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SOCIAL WORK



THE PEW CHARITABLE TRUSTS

ADDRESSING MENTAL ILLNESS AMONG PEOPLE ON PROBATION IN THE UNITED STATES

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AMERICAN PROBATION AND
PAROLE ASSOCIATION

PRESENTATION OVERVIEW

- Probation and mental health services in the U.S. context
- Prevalence of mental health and substance use disorders in the U.S.
- Research on mental health probation
- National Survey of Probation and Mental Health
 - Prevalence of mental health conditions
 - Challenges supervising people with mental illnesses
 - Approaches to supervising people with mental illnesses
- Implications for Policy and Practice
- Q&A

ACKNOWLEDGEMENTS

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PROBATION AND MENTAL HEALTH SERVICES IN THE U.S. CONTEXT

DECENTRALIZATION AND THE U.S. PROBATION AND MENTAL HEALTH SYSTEMS

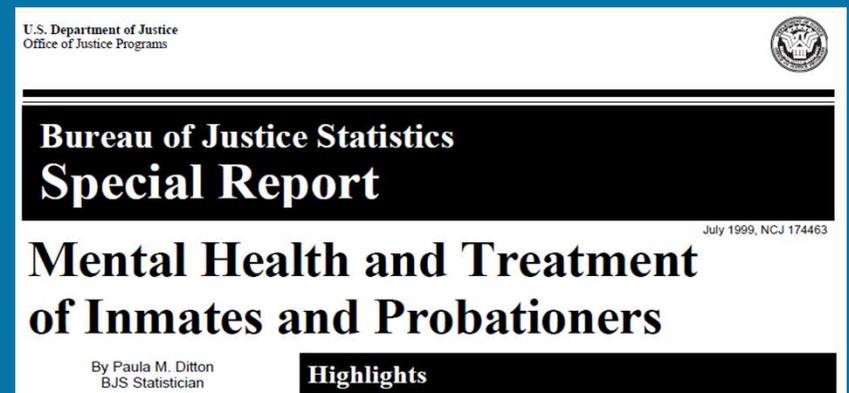
- Probation system
 - No national system for probation
 - Governance and administration varies by state, for example:
 - State-level governance with county-level administration by public entity
 - County-level governance with county-level administration by private entity
 - Governance and administration can vary by felony vs. misdemeanor probation
- Mental health services
 - Financing by public resources (e.g., Medicaid) vs. private resources (e.g., employer-based health insurance)
 - Funding and reimbursement handled by managed care organizations and insurance companies
 - Funding managed differently state to state

How is Prevalence Determined?

- How is mental illness defined?
- Does the agency track the information?
- What instrument is being used?
 - Psychometric properties
- Screening vs. assessment
- Who is included in the sample?
 - Psychiatric population vs. general probation population

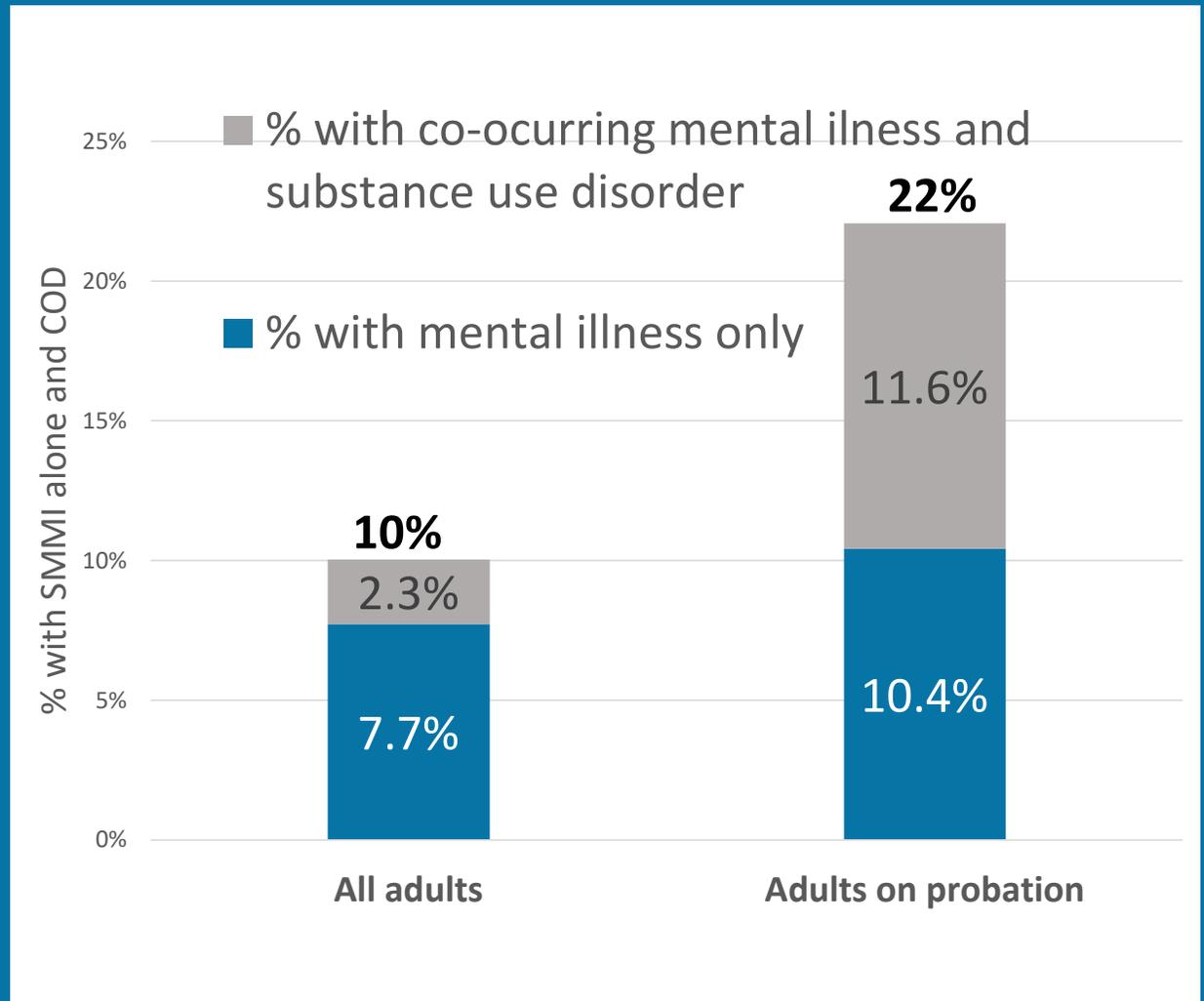
Prevalence of Mental Health Conditions Among People on General Probation in the U.S

