

MHTRs and Female Offenders – Policy Brief

Presentation to the National MHTR Oversight Board

Professor Matthew Callender
25th May 2023



Institute for
Public Safety
Crime and Justice

We know...

Female offenders can be amongst the **most vulnerable of all**, in both the **prevalence and complexity of their needs**, and that these are often the product of a life of **abuse and trauma**.

Contact with the criminal justice system, and in particular custody, can **undermine the ability of women to address the issues that have caused their offending**.

Robust alternatives in the community, including MHTR, but **low proportion** of females are sentenced to Community Orders



Female Offender Strategy

June 2018
Cm 9642

What is the problem?

There is no available evidence that details outcomes of MHTRs for females.

This brief is the first to provide evidence on health outcomes specific to females through primary care mental health intervention via MHTR pathways.

- Progress
- Female Offender Strategy
- Pathway
- Outcomes
- Additional factors
- Discussion and implications

<https://pure.northampton.ac.uk/en/publications/mhtrs-and-the-female-offenders-policy-brief>

University of Northampton

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MHTRs and Female Offenders – 25th May 2023
Policy Brief
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Key Messages

For most females who started an MHTR intervention since July 2020 and successfully completed it, statistically significant positive change was identified using the CORE-34, GAD-7 and PHQ-9. MHTRs can be included within a Community Order or Suspended Sentence Order, with demonstrable health benefits for females. The benefits of MHTR as an alternative to custodial sentences are not only for the individual but also reduces the impact on families and children.

Pathway
MHTRs are effective as part of a Community Order for all individuals, with females progressing through the MHTR pathway more successfully than males. It is estimated that 4-in-5 females will complete the intervention as 1-in-5 (19%) females who are sentenced to MHTR do not complete the intervention. An identified principal factor affecting completion rates was the number of days between sentence and start date. Delays in the process also reduced the mental health benefits from the intervention.

Outcomes and additional factors
CORE-34: The average reduction of -20.7 was statistically significant with *intervention length* and *time between sentence and start date* negatively influencing outcomes.
GAD-7: The average reduction was -4.7. This difference was statistically significant with *substance misuse* and *time between sentence and start date* negatively influencing outcomes.
PHQ-9: The average reduction was -6.2. This difference was statistically significant with underlying vulnerabilities of *severe mental health* and *anxiety/depression* positively influencing outcomes.

July 2020- January 2023
Female Assessments 100% (n=1,356)

Not suitable 21%	Suitable 79% (n=1,069)
Not sentenced 16%	Sentenced 85% (n=903)
Awaiting Start 13%	Started intervention 84% (n=758)
Did not complete 19% (n=113)	Still receiving intervention 84% (n=254)
	Completed 47% (n=353)

What is the problem?
To date, there is no available evidence that details outcomes of MHTRs for females, which is critical to an assessment of the viability of MHTRs to support females as part of a Community Order or Suspended Sentence Order. This brief, therefore, is the first to provide evidence on health outcomes specific to females through mental health intervention, via MHTR pathways, in support of the Female Offender Strategy.

Introduction
The use of Mental Health Treatment Requirements (MHTRs) since the piloting of MHTR pathways in 2017 has grown significantly. MHTR pathways are on course to be available in all areas of England by April 2024. This will enable all individuals who meet the criteria for intervention to address underlying mental health needs to be assessed for MHTR. This marks a significant shift within the criminal justice system.

