Engaging with Mental Health Challenges in Probation Practice

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Summary: In 2019, three internal studies were conducted in the Irish Probation Service, exploring mental health among persons subject to probation supervision. This paper will firstly briefly consider the wider literature exploring mental health problems among those engaged with probation services and will then outline the methodology and findings from each of the three studies. The studies were limited in scale, scope and methodology but are consistent in identifying recurring themes that also support the broader research literature highlighting the prevalence of mental health problems among probation service clients. In conclusion, the paper will discuss the key findings and implications for probation policy and practice. Key issues revealed include the significant incidence of unmet mental health needs and the potential gaps in knowledge and training in the area of mental health and mental health problems for practitioners.

Keywords: Probation, mental illness, mental health, prevalence, co-morbidity, service user.

Background

The prevalence of mental health disorders amongst probation service clients is high — as high, if not higher than, in prison populations (Geelan *et al.*, 2000; Brooker *et al.*, 2012; Sirdifield, 2012). However, the nature of disorders is similarly complex, with high levels of co-morbidity, including personality disorder, substance misuse and psychosis.

Probation clients face both system-level and personal-level barriers to accessing mental healthcare. Many people in contact with probation are not registered with a GP, and/or access healthcare only during crises (Revolving Doors Agency, 2017). Sometimes services simply do not exist to meet their needs, and sometimes services are difficult to access due to their location, problems with their opening hours, restrictive referral criteria and poorly understood access routes (Brooker *et al.*, 2012). Moreover, the health needs

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of people in contact with Probation and how best to structure service provision to make health care accessible to and appropriate for this group are rarely considered by healthcare commissioners, especially in England (see Brooker and Ramsbotham, 2014, for example).

Mental health problems among Probation Service clients in Ireland are an ongoing concern. Probation staff have raised concerns regarding what has been perceived as an increase in the number of clients presenting with a range of longstanding mental health problems who have limited access to and engagement with community mental health services. There is sparse empirical research; however, three small-scale in-service studies conducted by Probation Officers provide some valuable background information.

The first practitioner research study (Griffin, 2008) explored mental health, trauma and bereavement based on a Probation Officer review of 112 supervision cases.

Of those, forty-four clients (39%) were reported to have had a mental health problem over the course of their lives, with depression being most frequently reported (18%). Of the twenty-eight clients who reported a bereavement over their life, 23 cases (20%) made a link between their bereavement and their offending. Eight of those clients reported symptoms indicative of mental health problems — two with psychiatric inpatient history and four involved with specialist mental health services.

The second study is a review of the literature of mental health problems among adult offenders (Cotter, 2015). This was conducted in the course of completing a masters programme in social work, which included a review of prevalence data extracted from the Level of Service Inventory Revised Assessments (LSI-R) undertaken in the Probation Service in 2012. Of the 6,018 LSI-R assessments conducted by Probation Officers on 4,884 clients in 2012, 30.8% were rated as experiencing 'moderate interference', described as exhibiting some signs of distress, mild anxiety or mild depression; 3% were reported as having active psychosis; 33.7% were assessed as having had 'mental health treatment in the past', 15.8% had engaged in some form of psychiatric treatment at the time of assessment, and 12.6% were identified as requiring a psychological assessment.

A mental health survey (Foley, 2016) of one Probation Service region, including four supervision teams, was undertaken to explore the number of clients presenting with mental health problems and the main types of mental health problems experienced by clients. The study also aimed to address another primary concern expressed by Probation staff — dual diagnosis of

mental health and poly-drug use. In one team surveyed, seventeen women (74%) and 12% of men were reported as having mental health problems. Depression was the main type of mental health problem reported, closely followed by suicidal ideation and self-harm, which is consistent with the previous studies. Dual diagnosis was a significant problem for almost all clients.

The studies were individual isolated studies restricted to a team or one region. Even so, they highlight a need for further evaluation, and support the concerns voiced by many Probation Officers who are managing complex cases where mental health problems are problematic for many reasons.

In 2017, the Probation Service Annual Report (Probation Service, 2017) specifically referenced that mental health difficulties 'may have a direct and or indirect link with offending and impacting on capacity to intervene effectively with service users' (p. 11). In view of this, the Probation Service made a commitment in the workplan for 2018 to strengthen mental health awareness in the service, with particular focus on raising awareness of mental health problems, personality disorders and indicators of self-harm and suicide. A working group focused on mental health was set up with an action plan that featured a range of training, including skills training in suicide prevention (Skills Training on Risk Management — STORM).