- 16% of people on probation identified as having a mental health condition (BJS, 1999)
 - Mental health condition defined as: having a mental or emotional condition or a history of psychiatric hospitalization
- 27% based on the 2001 National Household Survey on Drug Abuse (Crilly et al., 2009:

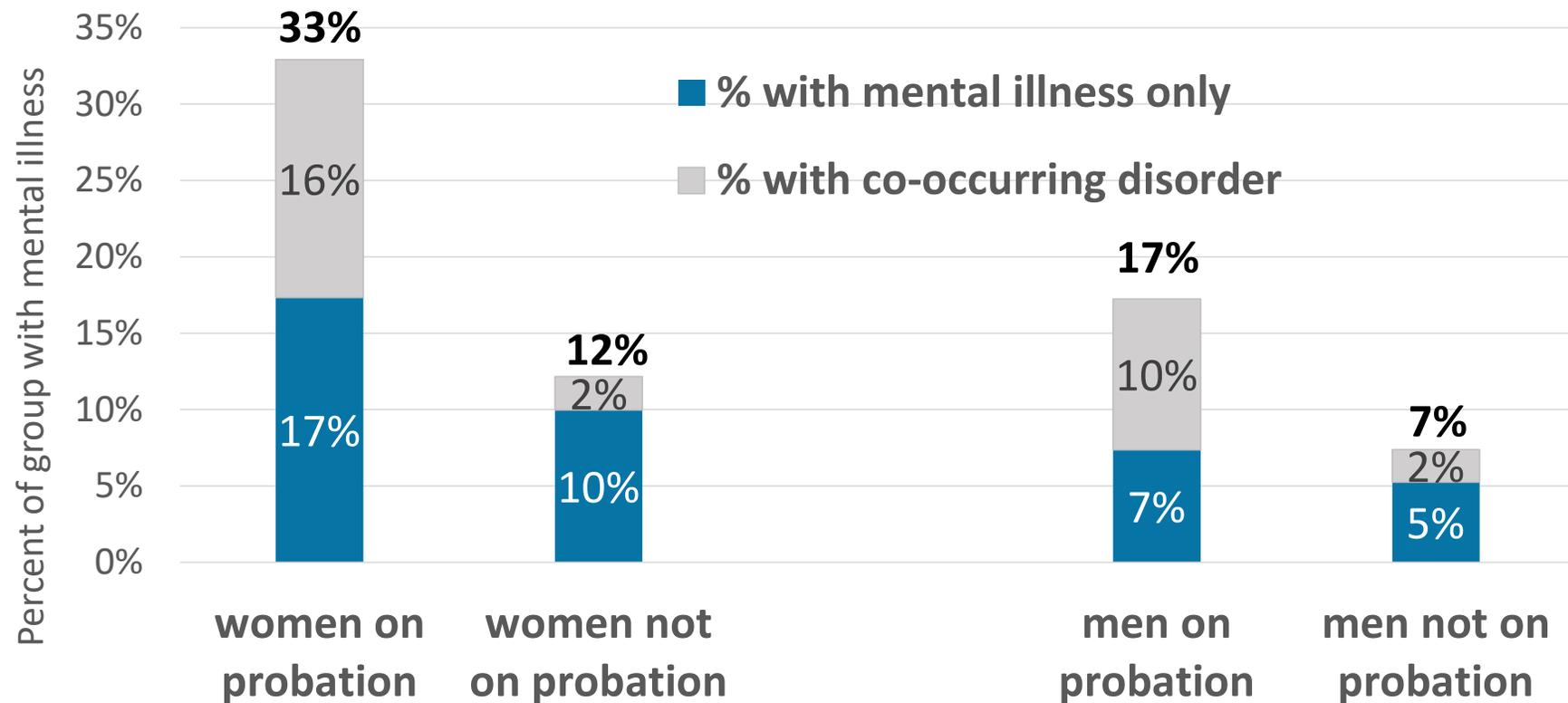


**ESTIMATES USING DATA FROM
NATIONAL SURVEY OF DRUG USE AND