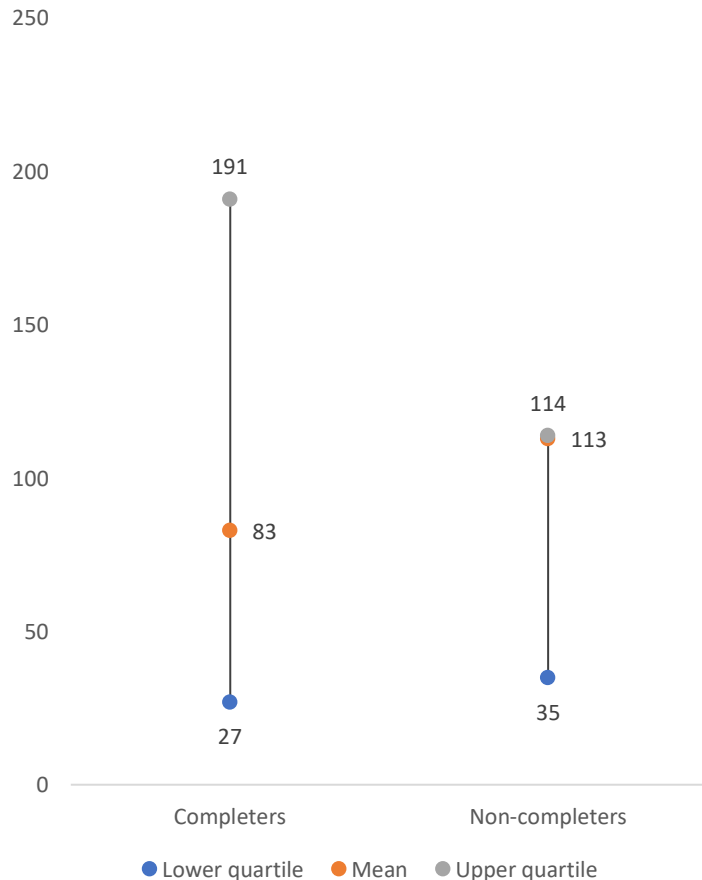
Female offenders are a cohort that stand to benefit significantly from the resurgence of MHTR pathways in England, given the significant mental health needs associated with offending behaviours as evidenced in the [Female Offender Strategy](#)¹. Indeed, the recent [Female Offender Delivery Strategy Delivery Plan 2022–25](#)² identified MHTRs as a key pathway to see fewer females serving custodial sentences and rather being managed successfully in the community.

The IPSCJ began an independent evaluation of Primary Care MHTRs in several sites in England and Wales in July 2020 and this policy brief, for the first time, provides insight into outcomes for females who have been assessed and sentenced for an MHTR. This paper provides an overview of the demographics of this cohort, information on how females experience the MHTR pathway, evidences health outcomes for females and identifies statistically associated factors linked with health outcomes.

¹ Ministry of Justice (MoJ) (2023a) ² Ministry of Justice (MoJ) (2023b)

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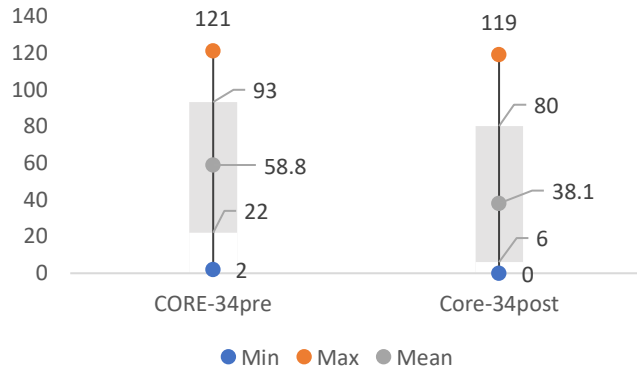
Fig 1. Mean number of days between sentence and start date



- MHTRs are effective as part of a Community Order for all individuals, with **females progressing through the MHTR pathway more successfully than males.**
- In total, around **4-in 5 females** who are sentenced to MHTR will complete the intervention.
- An identified principal factor affecting completion rates was the **number of days between sentence and start date.** Delays in the process also reduced the mental health benefits from the intervention.

Outcomes

Fig 2. CORE-34 Pre/Post Range and Mean, Female Offenders, Jul 20-Jan 23 (Grey = 80% of cohort)



There were 247 cases with pre and post scores on the CORE-34.

The average reduction was -20.7 and this difference was statistically significant $t(246) = 11.443, p < 0.01$.

In a sample of 246, 70% (171) had a positive reliable change in CORE-34.

There were 299 individuals with pre and post GAD-7 scores.

The average reduction was -4.7 and this difference was statistically significant $t(298) = 13.210$ and $p < 0.01$.

51% (152) saw a reliable reduction in their pre to post GAD-7 score.