As part of the strategic arrangements between the Irish Prison Service and Probation Service a senior psychologist was assigned to the Probation Service to provide a specialist level of psychological input. One core aspect of the role was to develop and enhance engagement with community services for psychological needs of clients. It was first important to gain an understanding of the current needs which form the basis of the studies outlined within this paper.

The studies

The first exploratory study presents analysis of the Level of Service Inventory – Revised (LSI-R) (Andrews and Bonta, 2004) data collected routinely by the Probation Service between 2017 and 2018. The second pilot study expands on the LSI-R study, using a self-report survey with Probation Officers from one probation team and the Global Assessment of Functioning (GAF) (APA, 2000).

A third larger-scale study replicated the pilot study using the previous learning and findings across a more representative sample including five probation teams.

Study 1: Exploratory analysis of the questions contained within the 'Emotional/Personal' subcomponent of the Level of Service Inventory – Revised (LSI-R) collected between 2017 and 2018

The Level of Service Inventory – Revised (LSI-R) (Andrews and Bonta, 2004) is an actuarial assessment tool used by the Probation Service to identify an offender's level of risk and needs with regard to recidivism. The risk assessment instrument includes five validated questions on mental health contained within the 'Emotional/Personal' subcomponent. Ratings provided by Probation Officers are informed by available information, including client self-report, practitioner judgement and collateral information.

Research design and methodological approach

An anonymised exploratory analysis of statistical data from the Probation Service related to prevalence of mental health problems was undertaken in January 2019. The data were collected from LSI-Rs completed by Probation Officers in 2017–2018. Anonymised data pertaining to the 'Emotional/Personal' sub-component of the LSI-R instrument was extracted from the overall dataset. Access to data was approved by the senior management team with ethical approval from the Probation Service research committee.

Data collection and analysis

The Statistical Package for the Social Sciences (SPSS) was used in the analysis of the quantitative data. The data were analysed using descriptive and frequency analysis and comparison of means data (t-tests, ANOVA). Data were screened and coded for gender, geographical region, age and team. The LSI-R questions contained within the 'Emotional/Personal subcomponent asked if the person experienced: (46) Moderate interference; (47) Severe interference; (48) Mental health treatment – Past; (49) Mental health treatment – Present; (50) Psychological assessment needed.[1]

Results

Descriptive results

A total of 9,534 LSI-R assessments completed by adult, community-based teams between 2017 and 2018 were included in the analysis. Men comprised

[1] Extract from The Level of Service Inventory – Revised (LSI-R) Training Manual — Emotional/Personal subcomponent (Q48) Psychological assessment indicated: 'Allows tester to score a risk factor in relation to an offender where there is concern about his/her psychological functioning that in the view of the tester increases risk. Scoring this item does not mean that a formal psychological assessment is required; it indicates an area of concern perhaps requiring further investigation.'

82.6% (*n* = 7,873) of the population, and women 17.4% (*n* = 1,661). The mean age was 30.4 years — 30 years for men and 32 years for women.

Thirty-seven per cent of the total sample were aged 18–24 years of age, 34% were 25–34 years, 23% 35–49 years, 4% aged 50–59 years, and 2% 60 years or above.

The Level of Service Inventory – Revised 'Emotional/Personal' subcomponent questions

Data from the LSI-R subcomponent are presented overall and for men and women. Table 1 shows the number and percentages for each LSI-R question overall, and for men and women.

Table 1. *Responses to LSI-R 'Emotional/Personal' subcomponent questions*

LSI-R question	*Men*				*Women*				*Overall*			
	Yes		*No*		*Yes*		*No*		*Yes*		*No*	
	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
Moderate interference	2744	**38.8**	4308	**61.0**	813	**53.4**	707	**46.4**	3557	**41.4**	5015	**58.4**
Severe interference	237	**3.3**	6812	**96.2**	54	**3.5**	1473	**96.4**	291	**3.4**	8285	**96.3**
Mental health (past)	2523	**35.7**	4521	**64.0**	794	**52.0**	722	**47.3**	3317	**38.6**	5243	**61.0**
Mental health (present)	1261	**17.8**	5789	**81.9**	468	**30.8**	1050	**69.0**	1729	**20.1**	6839	**79.6**
Psychological assessment	949	**12.7**	6391	**85.8**	204	**13.1**	1337	**85.6**	1153	**12.8**	7728	**85.8**

Over 40% of the population were identified as having mental health difficulties which moderately interfered with their lives, and 3.4% had mental health issues which severely interfered with their lives. Thirty-six per cent of men reported receiving past mental health treatment compared with 52% of women. A similar difference was noted with current treatment — 17.8% of men reported being at present involved in treatment, compared to 30.8% of

women. A psychological assessment was indicated in 12.8% of cases, similar for men and women.