HEALTH (NSDUH)**

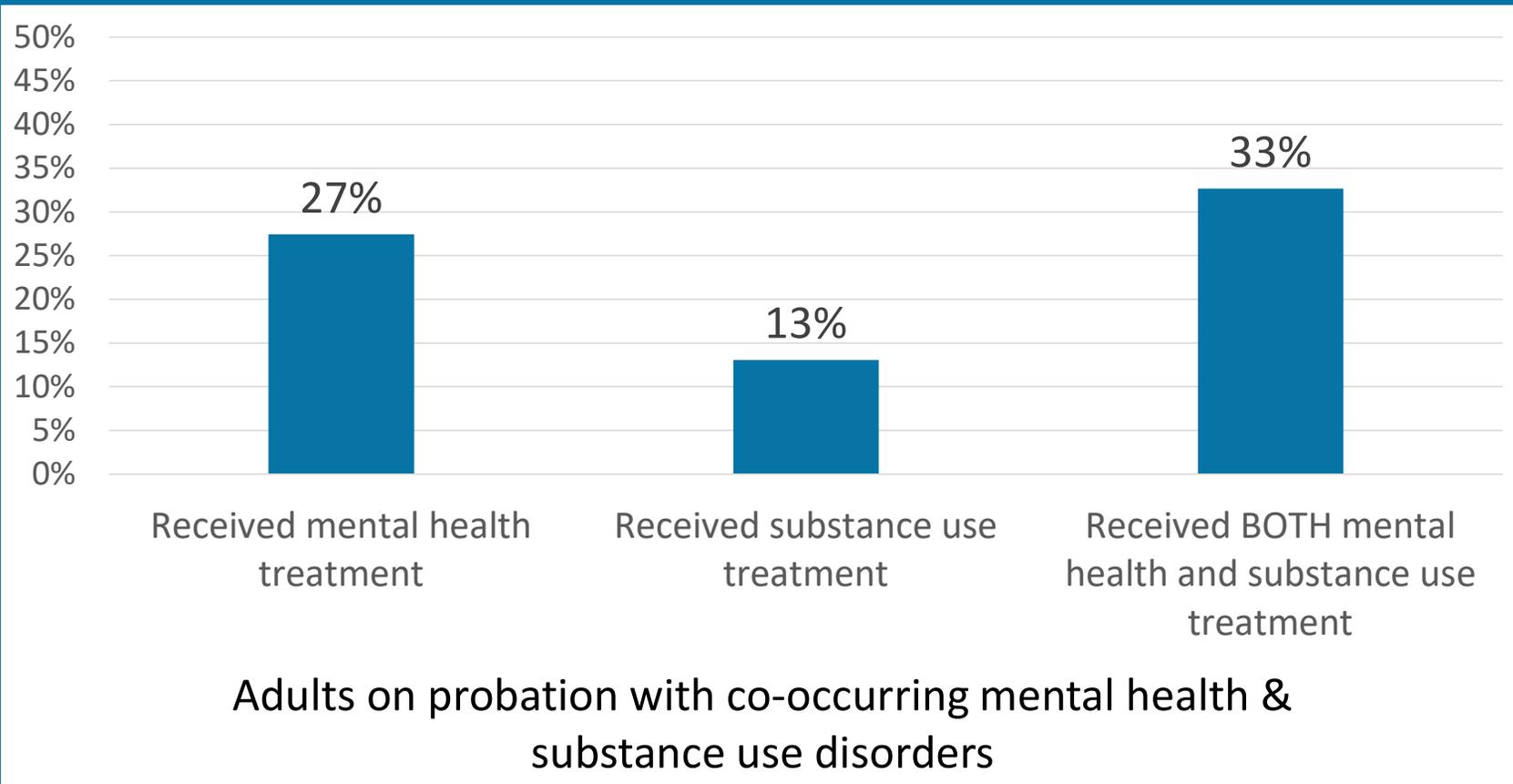
Adults on probation in the past year were twice as likely to have a mental illness as those in the general population.



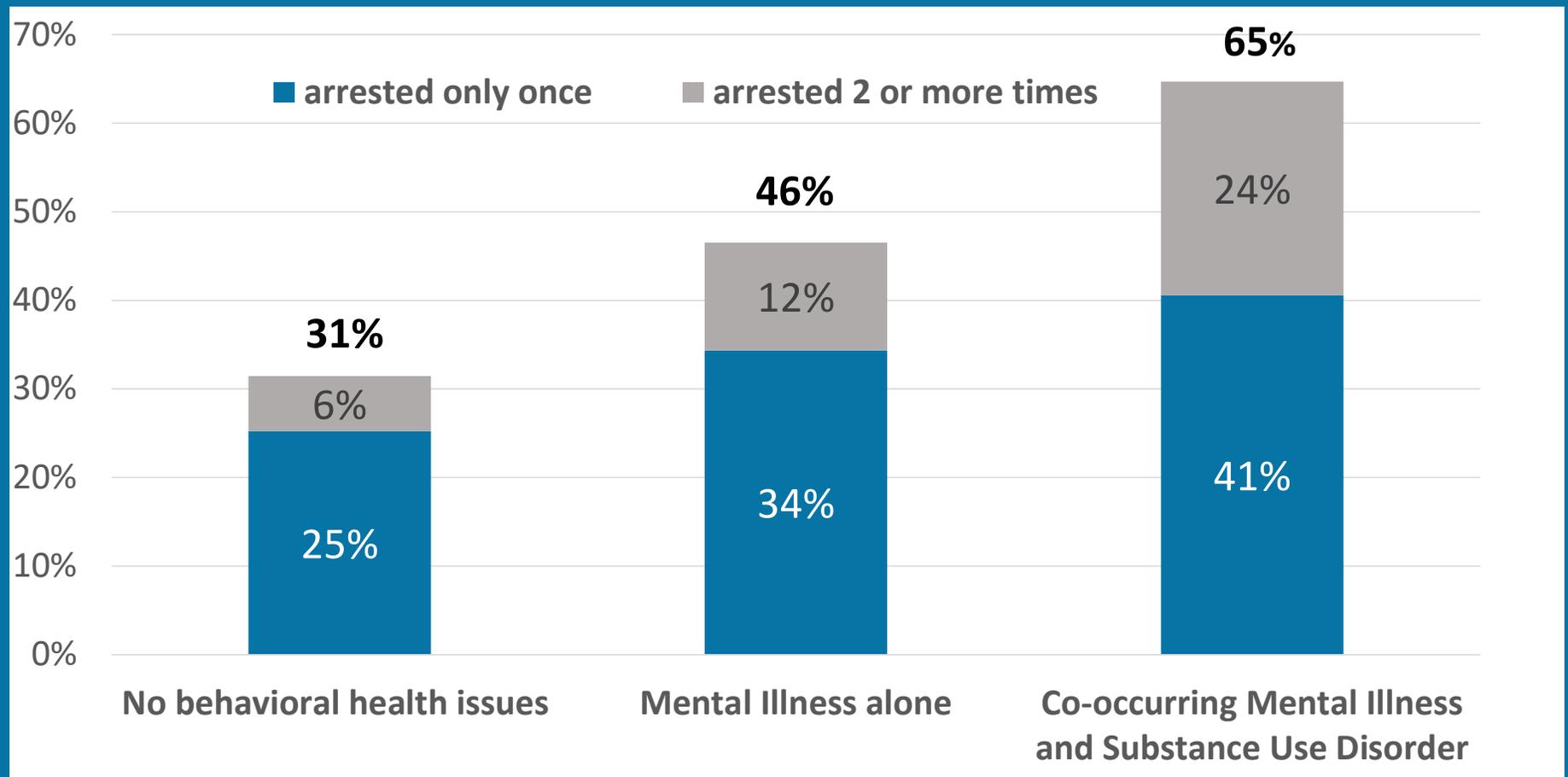
1 in 3 women on probation had a mental illness



Only 1 in 3 adults on probation with co-occurring disorders received treatment for both mental health and substance use disorder.