Fig 3. GAD-7 Pre/Post Range and Mean, Female Offenders, Jul 20 - Jan 23 (Grey = 80% of cohort)

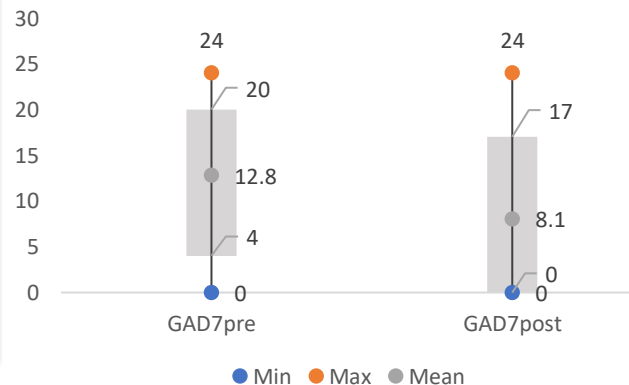
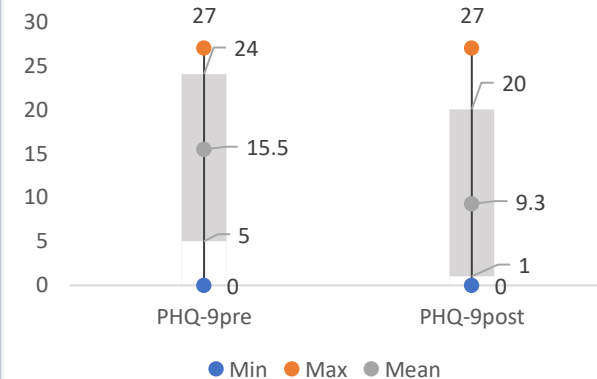


Fig 4. PHQ-9 Pre/Post Range and Mean, Female Offenders, Jul 20 - Jan 23 (Grey = 80% of cohort)



There were 302 individuals with pre and post PHQ-9 scores.

The average reduction was -6.2 and this difference was statistically significant $t(301) = 12.142, p < 0.01$.

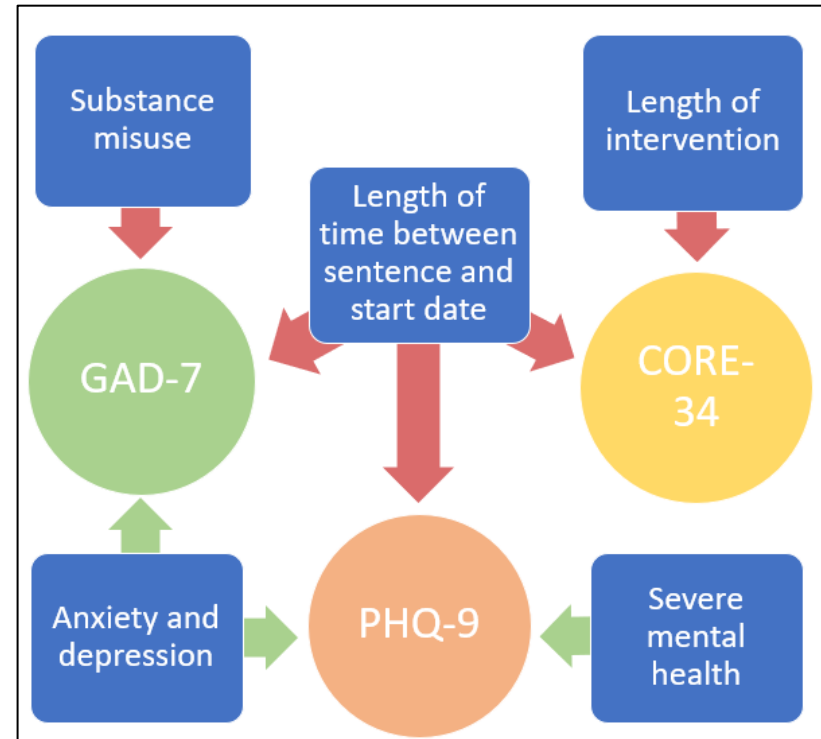
48% (144) had a positive reliable change in depression

Factors Influencing Mental Health

Global Distress: Change measured by CORE-34 was primarily influenced by the programme pathway including the **length of intervention** and the **length of time between sentence and start date**.

