saw a reliable worsening (4+).

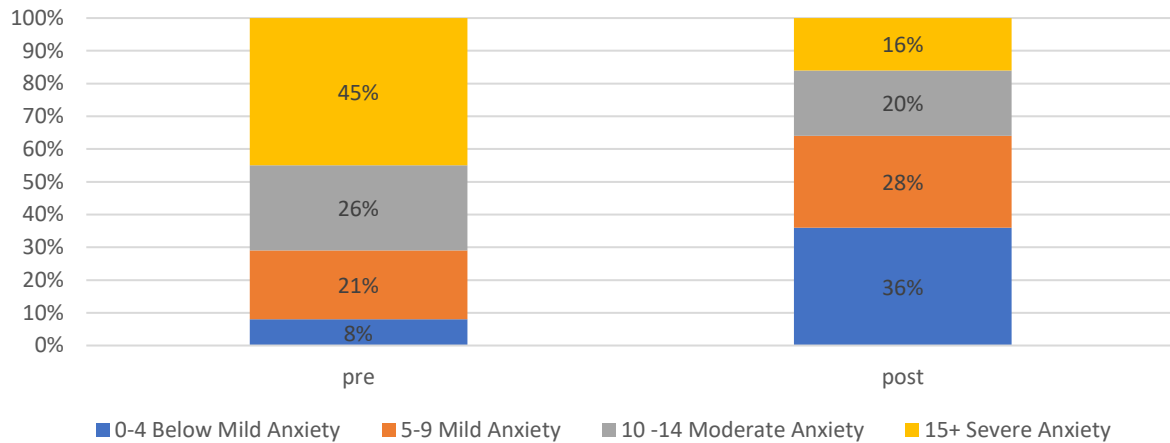
For those within the group that saw a reliable positive change the mean pre-score was 14.95 (this would be categorised as the top end of moderate anxiety) whereas for those with no reliable change the mean pre-score was 8.06 (on the cusp of mild and moderate anxiety). Therefore, those that saw a positive change were on average starting 6.89 points higher on the GAD-7 scale than those that did not. For those that did see a positive change the average mean post score was 5.66 therefore on average about a -9.29 point reduction in their pre to post scores.

Fig 4.7 Percentage of positive reliable change GAD-7, 6 monthly, Jul 20 - Dec 23



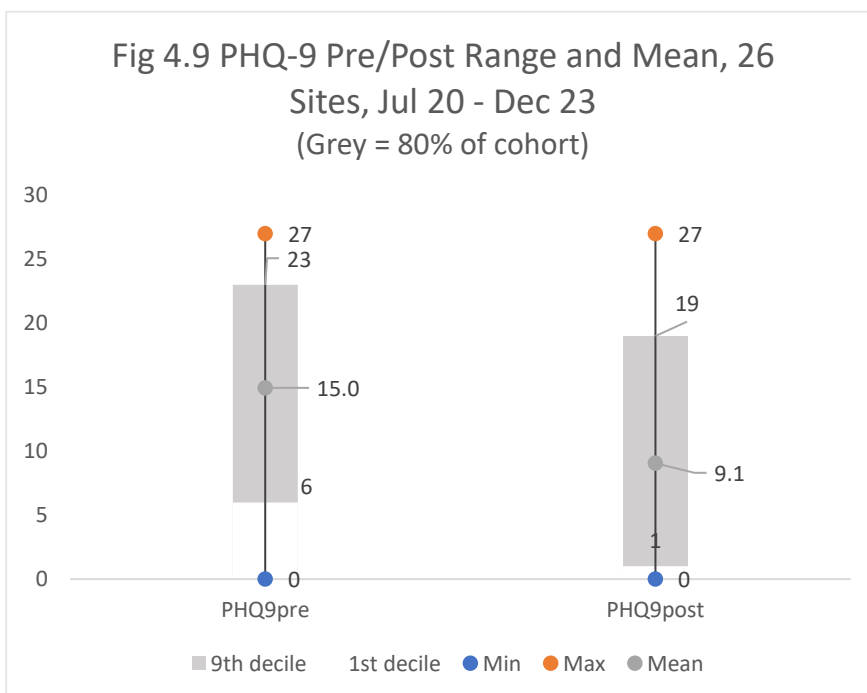
The graph below illustrates 4 different cohorts presenting different levels of anxiety at the start of the intervention. It is clear the proportion of individuals who have severe anxiety significantly decreases.