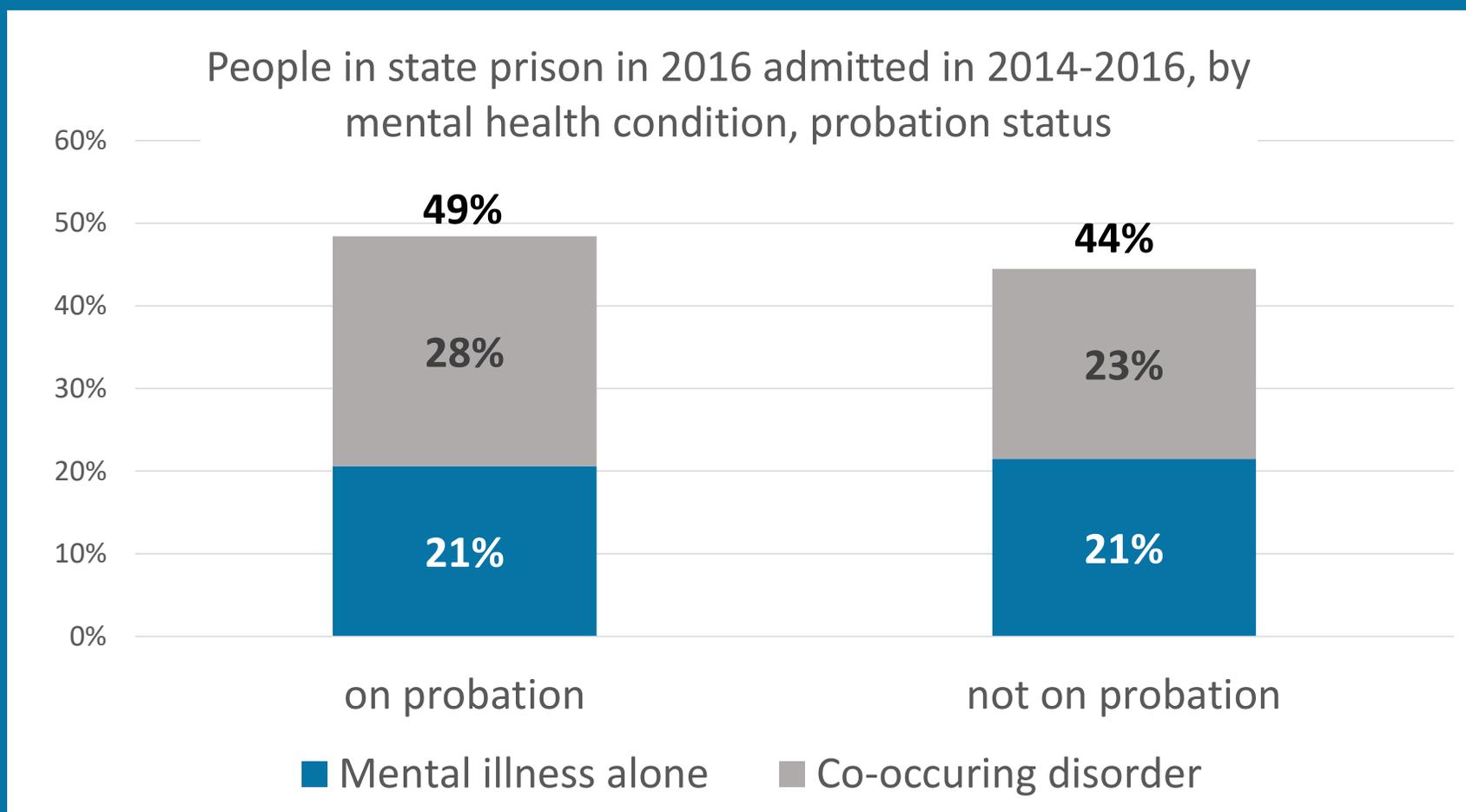


Adults on probation with MI are more likely to be arrested in past year than those with no behavioral health issues