Summary of findings

Over half of women and more than one third of men in respect of whom an LSI-R assessment was completed in 2017–2018 were reportedly experiencing moderate mental health issues. However, just over 30% of women and less than 18% of men were receiving treatment. There appears to be an unaddressed need among persons on supervision, particularly women, for engagement with or access to treatment. Furthermore, over 50% of women had a history of mental health treatment in the past, compared to 36% of men identified at the assessment stage. Based on these findings and learning, a second more in-depth study was agreed by the Probation Service. This would enable an examination of relevant issues and the development of a measure.

Study 2: Pilot study of mental health and wellbeing among Probation Service clients in Ireland

The second study expands on the previous review of LSI-R data and explores symptoms which may be indicative of mental health problems among clients engaged with Probation services, from the perspective of Probation staff. Past and current access to mental health services is included, as well as exploring potential barriers to accessing and engaging with services, and key issues which may impact significantly on a client's mental health. The Global Assessment of Functioning (GAF), a single-item standard mental health status measure, was also included.

Research design and methodological approach

Both a qualitative approach and survey method were used to explore mental health problems among clients engaged with the Probation Service. A semi-structured questionnaire was designed for the purpose of the evaluation in the absence of an available specific measure. The Mental Health Service Evaluation (MHSE) was developed in consultation with the Probation Mental Health Working Group. A small pilot of the questionnaire was undertaken by two Probation Officers and rated for clarity. The feedback was integrated into the revised questionnaire.

One urban Probation team participated in the study, which included Probation Officers and a Senior Probation Officer. Participants were asked to

complete the following measures on their caseload within the period of June/July 2019.

Mental Health Service Evaluation (MHSE): Power, C.L. (2019). Contains fourteen questions including descriptive information (gender, age and ethnicity) and past and current mental health problems, involvement with services, key issues which may impact on mental health and possible barriers to accessing services. Categorical questions were rated as 'Yes' or 'No'.

Global Assessment of Functioning (GAF): American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders (2000). The participant is asked to subjectively rate the social, occupational, and psychological functioning of an individual, e.g. how well one is meeting various problems-in-living. Scores range from extremely high functioning (100–91) to severely impaired (10–1).

Participants completed paper questionnaires based on their experience and observations of working with the individual client and any collateral information available to them at the time of completion. No individual interviews with clients were required. It was emphasised to participants that all questionnaires were anonymous and no client or Probation staff names would be required. Completed questionnaires were returned anonymously to the principal researcher in an unmarked envelope, and data were held in a secure cabinet within Probation headquarters.

Ethical considerations

Ethical issues were taken into account, including gaining informed consent from participants and ensuring confidentiality and anonymity. The principal researcher met with the Probation team and provided an outline of the research and asked for written consent from the Probation Officers prior to completion of questionnaires. All data were kept strictly confidential. The name of the team was not published to ensure team, client and data anonymity. The study had ethical approval from the review committee at the Probation Service.

Data collection and analysis

The Statistical Package for the Social Sciences (SPSS) was used in the analysis of the quantitative data. The data were analysed using descriptive and frequency analysis. Comparison of means data (t-tests, ANOVA) were used on scale data, including age, Global Assessment of Functioning scale and concern reported by Probation Officers. Chi-square tests were used to

examine the relationship between formal diagnosis, past and current involvement with services, symptoms indicative of mental health problems, key issues and barriers to access and categorical demographic variables including gender and age.

Results

Descriptive results

A total of 98 questionnaires were returned, 74% of the total caseload. Of those, 91% related to men (n = 89) and 9% to women (n = 9). The mean age was 37 years — 37 years for men and 32 years for women.