Fig 4.8 Percentage of different anxiety profiled before and after treatment, Jul 20 - Dec 23



PHQ-9

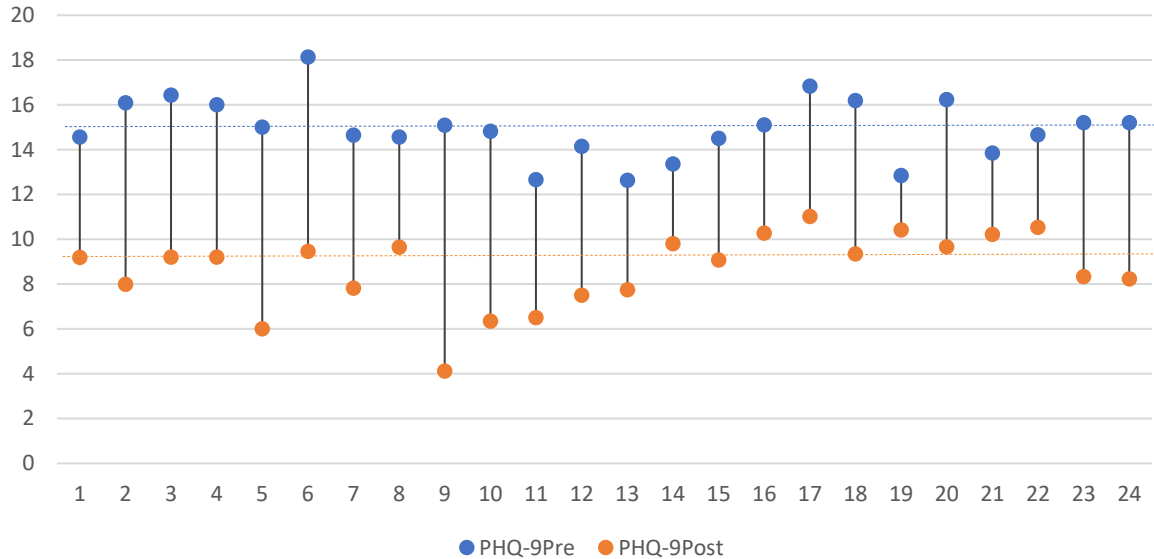
There were 1,567 individuals with pre and post scores on the PHQ-9. The average pre-score was 15.0 (on the cusp of moderate to moderately severe depression) and the average post score was 9.1 (mild depression). Therefore, the average reduction was -5.9 and this difference was statistically significant $t(1,566) = 33.667, p < 0.01$.



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

Figure 4.10 shows the mean PHQ-9 score before and after the intervention for 22 sites for which the data was available.

Fig 4.10 Mean PHQ-9 before and after intervention per site, 22 Sites, Jul 20 - Dec 23

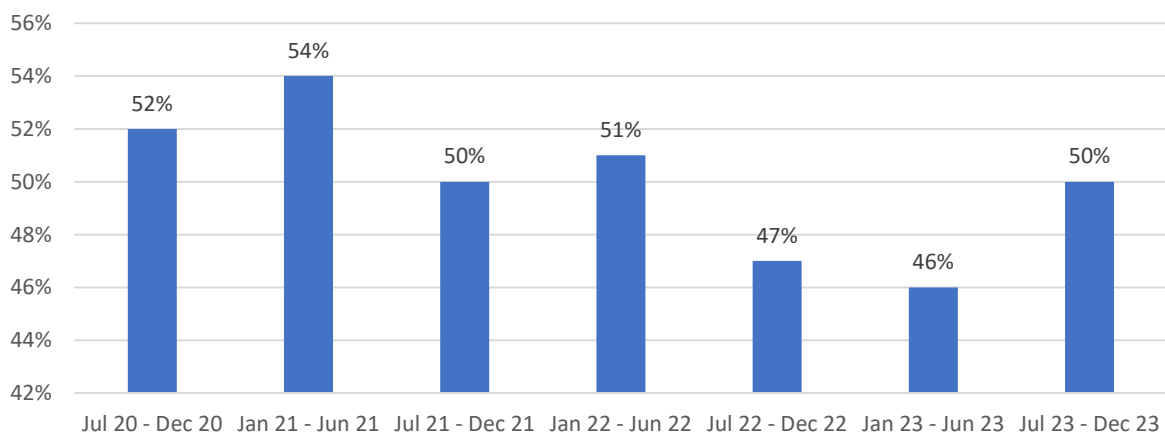


According to the Improving Access to Psychological Therapies: Measuring Improvement and Recovery Adult Services: Version 2 (NHS England, June 2014) the PHQ-9 score must change by more than or equal to 6 to be considered reliable.

In the sample of 1,568, 50% (777) saw a 6 or more point reduction in the PHQ-9 score. 46% (727) saw no reliable change (i.e. between -5 and +5) and the remaining 4% (64) saw a reliable worsening (6+).