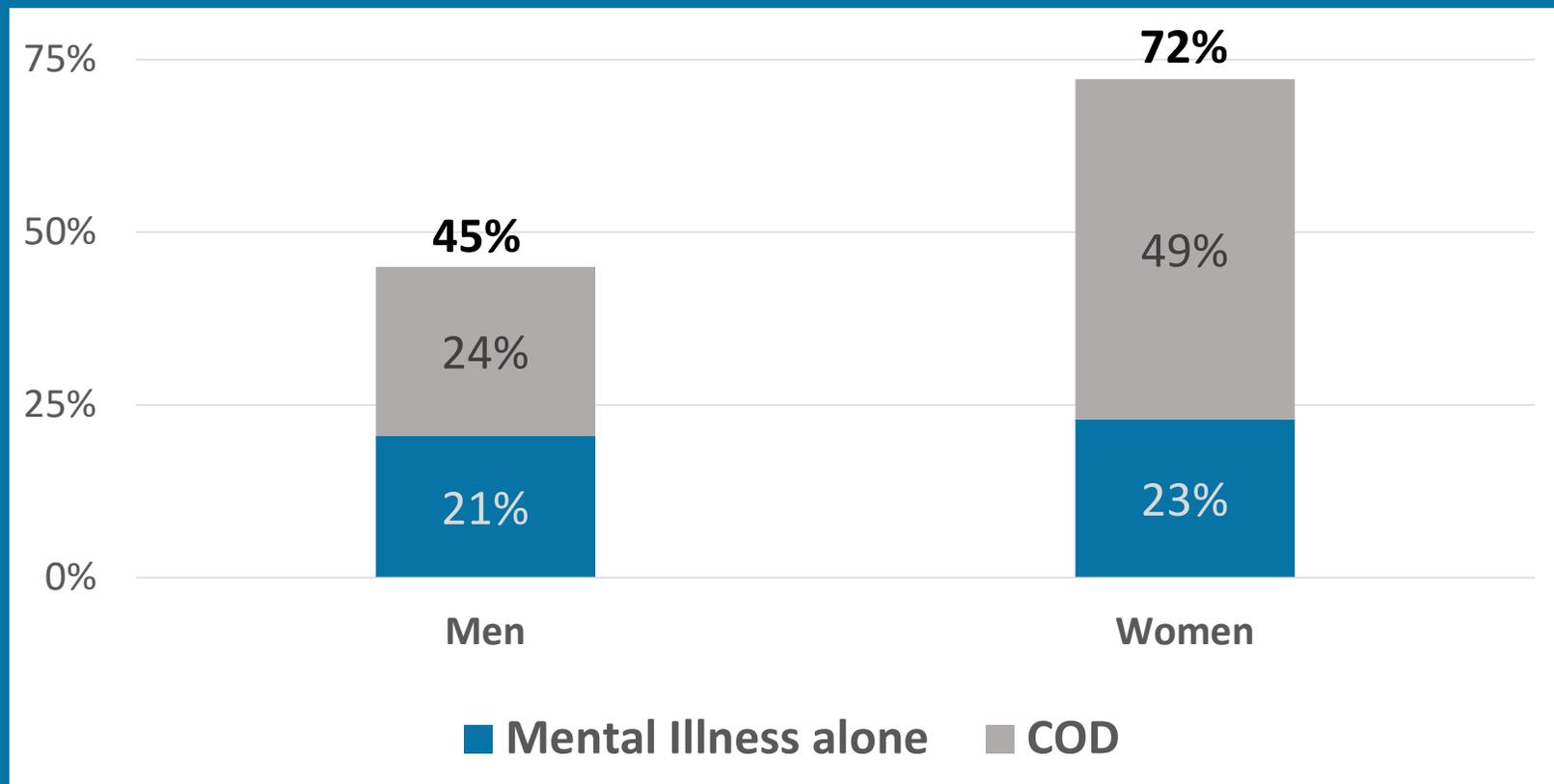


**DATA FROM U.S. BJS NATIONAL
SURVEY OF PRISON INMATES, 2016
(SPI)**

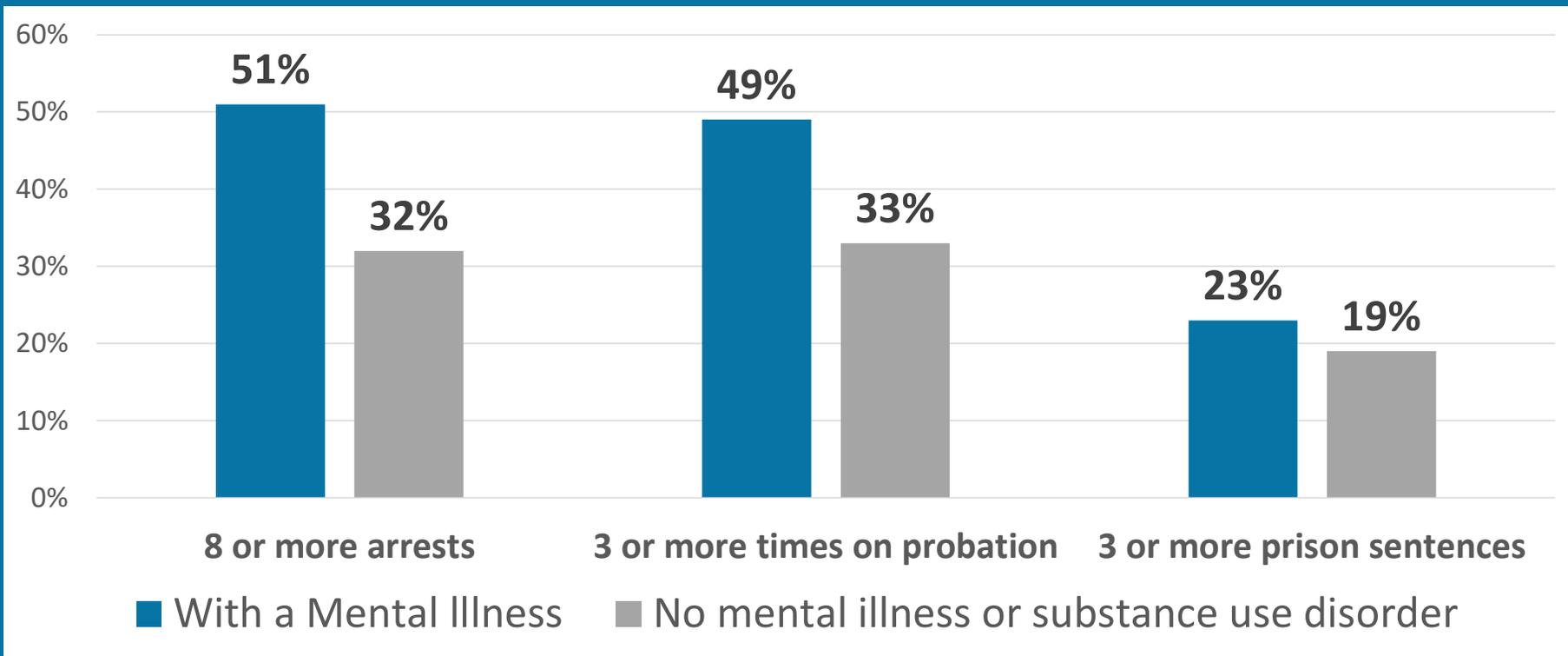
A greater share of people imprisoned from probation had a mental illness than those not on probation



Almost 3 in 4 women entering prison from probation have a mental illness



People with MI on probation at time of entry to prison were more likely to have had multiple criminal justice system encounters than those with no behavioral health issues



RESEARCH ON MENTAL HEALTH PROBATION

RESEARCH ON MENTAL HEALTH PROBATION

- The academic research has focused on one prototypical model advanced by Skeem and colleagues in 2006
- Four studies have focused on this prototypical model and findings are mixed
 - Fewer jail days, less likelihood of re-arrest, fewer violations resulting in arrest
 - For the number of probation violations, one study showed an increase, one showed a decrease, and one showed no effect
 - Greater likelihood of treatment engagement, improvement in mental health symptoms
- Although these studies advanced the research, the model is not representative of U.S. probation agencies' approaches

PROBATION, MENTAL HEALTH, AND MANDATED TREATMENT

A National Survey

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A large number of probationers with mental illness (PMIs) are under supervision in the United States. In this national survey, we compared the supervision approaches of a matched sample of 66 specialty mental health and 25 traditional probation agencies. The prototypic specialty agency has five key features that distinguish it from the traditional model: (a) exclusive mental health caseloads, (b) meaningfully reduced caseloads, (c) sustained officer training, (d) active integration of internal and external resources to meet PMIs' needs, and (e) problem-solving strategies as the chief means for addressing treatment noncompliance. Probation supervisors perceived these specialty features as "very useful" and perceived specialty agencies as more effective than traditional ones for PMIs. However, the most important feature of the prototypic specialty agency may also be the most endangered: reduced caseloads. Implications for research and practice are presented.