Thirty-nine per cent of the total sample were aged 35–49 years of age, 35% were 25–34 years, 12% aged 50–59 years, 11% 18–24 years, and 2% were aged 60 years or above. Of those, 92% were reported as White Irish, 3% Irish Traveller, and 5% African, Asian or Romanian.

Forty-one per cent of the population were unemployed, 24% were engaged in a drug and/or alcohol rehabilitation programme, 25% were in full-time or part-time employment; two clients were enrolled on training programmes, and five clients were reported as full-time parent, retired, or disabled.

The primary offence type recorded was acquisitive offences (33%), followed by drug-related offences (26%), violence (against the person) (11%), sexual offending (9%), public order offences (8%), driving offences (6%), and property crime and 'other' (4%).

Mental health and access to services

A third of clients were identified as having a formal mental diagnosis provided by a qualified clinician (men 27%; women 67%), and 40% of clients had received some form of assessment or intervention for mental health problems in the past (men 36%; women 78%).

Probation Officers rated 42% as presenting with active symptoms of mental health problems (men 40.4%; women, 55.6%) and 21% of clients were identified as being engaged with some form of service for their mental health needs at the time of completion (men 21%; women 22%).

Indicators of mental health problems and past mental health intervention

Anxiety disorders were reported in 13% of cases, followed by mood disorders (9%) and stress disorders (7%). Personality disorders and related traits (5%) and schizophrenia or other primary psychotic disorder (4%) were both reported only in men.

Where clients had received assessment or intervention by a practitioner in the past, 16% received treatment from their GP with medication (n = 16), 12% were identified as having had contact with in-patient psychiatric services, and 10% had had contact with a Community Mental Health Team (CMHT).

Active symptoms indicative of mental health problems and current service

The most frequently reported symptoms of mental health problems identified by Probation Officers among their clients were sadness and low mood (26%), and anxiety-related symptoms (18%). Withdrawal and social isolation were reported in 9% of cases, self-harm (3%) and symptoms of delusions, paranoia or hallucinations (3%) reported only in men. Active suicidal ideation was reported in 5% of cases.

Of those currently engaged with some form of service for their mental health, 14% were being treated with medication by their GP and 4% were engaged with a Community Mental Health Teams (CMHT) and/or psychiatry, only men.

Barriers and key life issues impacting on mental health

Probation Officers reported client lack of insight into their mental health as a barrier to access to appropriate services (15%). Three clients did not have an allocated GP, and two clients declined to engage with mental health services following GP referral. One client was deemed by their GP to be unsuitable for referral to a mental health service.

Probation Officers also identified key issues which they perceived as likely to be contributing to mental health problems. Chronic misuse of alcohol and/or drugs was most frequently identified, followed by difficult family relationships and accommodation instability. Social isolation was identified in 12% of cases, and gang affiliation in 7%, both identified only in men. Chronic misuse of non-prescribed drugs (35%), alcohol misuse (22%), and prescribed drug misuse (16%) were identified.

Global Assessment of Functioning (GAF)

Probation Officers completed the Global Assessment of Functioning (GAF) for each client. Table 2 shows the number and percentages of ratings across each GAF scoring range.

Table 2. *Ratings across each GAF scoring range*

GAF score	*GAF description*	*Overall*	
		%	(*n*)
100–91	No symptoms. Superior functioning in a range of activities.	4.0	4
90–81	Absent or minimal symptoms; good functioning in all areas, socially effective, no more than everyday problems or concerns.	15.2	14
80–71	If present, symptoms are transient and expectable reactions to psychosocial stressors; no more than slight impairment in social and/or occupational functioning.	17.4	16
70–61	Some mild symptoms **or** difficulty in social, occupational functioning, but generally function well with meaningful interpersonal relationships.	26.1	24
60–51	Moderate symptoms or moderate difficulty in social, occupational functioning (few friends, conflicts with peers/co-workers).	17.4	16
50–41	Serious symptoms or any serious impairment in social or occupational functioning (no friends, can't keep a job).	4.3	4
40–31	Significant impairment in reality testing or communication or major impairment in several areas (work, family relationships, judgement, thinking mood).	4.3	4
30–21	Behaviour considerably influenced by delusions or hallucinations or severe impairment in communication or judgement or inability to function in most areas.	1.1	1
20–11	Major impairment. Some danger of hurting self or others or occasionally fails to maintain minimal personal hygiene or gross impairment in communication.	1.1	1
10–1	Persistent danger of severely hurting self or others or persistent inability to maintain minimal personal hygiene or serious suicidal act with clear expectation of death.	–	–

Clients were most often identified as presenting with mild to moderate symptoms, such as depressed mood and mild insomnia, possible flat effect or occasional panic attacks and some difficulty with social and/or occupational functioning for those experiencing moderate symptoms.