Anxiety: Change measured by GAD-7 was primarily associated with the identified vulnerabilities of **substance misuse; anxiety and depression** and the **length of time between sentence and start date**.

Depression: Change measured by PHQ-9 was primarily associated with identified vulnerabilities of **severe mental health** and **anxiety and depression** alongside the **length of time between sentence and start date**.

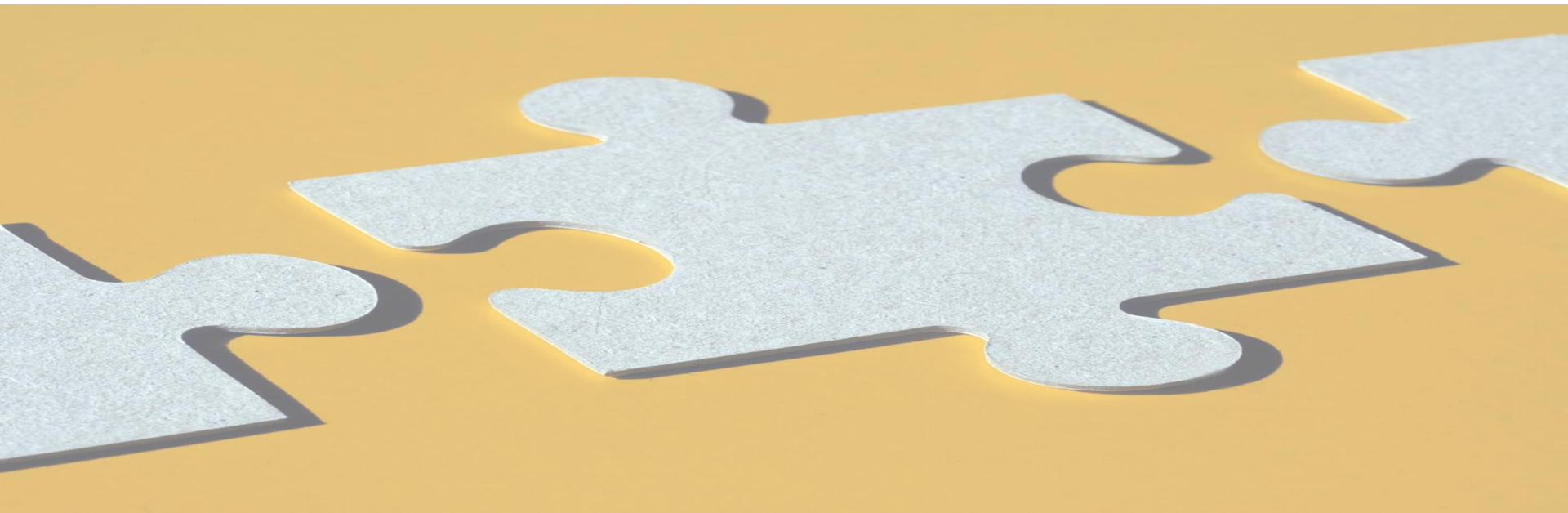




1. For most individuals who started an MHTR intervention since July 2020 and successfully completed it, **statistically significant positive change was identified** using the CORE-34, GAD-7 and PHQ-9.
2. Female offenders are a diverse population with a range of vulnerabilities that need to be met through tailored, flexible interventions. Many are sole carers and meet the perinatal criteria. As such **the benefits of MHTR as an alternative to custodial sentences at Court are not only for the individual but also reduces the impact on families and children.**
3. In terms of developing the programme an area of focus highlighted by the brief should be that of reducing the **delays between sentencing and start date of intervention.**

Proposals:

1. Bespoke female package
2. Length of time between sentence and start of intervention universally affects outcomes and should be an area of focus
3. Consider the variables that influence/are associated with the outcomes
 - a) Develop more tailored interventions to mitigate against negative effects
4. Champion the case for MHTRs as a response to the female offender strategy





Female Offender Publication



Combined Orders Briefing Paper



Demographics and Vulnerabilities



Thank you

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