Keywords: probation; mental health; specialty supervision

NATIONAL SURVEY OF PROBATION AND MENTAL HEALTH

STUDY METHODS

- Sampling
 - Random selection of 315 counties across U.S.
 - Outreach to probation agencies representing selected counties
- Survey – 5 sections
 - General information about adult probation
 - Process for identifying people with MI
 - Information about specialty mental health probation approach
 - Information about standard caseloads
 - Respondent information and demographics
- Interview - 9-item guide with 3 sections:
 - Challenges supervising people with mental illnesses
 - Implementation of specialty mental health probation approach
 - COVID-19 challenges and adaptations
- Analysis
 - Quantitative: Descriptive, bivariate inferential statistics
 - Qualitative: General inductive coding

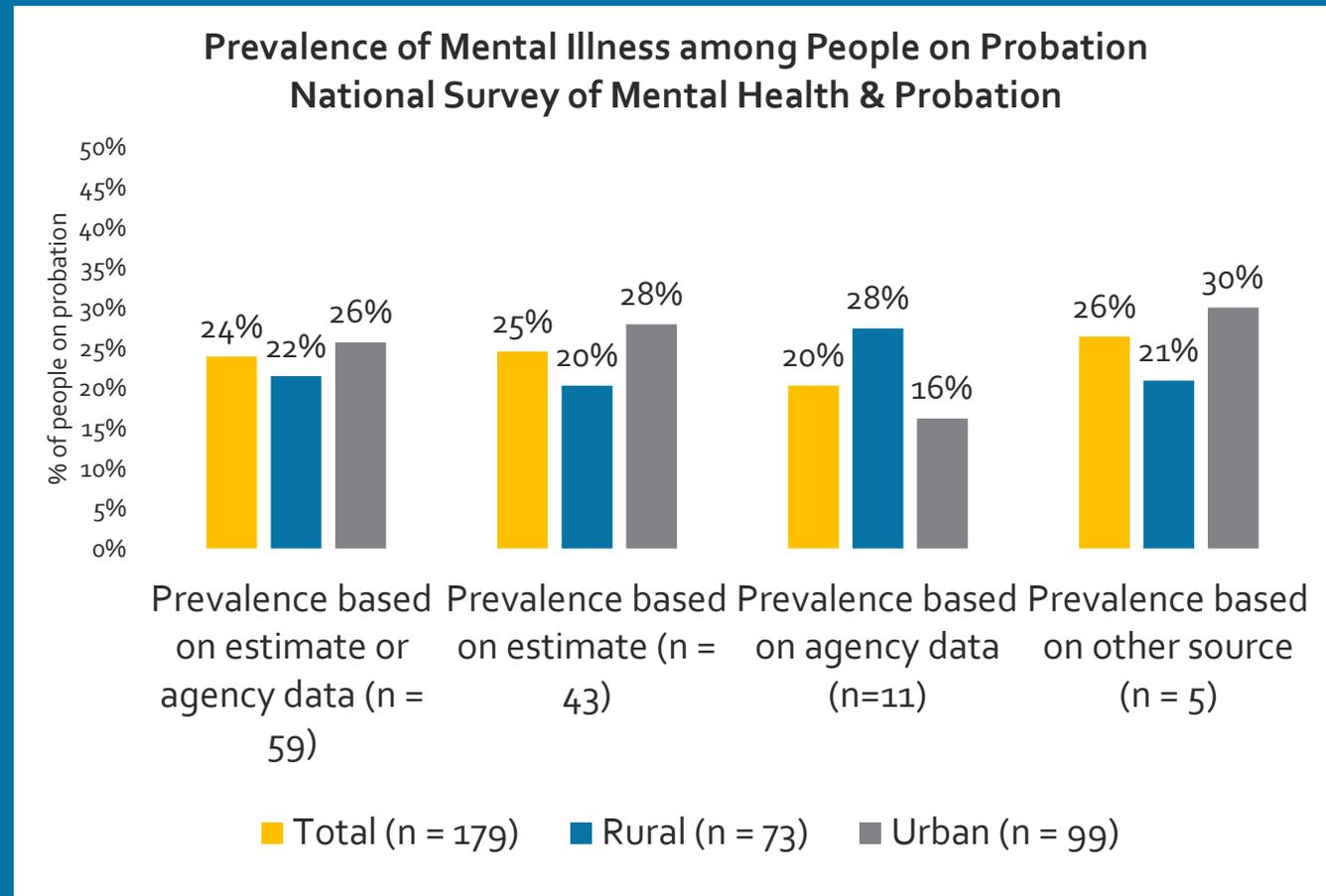
PREVALENCE ESTIMATES FROM THE NATIONAL SURVEY OF PROBATION AND MENTAL HEALTH

Respondents were asked to provide the percentage of people on probation in their county who had a mental illness, including:

- 1) A documented mental illness by a mental health provider (e.g., schizophrenia, bipolar disorder, depression, etc.)
- 2) Individual self-report of a diagnosis from a medical professional; or
- 3) A potentially undiagnosed mental illness that was flagged using an agency's screening or assessment instruments

Prevalence of Mental Illness, NSPMH

- Overall prevalence: 23.99%
- Prevalence based on agency data: 20.37%
- Prevalence based on agency respondent estimate: 24.63%
- Almost 73% estimated the prevalence of mental illness
- 62% reported their agency did not track mental illness
- Results fell within the range of previous studies