Summary of findings

Probation Officers indicate that a third of their clients had a previous formal mental health diagnosis and 40% had accessed a service for mental health assessment and/or treatment, or both, in the past. Forty-two per cent of clients were identified by Probation Officers as presenting with active symptoms of mental health problems and 21% were identified as currently receiving some form of service for mental health problems.

Approximately 20% of clients identified as presenting with active symptoms of mental health problems were not engaged with any services to address their mental health needs. Of those receiving some form of input for mental health health problems, most were treated with medication through their GP. Mild to moderate symptoms were most often identified on the GAF.

The findings are consistent with the previous study; however, the study is subject to limitations. It is based on self-report with one urban, inner-city team, and did not reflect the national service. In addition, there were considerably fewer women within the sample than men, which did not allow for accurate comparison. Furthermore, the issue of co-morbidity is also particularly relevant and the numbers reported for alcohol and drug misuse and personality disorder appear particularly low when compared to previous studies undertaken in probation populations. The mental health service evaluation measure was developed for this study and therefore not validated in other settings.

Study 3: Mental health among clients across five regional teams

A third, larger representative study using the Mental Health Service Evaluation (MHSE) and the Global Assessment of Functioning (GAF) was conducted with five teams across five Probation Service regions.

Research design and methodological approach

The third study utilised similar survey methodology, measures and administration method to the pilot study. The measures included Mental Health Service Evaluation (MHSE) and the Global Assessment of Functioning (GAF).

Five Probation teams, including Probation Officers and Senior Probation Officers, participated in the study. The five teams included two specialist urban teams, two rural teams and one general urban team, which are not published, to ensure team, client and data anonymity. The study received ethical approval from the review committee at the Probation Service. A similar methodological approach as that used in the previous study was applied.

Statistical Package for the Social Sciences (SPSS) was used for analysis of quantitative data, descriptive analysis (frequencies) and Chi-square tests to explore the relationship between variables: formal diagnosis, past and current involvement with a service, symptoms indicative of mental health problems, key issues and barriers to access, and categorical demographic variables including gender, team and age categories. Comparison of means data (t-tests) were used on scale data.

Results

Five hundred completed questionnaires were returned, 8% of the total population of clients on general supervision order as of 1 February 2019. Seventeen per cent were aged 18–24 years, 46% 25–34 years, 29% 35–49 years, 6.1% 50–59 years, and 1.7% were 60 years and over.

For ethnicity, 85.3% were identified as White Irish, 7.5% as White Irish Traveller, 6.3% Other White background, 0.6% Black African, and 0.2% Mixed ethnic group.

Concerning occupation, 58.2% were unemployed, 17.6% in full-time employment, 5.4% in drug and/or alcohol rehabilitation, and 4.8% vocational/apprentice training, 4.8% in full/part-time education. Ten individuals were identified as full-time parents, two full-time carers and 6.7% were reported as 'other'.

The primary offence type included 'violence' (against the person) (31%), acquisitive offences (23%), drug related (16.6%), public order offences (11.9%), property crime (7%), sexual offending (4.2%), driving offences (3.2%) and 'other' (3%).

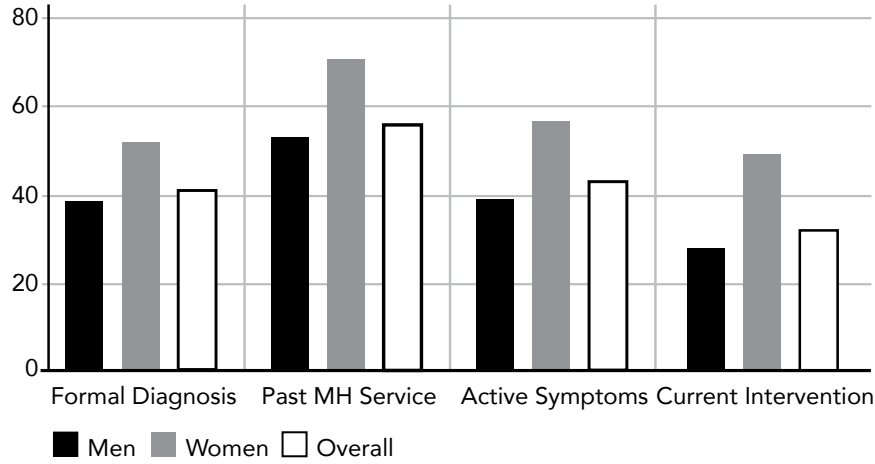
Two specialist urban teams were included: Team A (30%; $n = 150$) and Team D (8%; $n = 42$); two rural teams: Team B (9.4%; $n = 47$) and Team C (30%; $n = 147$); and one general urban supervision team: Team E (23%; $n = 114$). All teams were mixed gender with the exception of Team B, a men-only service.