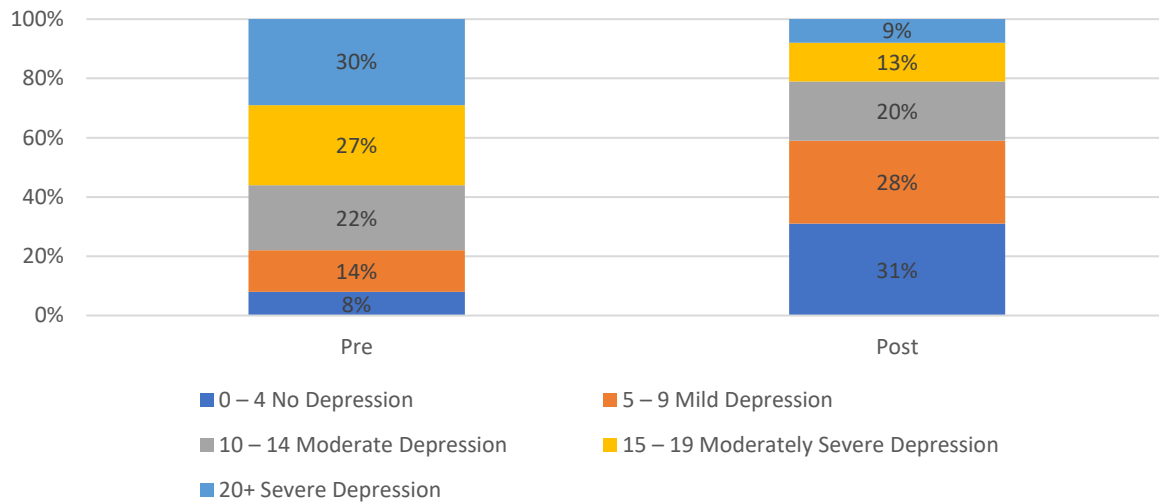
For those within the group that saw a reliable change the mean pre-score was 17.90 (this would be categorised as moderately severe) whereas for those with no reliable change the mean pre-score was 9.44 (this would be categorised as mild to moderate depression). Therefore, those that saw a positive change were on average starting 8.46 points higher on the PHQ-9 scale than those that did not. For those that did see a positive change the average mean post score was 6.47 (therefore on average a -11.43 point reduction in their pre to post score).

Fig 4.11 Percentage of positive reliable change PHQ-9, 6 monthly, Jul 20 - Dec 23



The graph below illustrates 5 different cohorts presenting different levels of depression at the start of the intervention. It is clear the proportion of individuals who have severe depression significantly decreases.

Fig 4.12 Percentage of different depression profiles before and after treatment, Jul 20 - Dec 23



5. Observations

Overall, the analysis and results presented in this report from 26 sites remains very positive. The analysis of 42 months data continues to demonstrate **how MHTR interventions are having a statistically significant benefit in terms of mental distress, anxiety and depression.** The analysis shows that:

- 75% experienced a positive reliable change in terms of global distress (CORE-34);
- 58% experienced positive reliable change in terms of anxiety (GAD-7); and
- 50% experienced a positive reliable change in terms of depression (PHQ-9).

Of those who completed the intervention and completed all psychometrics (CORE-34, GAD-7 and PHQ-9) (n=1146), 37% (424) experienced change across all 3 of the psychometrics measured at the start and end of the intervention, 22% (254) experienced positive reliable change across 2 of the measures and a further 23% (268) experienced positive change in one of the measures. Therefore, for those who completed the intervention, **82% experienced a positive reliable change in at least one of the psychometrics measured.**

The analysis presents, however, significant variation between the sites which is investigated further and detailed in local reports.

Recommendations:

The data has remained relatively stable in the last 6 months with no immediate changes or reasons for concern. The number of assessments per site has continued to steadily increase over time, however there was a drop in assessments, from 375 in September to 243 assessments in December 2023. This drop is not unusual as a drop in assessments has also been seen in December 2020, 2021, and 2022.

A longstanding concern has been the low proportion of individuals recorded as non-White ethnicity (7%). This continues to be a concern as the proportion of White individuals being assessed is growing from 73% (July 22- December 22) to 82% (January 23- June 23) to now 85% (July 23- December 23). This means that in the last year, the proportion of White individuals being assessed has grown by 12% and as such, there is a low proportion of non-White individuals being assessed for the interventions.

R. It is recommended that this trend is examined to establish why the number of non-White individuals being assessed is so low.

It is recognised that many sites are experiencing high demand for interventions and as such this will influence the number of days between sentence and start date. However, as noted in previous reports the sentence to start date gap can be critical to intervention outcomes and only a few sites are seeing a decrease.

R. It is recommended that the sites which experience high volume and demand consider options to reduce this period.

Finally, it is noted that there have been improvements on the outcomes of those who have experienced positive reliable change. For example, in the last 6 months, those who have experienced a positive reliable change in GAD-7 has increased from 53% (Jan-Jun23) to 65% (Jul-Dec 23) and positive reliable change in CORE-34 has increased from 74% (Jan-Jun 23) to 88% (Jul-Dec23).²

² It should be noted that the number of individuals who have completed the intervention in July-December 2023 is low, so these figures should be treated with caution.



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