CHALLENGES IDENTIFIED IN THE NATIONAL SURVEY OF PROBATION AND MENTAL HEALTH

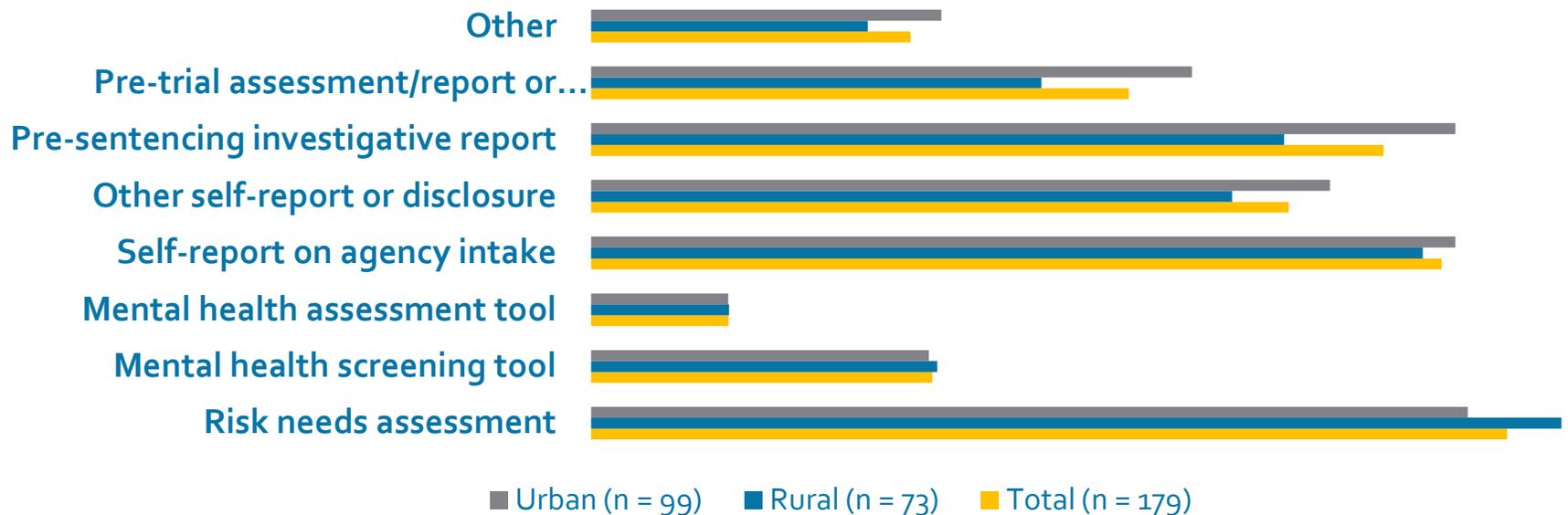
- Challenges accessing housing, transportation
- Changing treatment provider landscape
- Limited capacity and accessibility of mental health services
- Obtaining mental health information from referring agencies

CHALLENGES IDENTIFIED IN THE NATIONAL SURVEY OF PROBATION AND MENTAL HEALTH, CONT.

- Communication barriers between probation and other entities
- Lack of collaboration across organizations
- Officers balancing treatment and public safety approach
- Officer training and dual role expectation

SCREENING AND IDENTIFICATION

Source of Mental Health Information and Screening Instruments

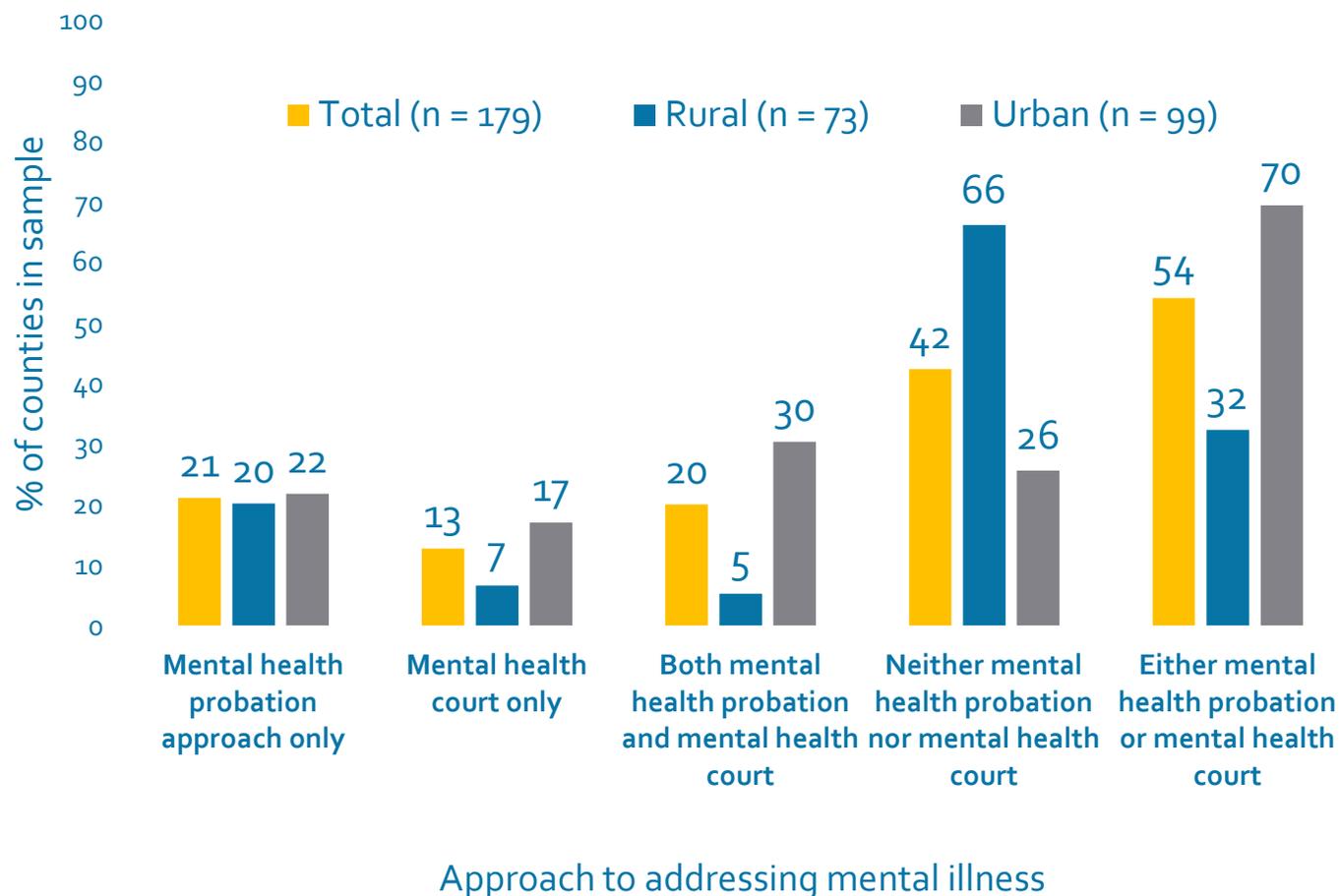


- Most use risk needs assessments, agency intakes, and pre-sentencing investigative reports
- Not all risk and needs assessments have adequate mental health screening items
- Utilization of instruments was consistent across rural and urban counties