Mental Health Service Evaluation (MHSE)

Overall, 41% of clients were identified as having a formal mental diagnosis provided by a qualified clinician (men 38.5%; women 52.3) and 56% of clients had received some form of assessment or intervention for mental health problems in the past (men 52.5%; women 70.5%).

Probation Officers identified 43% with active symptoms of mental health problems (men 40.2%; women, 56.8%), and 32% of clients were identified as being engaged with some form of service for their mental health needs at the time of completion (men 28%; women 48.9%). Figure 1 shows the percentages on the service evaluation questions overall and for men and women.

Figure 1. *Percentages across service evaluation questions overall and for men and women*



Women present with a higher rate of formal mental health diagnosis than men and are more often diagnosed with mood disorder (12% men; 27% women) and stress disorder (5% men; 11% women). Only men had a diagnosis of personality disorder (4%), and disruptive behaviour or dissocial disorders (2%).

More women than men had past mental health assessment or intervention, or both (community and/or custody), and women had higher rates of contact with services, such as: GP and medication (21% men; 39% women), Community Mental Health Team (CMHT) (11% men; 19% women). However,

more men than women had been seen by psychology, psychiatry, addiction services and healthcare services whilst serving a custodial sentence.

More women than men present with active symptoms of mental health problems. Women were reported as having higher or similar rates on all indicators of mental health problems, with the exception of withdrawal and isolation and intrusive thoughts/images.

More women than men are currently engaged with services including GP and medication (17% men; 33% women), Psychiatry — Community Mental Health Team (CMHT) (10% men; 15% women), Primary Care Psychology (1% men; 3% women). More men than women were identified as experiencing mental health problems but fewer were accessing services (21% men; 15% women). Barriers to accessing mental health services included 'client declines to engage', 'limited insight into severity of symptoms' and 'client deemed unsuitable for mainstream mental health services or no service available'.

Global Assessment of Functioning (GAF) measure

Over half of clients (61%) were rated as having Global Assessment of Functioning (GAF) scores in the 'slight impairment', 'mild symptoms' and 'moderate symptoms' range; 19% were rated as presenting with serious and severe mental health symptoms.

Half (50%) of men's, and 70% of women's GAF scores fell in the 'slight impairment', 'mild symptoms', and 'moderate symptoms' ranges, consistent with the overall scores. It is notable that 10.5% of men's and 9% of women's GAF scores fell between the serious and severe ranges (GAF: 40–31; 30–22; 20–11); 1.5% of men's scores fell in the 10–1 GAF range, that is, six men described as 'in almost constant danger of hurting themselves or others'.

Mental Health Service Evaluation data presented by team

Teams were classified by type of supervision team, including specialist or general supervision team and rural and urban settings. Table 3 shows the number and percentages on service evaluation questions overall and across teams.

Table 3. *Ratings across service evaluation questions*

Team	Mental Health Service Evaluation (MHSE)							
	Formal diagnosis		Past mental health service		Active symptoms mental health problems		Current intervention	
	%	(*n*)	%	(*n*)	%	(*n*)	%	(*n*)
Team A Specialist 1	**41**	61	**49**	**74**	**50**	74	**32**	48
Team B Rural	**38**	18	**66**	31	**32**	15	**36**	17
Team C Rural	**43**	64	**57**	84	**46**	67	**35**	51
Team D Specialist 2	**28**	12	**55**	23	**43**	18	**19**	8
Team E Urban general	**45**	51	**60**	68	**36**	41	**31**	35
Overall	**41**	206	**56**	280	**43**	216	**32**	159