Mental Health Probation

- Far less than half had a specialty mental health probation approach
- Fewer respondents from rural counties had a mental health probation approach (52%, vs. 26%).
- 30% of urban counties and 5% of rural counties had both mental health court and mental health probation
- 66% of rural counties did not have either approach

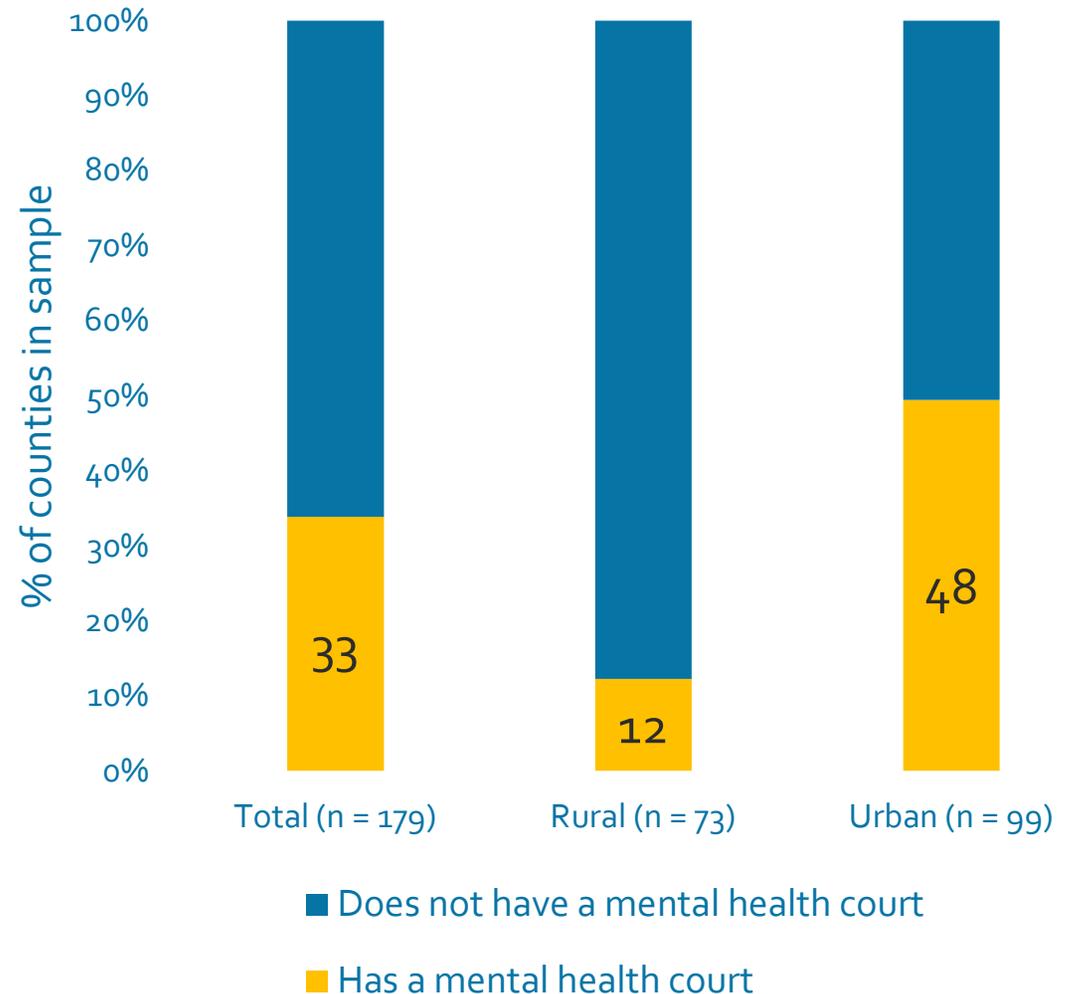
Mental Health Probation and Mental Health Court, Urban and Rural Comparison



Mental Health Court

- 48% of urban counties and 12% of rural counties had a mental health court
- Of counties that had a mental health court, a majority (75%) reported having an assigned probation officer (avg caseload size = 40)
- Rural counties that had a mental health court were less likely to have a probation officer assigned compared to urban counties (80% vs. 44%).

Access to Mental Health Court



STRATEGIES FOR ADDRESSING MENTAL ILLNESSES AMONG PEOPLE ON PROBATION

- Clinical approach or mental health orientation to supervision
- Mental health court that serves individuals on probation
- Case staffing to address needs of individuals with mental illness
- Coordinating with service providers and leveraging local resource
- Designated mental health caseload
- De facto mental health caseload

STRATEGIES FOR ADDRESSING MENTAL ILLNESSES AMONG PEOPLE ON PROBATION

- Clinical services embedded within agency
- Standardized tools to screen for mental illness
- Increased probation officer knowledge of local mental health resources
- Mental health trainings for officers
- Mixed caseload structure for people with and without mental illnesses
- Strategies for the general probation population are the same as those for people with mental illnesses.
- Agency uses a problem-solving approach

CHARACTERISTICS OF MENTAL HEALTH PROBATION APPROACHES

- Inclusion/exclusion:
 - Most accepted a clinical diagnosis and half accepted self-report
 - Just under half of the counties excluded those with sex offenses
 - The majority did not restrict eligibility based on sentence length
- Mental health training for officers varied; some required mental health first aid, crisis intervention team training (CIT)
- The majority of counties reported that mental health probation did not allow for flexibility to modify sanctions or probation conditions

IMPLICATIONS FOR U.S. POLICY AND PRACTICE

- Sentencing
- Agency Policies
- Specialized law enforcement approaches
- Behavioral Health System
 - Access to clinical services
 - Better integrating mental health and substance use treatment

QUESTIONS/DISCUSSION

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