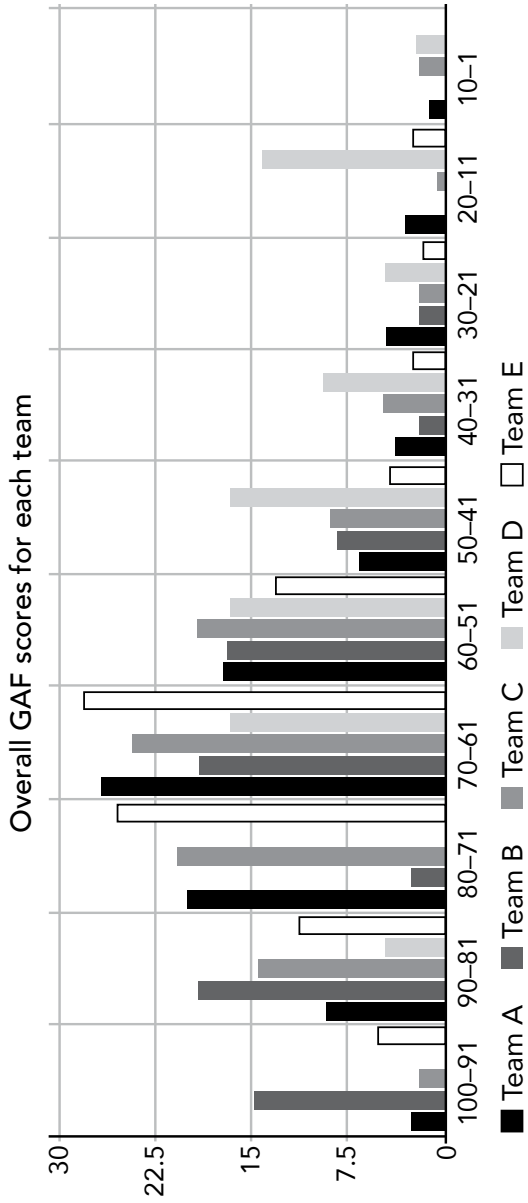
Team D had the lowest rate for formal diagnoses compared to the average figure (41%) and other teams (38–45%); and the urban general supervision Team E reported the highest rate. Team D reported the lowest rate of clients currently engaged with services (19%) and the highest rate of schizophrenia (14%) and past contact with CAMHS (19%). Clients are less likely to be treated by their GP and rated higher on withdrawal and social isolation than other teams.

Specialist Team A reported the lowest rate of past contact with a service overall (56%) and across teams (49%), and the highest rate of current active symptoms (50%). In contrast, the rural supervision Team B reported having had the highest past contact with services (66%), the lowest rate of active symptoms of mental health problems (32%), and 36% were currently engaged with a service

Global Assessment of Functioning (GAF)

Figure 2 shows the percentages of GAF ratings presented for each team.

Figure 2. *Percentages of GAF scores by team*



The GAF scores are generally comparable across teams. Scores are highest within the mild–moderate symptom range, with fewer scores indicating severe and enduring mental health symptoms. However, the distribution of GAF scores in Team D indicates more complex mental health symptomatology. Scores are skewed towards the middle and lower end of the GAF ranges, indicating serious and severe and enduring symptoms. Probation staff often report high levels of concern with regard to their clients' mental health. Furthermore, when percentages between 'active symptoms' and current intervention are compared, the range for all five teams is 4–24%, with Team D presenting the biggest gap of 24%.

Summary of findings

Forty per cent of clients were identified as having a formal mental health diagnosis, and the most frequently reported diagnoses include anxiety and mood disorders. Over 50% of clients have received some form of assessment or intervention or both, in the past, most often receiving medication from a GP. Eleven per cent were identified as having had contact with in-patient psychiatric services in the past.

Over half of women and 40% of men are reportedly experiencing active symptoms of mental health problems, and the most often reported symptoms indicative of mental health problems relate to depressive symptoms and anxiety. A high level of suicidal ideation and self-harming behaviour is identified. This is of concern for the Probation Service and the wider health services. The finding highlights the importance of raising awareness and providing education and training in line with the National Office for Suicide Prevention national and regional policies.

Poor client insight into their mental health problems and lack of willingness to engage with services were identified as barriers preventing access to mental health services, along with 'client deemed unsuitable for mainstream mental health services or no service available'. Probation staff rated 'none' or 'insufficient' engagement with their clients' current service provider in 17% of cases.

Over half of clients were rated as having Global Assessment of Functioning (GAF) scores in the 'slight impairment', 'mild symptoms', and 'moderate symptoms' range; and a fifth were rated as presenting with serious and severe mental health symptoms, which varied across teams. There appears to be some difference between the types and frequency of indicators of mental health problems and symptoms identified by Probation Officers and the GAF

ratings provided. This may suggest gaps in understanding and confidence in assessment and possible limited knowledge and training needs in the area of mental health problems and identification of symptoms.

Discussion

The three studies completed to date have explored and identified the prevalence and types of symptoms indicative of mental health problems among clients engaged with probation services from the perspective of Probation Officers. The three studies combined confirm a significant incidence of mental health issues among persons on supervision. These findings provide the Probation Service, as well as the Department of Justice and Equality and the Department of Health, with data to evidence the need for appropriate mental health services and for cross-agency and interdisciplinary working with clients presenting with a range of mild, moderate, and severe and enduring mental illness within the criminal justice system.

Mental health is an important criminogenic factor to be taken into account in assessment and supervision. In particular, it impacts directly on a person's capacity and ability to benefit from supervision and interventions, especially when a mental health problem is a co-morbid presentation with a drug and or alcohol problem. The study demonstrates that there are several barriers to accessing appropriate service at the right time, such as client engagement with services and also the willingness of mainstream health services to take appropriate referrals. This highlights the importance of linking and supporting clients' engagement with services, and developing multi-disciplinary partnerships and active working with mental health professionals to maximise benefits of supervision and to reduce offending behaviour. This will ultimately require a proactive approach towards making those links locally and nationally through senior management and the Mental Health Working Group.

Based on the significant gaps in the data gathered, assessing mental health functioning and asking relevant questions, making appropriate referrals and working effectively with mental health professionals require additional skills training and guidance for Probation Officers. It is unlikely that general Probation Officer training provides enough assessment skills or information for Probation Officers to be confident when making referrals. This is further complicated by difficulties in identifying appropriate formal pathways to accessing mental health services, which can vary depending on the resources and availability of services locally and regionally.

There are differences between the types of teams within the evaluation, indicating the need for a tailored approach. This will require working with individual teams to develop an engagement strategy, particularly for those clients presenting with active symptoms but not currently engaged with services. This should be offered alongside additional training and psychoeducation, beginning with the most common mental health problems, such as depression and anxiety disorders.

It is also particularly concerning that 50 individuals were indicated on the GAF as presenting with serious and severe symptoms indicative of mental illness, and six men were identified as being 'in almost constant danger of self-harm or harm to others'. This raises many questions, in particular, how we support clients to get access to appropriate mental health services, and how we as a service support Probation Officers working with individuals with a range of complex mental health needs.

These preliminary studies are subject to several limitations. The scoring of questions is at the discretion of the individual Probation Officer, and there is limited formal mental health training provided to Probation Officers. As such, it may be that the incidence of mental health is an underestimate or an overestimate. It is clear, however, that questions requiring a more nuanced understanding and identification of specific symptoms and indicators of mental health problems were not well answered when compared with the ratings provided on the GAF. This does suggest possible gaps in understanding, confidence and knowledge in basic assessment of mental health, and a need for further training and skills development in recognition of symptoms of mental health problems.

Furthermore, this study does not address issues of co-morbidity or other related addiction issues, which is a significant limitation. The findings are difficult to compare with mental health data collected in other jurisdictions, because of the differences in service provision — for example, the lack of services offering assessment and intervention for those with personality disorder. Furthermore, the GAF measure is subject to several limitations as a one-rating scale, and the mental health service evaluation was designed solely for the purpose of this review; however, the studies provide a snapshot of significant mental health needs among clients. Further research is required, to explore mental health, particularly from a service user's perspective.

The findings, drawn from practice research, highlight data and valuable information to support initiatives across a number of areas of work in the organisation; inform the workplan of the Probation Service Mental Health

Group as it oversees the implementation of the guidance framework, interagency negotiation and collaboration; and provide an evidence base to inform the choreography of future practitioner training that enhances confidence and capacity to engage with these issues that can often be consigned to the margins of practice. The full research report and findings will be published as a Probation Service Research Study in 2020 and will be available on www.probation.ie.

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